



The Relevance of Ferenczi in the Integrated Model of Brief Psychotherapy

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Abstract

This paper presents Sandor Ferenczi's contributions to Short-Term Psychotherapy in general, specifically concretized in the Integrated Short-Term Psychotherapy Model that has been developed at the SPPB (Portuguese Society of Brief Psychotherapy).

Ferenczi's proposal for the active participation of the therapist allows for a reformulation of the analytic framework, preventing the development of transfer neurosis and prioritizing the therapeutic relationship. The changes experienced and introduced by Ferenczi led to shifts in therapeutic work that remain relevant even today.

We refer to the brevity of the therapeutic process, the focus on clients' needs, the interaction between patient and analyst, and the constant search for modifications to technique as ways to overcome therapeutic impasses and address patients' needs.

The resonance of his clinical work is particularly evident in the therapeutic interventions, notably in the construction and development of the Therapeutic Alliance (TA).

In summary, Ferenczi introduced a new level of therapeutic engagement within the inter-personal/inter-human sphere, relating to ethical issues and implications for the therapist's personal requirements and training.

Keywords: Active participation of the therapist, Therapeutic relationship, Language, Duration of the process, Modifications to technique

The Relevance of Ferenczi in the Integrated Model

"I hope that the future will witness the beginning of an iatrophilosophical era, where the most diverse fields of knowledge, particularly those related to the natural sciences and the humanities, currently so distanced from each other, may reunite in the medical science, converted into a point of convergence for all of them." – S Ferenczi, 1928

(Statement made at the International Psychoanalytic Congress)

Introduction

Freud's work primarily focused on psychic production and the functioning of the metapsychological apparatus. Ferenczi was concerned with the analytic space and the role of the analyst. He addressed real difficulties manifested in clinical work with psychotics, borderline states, and deep somatizations, seeking

techniques to unlock therapeutic impasses. Ferenczi aimed to understand how analysts should adapt their techniques to foster a beneficial transference in patients, facilitating necessary adaptations during analysis.

Key issues in Ferenczi's work include narcissism, the role of the analyst, identification processes, the metapsychology of the analyst during sessions, the conception of the symbol, and the organization of the psyche from castration and lack. His work complements Freud's theory, focusing on complex cases and highlighting analytical theory's unresolved challenges. For Ferenczi, every event in the analytical situation is an interaction between the patient's transference (compulsion to repeat) and the analyst's countertransference (technique), forming the basis for building the therapeutic alliance essential in the Integrated Brief Therapy Model of the SPPB. Accepting the compulsion to repeat as a nearly constant factor necessitates changing techniques to overcome impasses,

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a central issue in contemporary psychotherapies. Ferenczi's questioning of the therapist's relationship and attitude underscores his foundational role in the emergence of Brief Psychotherapies, emphasizing the importance of therapeutic success.

The Evolution of Ferenczi's Theory

New proposals by ferenczi

- Shift from a research perspective to focusing on the therapeutic aspects of psychoanalysis, emphasizing the therapeutic relationship.
- Interest in current patient issues while acknowledging the past, with significant emphasis on the compulsion to repeat.
- Prioritizing the therapeutic relationship to counter negative therapeutic reactions.

Ferenczi's new therapeutic vision necessitated a reformulation of the analytic framework, focusing on the interplay between early affective relationships, current relationships, and the therapeutic relationship. He experimented with new patient engagement techniques, including the active technique, based on clinical successes and failures. This experimentation led to new perspectives on the therapeutic relationship, countertransference, and the theoretical framework, expanding his clinical practice beyond patients with good indications.

Ferenczi developed explanations for certain psychic phenomena, emphasizing their significance beyond process descriptions. He found the theory of sexuality explanations insufficient and introduced new concepts, culminating in his theory of ego development, "Thalassa." This theory proposed the concept of the "Lost Ocean" as an initial object, situation, or relationship, serving as the primary driver of psychic functioning.

Clinical practice implications

a) The analyst must find techniques to assist patients who wish to continue treatment, regardless of the difficulties.

b) Every event in the analytic situation is an interaction between the patient's transference (compulsion to repeat) and the analyst's countertransference (technique).

- The Importance of the Social, the Concept of Transference and Introjection

Ferenczi, from the beginning of his research, dating back to 1908, draws attention to the importance of the social, reflecting on the effects of education on the psyche. In his article "Psychoanalysis and Pedagogy," he notes: "A defective education is not only the origin of character flaws but also of diseases, influencing in various ways the natural development of the person." He identifies as problems what he designates as: "Principle of displeasure: The only regulator of the newborn is his tendency to avoid pain, i.e., excitations." This

tendency continues to manifest in the psyche of the civilized adult, in a sublimated form; man strives, despite everything, and contrary to morality, to obtain maximum satisfaction with minimal effort. Pedagogy counters this wise principle, leading to the repression of emotions and representations, cultivating the denial of emotions and ideas, resembling as a lie. It forces the child to lie to themselves, to deny what they know and think, repressing feelings and ideas, thus building powerful defenses, of automatic functioning, whose activity consumes an excessive amount of energy. Enumerating the advantages and disadvantages of education at the time, he concludes about education, which he designates as a disease of society, the following: "The remedy for this disease of society can only be the exploration of the true and complete personality of the individual, the preventive means: a pedagogy founded on understanding and effectiveness and not on dogmas."

In the 1909 article titled "Transference and Introjection," Ferenczi conceptualized, for the first time, the process of introjection, postulating it as the first and only psychic process: "The aptitude of neurotics to produce symptoms is not interrupted at all by analytical treatment; it exerts itself by creating groups of ideas of a particular kind, mostly unconscious, which can be designated by the name of transferences."

Ferenczi's research since 1908 emphasizes the social's importance and the impact of education on the psyche. In "Psychoanalysis and Pedagogy," he argues that defective education leads to character flaws and diseases, affecting natural development. He introduces the "principle of displeasure," where newborns avoid pain, a tendency that persists in sublimated forms in adults. Traditional pedagogy, according to Ferenczi, represses emotions and representations, leading children to deny their thoughts and feelings, creating powerful, energy-consuming defenses.

Ferenczi concludes that education, seen as a societal disease, can only be remedied by exploring the true personality of individuals and adopting a pedagogy based on understanding and effectiveness. In "Transference and Introjection" (1909), he introduces introjection as the primary psychic process, noting that neurotics continue to produce symptoms during analytical treatment, forming unconscious ideas known as transferences.

- What Are Transferences?

Transference, a core concept in Ferenczi's psychoanalytic theory, involves reenacting tendencies and fantasies by substituting significant persons with the analyst. It presents significant challenges in analysis as neurotics transfer unconscious feelings onto the analyst.

Recognizing and managing these transferences, both positive and negative, is crucial.

Ferenczi distinguishes between neurotic and paranoid behaviours, emphasizing the perpetual search for objects of identification in neurotics through introjection.

The development of the ego involves the transition from a monistic to a dualistic perception of the world, with early experiences of love and hate achieved through transference.

Transference plays a vital role in neurosis treatment, with repressed affects seeking external objects for introjection.

Ferenczi's concept of introjection involves integrating external objects into the ego, highlighting that all object love is essentially self-love. Excessive transference in neurotics is an exaggerated form of this dynamic mechanism, contrasting with the paranoid's projective tendencies.

Repercussions in Clinical Practice and Changes in Technique

Ferenczi's innovations in psychoanalytic technique

Ferenczi, influenced by his observations and challenges in patient analysis, diverged from traditional psychoanalytic techniques, where the analyst played a passive role. He believed in an active role for the analyst to help patients overcome deadlocks and intervene in their psychic mechanisms.

Ferenczi (1919) introduced an active technique to accelerate psychoanalytic treatment.

The unconscious, which cannot be remembered, erupts through signs. Simple communication does not produce affective reactions; patients need to experience analogous situations in the present to become convinced of the unconscious's reality.

Ferenczi argued that affects must be revived and updated to be effective, emphasizing the need for present reactions to discover the roots of these reactions in the patient's past.

Ferenczi's approach involved active intervention by the analyst to address difficulties in analysis, emphasizing the importance of mobilizing the libido and confronting repressed desires. His active technique aimed to accelerate treatment but required careful application to avoid disturbing transference. Ferenczi highlighted the need for repetition in analysis, where present experiences help uncover unconscious drives. He also stressed the importance of affect in making unconscious content effective and argued against extensive interpretations. Negative transference was viewed as a natural part of analysis, with the analyst playing various roles to navigate transference and resistance effectively.

Technical errors and narcissism

Ferenczi proposed that technical errors in psychoanalysis often arise due to manifestations of transference and resistance, which are influenced by subjective factors in the analyst. Narcissism in the analyst can lead to significant errors, as it might provoke narcissistic countertransference. This dynamic causes patients to either overly flatter the analyst or withhold negative feedback. Both responses are problematic: excessive flattery can lead to the analyst

being seduced into providing libidinal sympathy, while repression of criticism prevents the analyst from uncovering subtle signs of resistance. Addressing these issues is crucial, as patient anxiety and guilt cannot be effectively managed without the analyst's self-critical examination, which helps reveal and address repressed emotions.

Narcissism of the patient

Another justification for technical shortcomings is attributing them to the patient's narcissism. Resistance encountered during analysis may be misunderstood as narcissistic tendencies, which, according to Ferenczi, often dissolve when the analysis delves into early parental relationships. The application of a new technical concept, such as the analyst's activity, sometimes led to excessive enforcement of prohibitions and injunctions on the patient. Instead, Ferenczi advocated for moderate, yet firm, engagement by the analyst, embracing a role aligned with the patient's unconscious expectations. This approach facilitates the reenactment of early traumatic experiences, aiming to overcome these tendencies through revealing their content. Such repetitions, if they arise naturally, do not need to be artificially induced.

Importance of pre-oedipal issues and technique changes

In 1914, Ferenczi translated Freud's *Three Essays on the Theory of Sexuality* into Hungarian, which deepened his exploration of coitus as a developmental phase. Ferenczi's ideas evolved into an ontogenetic and phylogenetic theory, which he presented to Freud in 1915 and published in 1923. He sought to elucidate the psychic phenomena associated with coitus and its broader implications.

Ferenczi theorized that the sense of erotic reality develops through various stages:

- From birth, humans exhibit a regressive tendency, seeking to restore the intrauterine state through magical and hallucinatory means. True development requires relinquishing this regression in favor of real-world substitutes.
- Despite this progression, parts of our psyche, such as sleep, dreams, and fantasies, remain linked to this primitive desire.
- Coitus, according to Ferenczi, represents both a pleasurable process and a repetition of early anxieties related to birth. This duality reflects the tension between repeating traumatic birth experiences and reliving the joy of overcoming them.

Ferenczi posited that coitus involves a temporary return to the maternal womb and a controlled repetition of birth-related dangers. This process, akin to the rejuvenating effects of sleep, serves both a pleasure-seeking and adaptive function.

Reflections on analytical techniques and patient care

Between 1927 and 1928, Ferenczi critically examined the limits of abstinence and frustration in analysis, presenting his findings in articles like "Adaptation of the Family to the Child," "The Problem of the End of Analysis," and "Elasticity of Psychoanalytic Technique." His later work, including "The Unwelcome Child and His Death Drive" (1929), "Principles of Relaxation and Neocatharsis" (1930), and "Analysis of Children with Adults" (1931), focused on the balance between tolerance and indulgence in therapeutic settings.

Ferenczi theorized that traumatic childhood experiences reactivated during analysis exhibit a biphasic structure:

1. The child experiences either excessive or insufficient stimulation from significant adults.
2. The child's attempts to seek comfort or understanding are often met with inadequate responses from these adults, reflecting a basic fault in their care.

To address this, Ferenczi argued that analysts should facilitate patient regression and understand the maximum tension a patient can handle. The analyst's role includes responding positively to the patient's regressive needs, avoiding insincerity that could exacerbate tension.

In "The Confusion of Tongues Between Adults and the Child," subtitled "The Language of Tenderness and Passion," Ferenczi criticized the professional hypocrisy of analysts, paralleling it with the hypocrisy seen in educational contexts.

From 1930 to 1932, Ferenczi emphasized the importance of the analyst's emotional authenticity. He advocated for genuine and transparent reactions from the analyst to avoid ambiguity and to foster a more effective therapeutic environment.

Before his death in 1933, Ferenczi explored whether his approach, characterized by sincere affection and kindness, was a genuine therapeutic method or a reflection of his own needs for love and affection. He considered that, while transference love helps patients accept painful truths, effective therapy also requires real-world understanding and emotional endurance.

We think that Ferenczi's theories on patience, indulgence, and emotional honesty in psychoanalysis remain relevant. Despite a period of neglect, his insights into the analyst's role and the importance of addressing early trauma continue to influence contemporary psychoanalytic practice.

Counter-Indications of the Active Technique

Ferenczi's considerations

Sándor Ferenczi's exploration of the active technique in psychoanalysis highlighted several critical contraindications and considerations, significantly shaping modern therapeutic approaches and the construction of the therapeutic alliance.

Establishing a positive transference

Ferenczi argued that psychoanalysis should not commence with active interventions. For a positive transference to develop, it is essential for the patient to build a trusting relationship with the analyst first. Early active interventions might disrupt this process, potentially leading to resistance and undermining the therapeutic alliance. Thus, establishing a strong, positive transference relationship is crucial before introducing any active techniques.

Solidifying the transference

The active technique can be advantageous when the transference is well-established. However, this requires a high level of experience and training from the analyst, including didactic analysis and supervised practice. Ferenczi emphasized that only specialists should employ active techniques, indicating that they are unsuitable for beginners.

Final phase of ferenczi's work (1927-1933)

In the later years of his career (1927-1933), Ferenczi revised his approach based on clinical successes and failures. His work with psychotic patients led him to modify Freud's techniques. Although he achieved positive outcomes with some patients using active techniques, he also faced challenges. Ferenczi believed that analysts must continually adapt their techniques based on patient needs, as long as the patient is willing to continue treatment.

Ferenczi learned that therapeutic interventions must be understood as interactions between the patient's transference and the analyst's countertransference. Since initial actions in transference could not always be controlled, the analyst's technique remained a crucial area of intervention. Instead of employing orders and prohibitions, Ferenczi favored advice and suggestions. He focused on aligning his interventions with what the patient expected from the analyst to avoid unnecessary frustration.

Insights into childhood trauma and development

Ferenczi's work extended to understanding childhood trauma and its implications for psychoanalytic practice. He identified several developmental stages and their impact on the child's psychological development:

1. **Weaning:** The transition from breastfeeding to solid food affects how children relate to objects and derive pleasure. Difficulties in this stage can influence a child's later life.
2. **Personal Hygiene:** The child's experience with parental measures around personal hygiene can impact future happiness. Ferenczi advocated for allowing children to act on their impulses, directing their needs towards constructive outlets.
3. **Sexuality:** The child's understanding of sexuality, including autoeroticism, often differs from parental perceptions.

Ferenczi suggested that a clear communication about the libidinal functions of sexual organs is crucial. Without this, a gap may develop between parents and children.

The role of lying and trauma formation

Ferenczi highlighted lying as central to trauma formation. He believed that trauma repair in analysis involves addressing resistances and doubts about the analyst's reliability. The analyst must respond with patience and benevolence to patient reactions, even if these reflect past maltreatment by parents or educators. This therapeutic attitude helps build trust and addresses issues of emotional experience, as later emphasized by Alexander.

Ending the analysis

Ferenczi differentiated between male and female patients concerning the end of analysis. For male patients, he aimed for a sense of equality with the analyst, signifying the resolution of castration anxiety. For female patients, overcoming neurosis involved reconciling with their feminine role without resentment.

Regarding the use of deadlines to hasten the end of treatment, Ferenczi advocated for extreme caution and only in exceptional cases, ensuring patient agreement and the possibility of reconsideration. He maintained that analysis should not be an indefinite process but should have a natural conclusion, guided by the analyst's knowledge and patience.

Ferenczi's insights into the active technique and its contraindications remain relevant in contemporary psychoanalytic practice. His emphasis on establishing a positive transference, the need for thorough training, and the careful consideration of childhood trauma and development continue to inform effective therapeutic strategies.

The Relevance of Ferenczi's Theoretical Contributions to Our Integrated Model

Introjection

Ferenczi's concept of introjection is pivotal for our model. He described introjection as a means of appropriation of meaning, stating:

"Introjection concerns the imaginative production and inaugurates the psychic apparatus, becoming its constitutive basis."

According to Ferenczi, introjection involves incorporating representations invested by the object and the symbolic world of introjected objects. This process entails the subject's subjective engagement with these representations, facilitating the appropriation of meaning. For Ferenczi, introjection pertains to the realm of language, object representations, values, investment, and meaning, rather than the object itself. This highlights the significance of lived experience in the therapeutic setting.

Trauma theory and traumatogenesis

Ferenczi's view on trauma emphasizes that it is not merely the event of birth but rather the child's inability to defend against an incomprehensible and unbearable external force. As he articulated:

"... it is always real disturbances and conflicts with the external world that traumatize or have a shocking effect, and that produce the initial impulse for the creation of abnormal developmental directions." (Ferenczi, 1929)

He also noted the critical role of parental response

"The adaptive capacity of very young children to sexual and other attacks ... is much greater than is imagined. Traumatic confusion most often occurs when attack and response are denied by the adult." (Ferenczi, 1932)

Ferenczi's insights stress the impact of denial on therapeutic work, particularly in the pre-Oedipal phase, affecting the therapeutic stance and session atmosphere. This perspective anticipates Lacan's concept of desire as the desire of the "other" and Harold Searles' ideas on making the "other" mad.

In "The Unwanted Child" (1929), Ferenczi discusses how a child's reception and subsequent abandonment can anticipate Lacan's theories and Searles' notions. In "The Confusion of Tongues Between Adults and Children," he explores how the child's tenderness and sensitivity clash with adult responses, leading to notions of "identification with the aggressor" and the "introjection of the adult's guilt," which are crucial for understanding trauma.

Active technique (Modifications for pre-oedipal cases)

Ferenczi advocated for a thoughtful application of active technique, emphasizing the use of psychoanalytic knowledge to provoke appropriate lived experiences and limit explanations to those directly perceptible to the patient. This approach, resembling a pedagogical technique, focuses more on experience than on theoretical explanation.

Ferenczi's work involved flexibility, self-criticism, and the concept of "technical elasticity." He viewed active technique as a tool to accelerate therapy by revealing latent tendencies for repetition through action, which then need to be interpreted. He highlighted the importance of the therapeutic relationship and cautioned against unnecessary or detrimental verbalizations by the analyst.

The therapeutic relationship in ferenczi's model

Ferenczi underscored the importance of the analyst's psychological tact—the ability to "feel with" the patient, knowing what to say, how, and when. This approach helps avoid unnecessary tension and fosters a positive transference by addressing patient doubts directly and honestly.

Ferenczi advocated for the analyst's modesty, emphasizing openness to learning from the patient and avoiding professional hypocrisy. The trust in the analyst's sincerity is essential, aligning with Heidegger's concepts of authenticity and genuineness, which are integrated into our model.

The analyst should focus on interpreting hidden tendencies without resorting to coercion or excessive advice, allowing the patient to signal the timing of interventions. Translaboration—the psychic work involving the balance between repressed material and resistances—requires careful analysis of both qualitative and quantitative aspects, including affect discharge.

Ferenczi also highlighted the significance of body language in therapy, noting how the body retains and expresses traumatic memories. The analyst's response to the patient's needs should be careful to avoid the pathogenic consequences of both over- and under-stimulation.

Brevity of analytical treatment

Ferenczi advocated for the brevity of treatment, considering practical constraints like time, money, and effort. He suggested that the duration of analysis could vary, but extended treatments beyond ten years might be seen as indicative of a failure to effectively address the issues.

Issues of analyst training

Ferenczi emphasized the necessity of thorough training for analysts, including personal analysis and supervised practice. The firmness and trustworthiness required throughout the therapeutic process underscore the need for the analyst to have completed their own analysis and undergone extensive training.

Our Work

In our practice, we place significant emphasis on various elements of the therapeutic process, reflecting and expanding upon Ferenczi's contributions. These elements include the therapeutic attitude, non-verbal aspects, the therapist's speech, the atmosphere of the sessions, interpersonal traumas, the role and concept of the unconscious, understanding, the importance of transference and countertransference, maternal transference, pre-oedipal issues, and the necessity for modifications in technique. We also recognize the impact of symbolic language, the power of words, and the role of denial and its repair within the therapeutic relationship.

Following Ferenczi's thought, we embrace the interdisciplinarity of sciences to enhance our understanding of human existence. A key focus in our approach is the Therapeutic Alliance, particularly established during the initial six sessions, which we consider crucial for the subsequent phases of therapy. This is especially significant when addressing the Basic Gap.

Therapeutic attitude and the basic gap

The therapeutic attitude and its impact on the Therapeutic Alliance are paramount. We question, as Ferenczi did:

- How to be with the client?
- What does it mean to be "with"?
- How to perceive the other?

Emotional experience itself constitutes a form of knowledge, attributed to an emotional factor such as transference. Our work incorporates Husserl's phenomenology, which explores conscious experience, adopting the phenomenological method to interrogate the content of consciousness while excluding pre-conscious elements like memories and desires.

Embracing the intersubjective dimension

Our approach extends beyond Ferenczi's focus on the intrapsychic and interpersonal dimensions to recognize the individuality of each participant, embracing diverse worldviews. We aim to address the client's needs in the Basic Gap, facilitating a New Beginning rather than a malignant regression. Building on Balint's work, which emphasizes the therapeutic attitude where the therapist offers themselves as an object of love, we delve into the inter-human dimension.^{1,2}

In this context, techniques alone are insufficient. The therapist must present themselves as a person, navigating a zone of uncertainty and encountering the unknown. This involves confronting personal issues and vulnerabilities, aligning with the notion of the "wounded healer."

Personal engagement and the therapeutic relationship

The therapist's theoretical orientation becomes secondary to their availability for genuine personal encounter. The focus is on constructing a unique, shared space where the whole is greater than the sum of its parts. The therapeutic work occurs in this space of mutual encounter, moving towards what Balint described as the New Beginning.

Our shift from a technical dialogue to a dialogical perspective reflects our desire for genuine engagement with the client. This perspective does not negate intra-psychic work but emphasizes exploring conflicts that hinder authentic dialogue and unmasking pretenses. The primary goal is to build a trusting relationship, affirming the client in their existential reality and enabling them to heal wounds of unlove and recover the possibility of love.

The role of narrative and the unconscious

We draw on Martin Buber's idea that "All life is encounter," which resonates with our aim to address Ferenczi's concerns about trust and denial. Our goal is to achieve confirmation that fosters autonomy and authenticity in the Heideggerian sense, aligning with Ferenczi's objectives for the end of analysis.^{3,4}

Words, imbued with historical and lived experience, carry multiple meanings. Our therapeutic work seeks to discover and explore these meanings, as Ferenczi noted, "the child is unable by itself to attribute other meanings to words than those permitted by the adult." This exploration occurs through the relationship between the therapist and client, mediated by words and silences.

Emerging conceptions of the unconscious

Our work incorporates contemporary views on the unconscious, supported by Ferenczi's trauma theory. Stolorow and Atwood, as well as Sander, Stern, Beebe, Lachmann, Lichtenberg, and Emde, emphasize that personal experience develops within an ongoing intersubjective system, particularly in the infant/caregiver relationship. This perspective underscores that experiences of self-esteem and competence arise from interpersonal transactions.

Paul Ricoeur's discussion of intentionality and the unconscious reaffirms Ferenczi's concerns about the analyst's role. Ricoeur highlights that the analyst is not merely an object of analysis but a partner in the process of becoming conscious. He also notes the relativity of the analyst, whose uniqueness cannot be erased, suggesting that while the unconscious has its reality, this reality is shaped by psychoanalytic rules, the intersubjective situation, and transference dynamics.

Through Ricoeur's double hermeneutic arc, we move from interpretation to understanding, aligning with Ferenczi's approach of integrating the archaeology of the past with the teleology of the future, aiming to construct the subject's project.⁵⁻⁸

Conclusion

Ferenczi was the founder of the International Psychoanalytic Association and its President. He was the first training analyst at a university and advocated for personal analysis of the analyst as a necessary measure for any competent professional.

Theoretically, Ferenczi did not merely reformulate the Oedipal theory as the basis of neuroses but introduced the aspect of relational trauma, being a precursor to object relations theory.

He created multiple concepts such as introjection, ego development, and identification with the aggressor, among others, which were later followed and developed by Klein.

Ferenczi presented a mental functioning model that was clearly relational and influenced the theoretical conceptualizations of Balint, Winnicott, Franz Alexander, Erich Fromm, Harry Sullivan, and Wilhelm Reich, disseminating his ideas on countertransference and technique.

Ferenczi reformulated psychoanalytic technique, showing his followers a path of greater flexibility and precision by emphasizing the importance of countertransference and its control and understanding. He was the first to use countertransference as a tool for comprehension in the analytic process.

He defended the possibility of the therapist making mistakes and the need to recognize them, as well as the relational reciprocity between the two individuals involved in therapy.

Stimulated by the difficulties faced by psychotic, borderline, narcissistic, and other patients, for an extended period he considered that his own reactions allowed him to better meet his patients' needs.

The necessity for the therapist to approach the patient affectionately leads us to the contemporary issues of therapeutic love.

Ferenczi's concern was always to understand how the analyst should alter their technique to allow the patient to develop the quality and quantity of transference love necessary for achieving the required adaptation during their analysis.

He spoke of patience and indulgence as absolute honesty and sincerity, issues that remain relevant today, despite being overlooked for 30 years after his death.

With the concept of introjection, promoted by him in classical theory, Ferenczi focused his reflections on the pathogenic effects of what he termed "Psychic Disturbance," which Freud never understood, and which Balint noted was about 15 to 25 years ahead of its time. Thus, the entire theoretical and clinical framework surrounding psychoanalytic impasses revolves around seduction and its pathogenic effects, which constituted the central issue in the disagreement between Freud and Ferenczi.

Ferenczi paid exceptional attention to patients, unlike Freud (maternal transference). Freud told his student Hilda Doolittle, two months before Ferenczi's death: "I do not like being the mother in a transference; it surprises and shocks me a little; I feel so masculine..." This reflects the difference between the psychoanalyst who treats and the one who governs. It is worth recalling that Ferenczi was the first to use psychoanalysis as a treatment rather than as a method for investigating the mind.

Ferenczi, with the active participation of the therapist, emphasizing the here-and-now of the therapeutic relationship, prevented the neurotic transference from taking hold, which was one of the pillars of brief psychotherapies. In the continuation of Ferenczi's early work, Balint, by delineating the issues to be addressed, proposed focal therapy with the aim of shortening the therapeutic process, which constituted the second major pillar of dynamic brief psychotherapy.

The very concept of Corrective Emotional Experience from Alexander found its origins and foundations in Ferenczi's theory, when he referred to the importance of reliving trauma in a therapeutic setting.

Ferenczi described the language of childhood, characterized by tenderness and passion, which in adults manifests as

passionate excitement. This aspect is fundamental not only for psychotherapeutic intervention with children but also for the therapeutic work done during the basic split phase and for a holistic view of the subject understood as a whole.

From the above, we assert that Ferenczi was undoubtedly the precursor to brief psychotherapies, as we have developed in the integrated SPPB model, and we dare to designate him as the "father" of dynamic brief psychotherapies and specifically our intervention model.

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Conflicts of Interest

Regarding the publication of this article, the author declares that he has no conflicts of interest.

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