



## Memória corporal, regressão e repetição: as formulações de Sándor Ferenczi sobre o trauma a partir de sua experiência na Primeira Guerra Mundial

*Body memory, regression, and repetition: Sándor Ferenczi's formulations on trauma based on his experience in World War I*

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### Resumo

Recebidas controversamente na década de 1930, as hipóteses de Sándor Ferenczi sobre o trauma vêm sendo reconhecidas na psicanálise contemporânea, devido ao seu valor clínico. Contudo, ao analisar trabalhos anteriores desse autor, é possível identificar uma teorização mais ampla sobre o trauma. Neles, Ferenczi pauta-se em sua experiência como médico na Primeira Guerra Mundial para discutir as consequências de uma invasão excessiva de estímulos no aparelho psíquico, como os efeitos do desligamento da consciência no momento do trauma, os danos causados à onipotência e a repetição do trauma em menor escala como forma de alcançar o reequilíbrio psíquico. O objetivo desse artigo é analisar as hipóteses sobre o trauma que Ferenczi elabora nesse momento e mostrar que elas possuem repercussões metapsicológicas, ainda pouco estudadas, que podem auxiliar a compreensão do funcionamento psíquico e contribuir para uma visão mais acurada do seu pensamento e de seu papel na história da psicanálise.

**Palavras-chave:** Psicanálise; Ferenczi; Neuroses de guerra; Neurose traumática; Trauma.

### Abstract

*While Sándor Ferenczi's hypotheses on trauma were met with controversy in the 1930s, they have gained recognition in contemporary psychoanalysis for their clinical value. However, when we analyze his earlier works, a broader and still under-explored theory of trauma can be found. In these writings, drawing on his experiences as a physician during World War I, Ferenczi examines the consequences of overwhelming stimulus invasion on the psychic apparatus, such as the effects of consciousness shutdown at the moment of trauma, the disruption of omnipotence, and the repetitive enactment of trauma on a reduced scale as a means of psychic re-equilibration. This study aims to analyze Ferenczi's early hypotheses on trauma and demonstrate their significant, yet under-examined, metapsychological repercussions. By doing so, it can contribute to a deeper understanding of psychic functioning and offer a more accurate perspective on Ferenczi's thought and its role in the history of psychoanalysis.*

**Keywords:** Psychoanalysis; Ferenczi; War Neuroses; Traumatic Neuroses; Trauma.

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## INTRODUCTION

With the start of the First World War in July 1914, many health professionals were called upon to work in military hospitals, medical stations, and even on the battlefields. In this scenario, discussions arose regarding the pathological conditions resulting from the war. Themes such as the nature of trauma, the pathological conditions derived from it, and their modes of treatment became recurrent (Eros, 2017; Sanfelippo, 2017). Psychoanalysis actively participated in this debate and provided an alternative perspective to those of an organicist and localizationist nature, such as those influenced by physicians like Hermann Oppenheim (1858-1919). As the war provided care for patients coming from unusual and extreme situations, psychoanalytic theory itself also advanced during this period. Investigations into the effects of the war had a strong impact on the reformulation of elements of metapsychology and psychoanalytic practice, as well as a notable sociopolitical dimension (Tavares & Iannini, 2020).

Sándor Ferenczi was one of the authors who contributed to this discussion. He worked in military institutions belonging to the Hungarian army throughout the conflict, favoring the public recognition of psychoanalysis as a treatment method (Muñoz & Correia, 2022). This experience also allowed him to raise new hypotheses about psychic functioning. According to Erös (2018), although Ferenczi had already been theorizing about the effects of the relationship between subject and environment, it was his experience as a military doctor that placed him before the consequences of numerous events of extreme violence. Along these lines, Harris (2010) observes that, during this period, Ferenczi advanced his understanding of topics such as primitive mental states, regression, and trauma. Thus, his publications on war neuroses represent an important moment in his conceptions of trauma.

Despite its relevance, Ferenczi's work was overshadowed after his death in 1933, due, among other factors, to the final form of his trauma theory. Harshly criticized by Freud and his contemporaries, this theory remained a stain on Ferenczi's reputation until the 1980s, when it began to be reevaluated in its clinical and theoretical aspects (Dal Molin, 2016). Many aspects of his work, however, remain poorly understood, so an analysis of his theoretical trajectory and the foundations of his theory is relevant.

The aim of this article is to analyze, from a historical-conceptual perspective, Ferenczi's early ideas on trauma, formulated during the period of the First World War. The two main texts that are the subject of this study are *On the Two Types of War Hysteria* (Ferenczi, 2023b) and *The Psychoanalysis of War Neuroses* (Ferenczi, 2023a).

This second publication is part of a book of the same name on the subject, which consisted of a compilation of speeches by Ferenczi, Ernst Simmel, and Karl Abraham, delivered at the main table of the V International Congress of Psychoanalysis, held in 1918. The book also contains an introduction written by Freud and an

article by Ernst Jones (1879-1958). In his remarks, in addition to revisiting ideas from his first publication, Ferenczi (2023b) also reviews what had been published on war neuroses. This material was only translated into Portuguese, from the original German text, in 2023, which reinforces the justification for revisiting these ideas of Ferenczi in the context of Brazilian production related to the history and philosophy of psychoanalysis.

## Historical Context

A few months after the First World War was officially declared, Ferenczi was summoned by the Hungarian government to provide medical services to the army. In September 1914, he was sent to the military group in the city of Pápa, Hungary. In 1915, he was promoted to chief physician of the group, as he reported in a letter sent to Freud on February 2 of that year (Brabant; Falzeder; Giampieri-Deutsch, 1996). Up to that point, all Ferenczi had written about the conflict was a short text in which he argued that war confronts the subject with deeper and hidden layers of their psyche (Ferenczi, 2011a). According to the author, these layers would be difficult to access scientific investigation in times of peace, since higher social values prevail most of the time. War, in turn, would have placed human beings in intimate contact with “the child, the savage, and the primitive” (Ferenczi, 2011a, p. 283) within themselves.

The way Ferenczi approaches war neuroses changes as he begins to treat more soldiers returning from the front lines and investigate their symptoms. The first account is present in a letter sent to Freud in April 1915, without a date indicated. He comments that he was treating a soldier with a condition of “hemiplegia resulting from the shock of a grenade explosion” (Brabant et al., 1996, p. 60). Although the diagnosis given by the other doctors present attributed an organic cause to the paralysis, Ferenczi argued that the cause was hysterical, derived from events prior to the shock of the explosion. The case is not revisited in the correspondence, nor described within the nosographic category of war neuroses; however, two points addressed are considered again in the context of the discussion about this class of neuroses – hysterical paralysis and the difficulty of identifying whether a neurosis was caused by the war, or derived from a previous event and triggered by the war.

Ferenczi's first written mention of war-related neuroses dates from July 1915, when he requested a transfer from Pápa to Budapest. For the transfer to occur, he “had to write a memorandum explaining the need to create a shelter in Budapest for those ‘mentally incapacitated’ by the war (organic lesions and traumatic neuroses)”<sup>1</sup> (Brabant et al., 1996, p. 71). This distinction between organic and psychic causes is important because it was by not identifying lesions that justified an organic cause that Ferenczi turned to psychic causes

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<sup>1</sup> Ferenczi sometimes uses “traumatic neuroses” and “war neuroses” interchangeably. The difference between these categories lies in the cause of the trauma. Traumatic neuroses encompass other factors, such as railway accidents, while war neuroses consist of traumatic neuroses caused by factors related to war.

(Hamburger, 2018). His growing interest in these conditions led him to request a leave of absence from his work in Pápa to visit institutions focused on war neuroses and psychoses in the cities of Vienna and Graz, in Austria. Ferenczi tells Freud that this was a “study trip” (Brabant et al., 1996, p. 76).

The transfer was granted to Ferenczi in December 1915, and he was assigned to the nervous diseases ward of the Maria Valeria Military Hospital in Budapest. In February 1916, already as head of this ward, he presented his first lecture on war neuroses during a scientific meeting, which was published in 1916 under the title “Two Types of War Neurosis”<sup>2</sup>.

## Two Types of War Neuroses

At the beginning of his lecture, Ferenczi (2023b) states that this is a preliminary communication, based on an examination, carried out over two months, of 200 patients in the nervous diseases ward of the hospital. According to his report, most patients presented with tremors, paralysis, or rigidity of the limbs. They claimed to have fallen ill after being thrown from a distance, buried due to proximity to an explosion, violent cooling due to temperature drops or immersion in freezing water, as well as due to other types of accidents, or even exhaustion. Ferenczi explains that some of these soldiers suffered from generalized paralysis and tremors, and some from paralysis of specific limbs. In both cases, the attribution of a psychic cause was made after verifying that there were no records of injuries that could cause such symptoms, as well as considering the wide individual variation – the paralyzed limbs varied greatly from one patient to another. These factors indicated that attributing an organic cause was insufficient. The first type of war neurosis identified by Ferenczi (2023b) consists of a kind of conversion hysteria. He noted, from the soldiers' accounts, that the limbs they remembered being in action at the moment of impact were exactly the same parts of the body that were subsequently affected, even though there was no evident physical damage. Any attempt to move these limbs was followed by violent tremors. From this, as Harris (2010) elucidates, the author began to interpret the patients' bodily symptoms, listen to their accounts from a psychoanalytic perspective, and indicate a relationship between the psychic and somatic occurrences. Based on this, Ferenczi (2023b) formulates an explanation based on the impossibility of psychic resolution of the traumatic situation due to the absence of affective discharge, and argues that these should be considered cases of conversion hysteria:

These should be understood as conversion hysterias, in the sense of Breuer and Freud. Here too, the sudden and psychically uncontrollable effect (the terror) defines the trauma; the innervations that dominate at the traumatic moment, which are permanently retained as symptoms of the illness, are signs that unresolved parts of this effect are still at work in unconscious psychic life. In other words,

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<sup>2</sup> Translated as Two Types of War Neurosis (Hysteria) in the first Portuguese translation (Ferenczi, 1916/2011) and as On the Two Types of War Hysteria in the second (Ferenczi, 1916/2023).

patients like these have not yet recovered from the state of terror, even though they consciously no longer think about it (2023b, p. 136).

These patients would be fixated on the exact moment of the trauma, a situation comparable to fixing one's foot on the ground in the face of danger. The difference is that in the common situation of terror the body returns to normal when the danger dissipates, while in traumatic commotion the psyche cannot eliminate the affect of terror (Câmara & Herzog, 2021). This unresolved affect remains active in the unconscious, influencing symptom formation, and the energy associated with the trauma is lent to the bodily processes related to it, a typical characteristic of conversion hysteria. Ferenczi (2023b) argues that these cases of conversion hysteria can be classified as “monosymptomatic” war neuroses, that is, in which only one part of the body is affected. According to Sanfelippo (2017), an economic view – in the psychoanalytic sense – of war neuroses is proposed at this point.

Ferenczi also considers the possibility that the occurrence of these symptoms derives not only from the trauma itself, but also from some predisposing factor, which would lead to somatic compliance. In the letter sent to Freud on January 24, 1916, he comments:

I analyzed (allowed free association) a victim of war trauma for an hour. Unfortunately, it so happens that in the year prior to the war shock he had lost his father, two brothers (to the war), and his wife due to infidelity. When a man like this needs to lie for 24 hours under a corpse, it is difficult to say how much of his neurosis is due to war trauma (he trembles and speaks in murmurs) (Brabant et al., 1996, pp. 107-108).

Ferenczi (2023b) says, however, that this issue could only be verified through a complete analytical process, which the war situation did not favor. Even so, the author points out that, even if there is a predisposition, the main pathogenic element in war neuroses is the active innervation during the shock. The shock itself becomes a kind of predisposing factor, and the excess excitation generated by the current traumatic event, unable to become conscious, then becomes fixed in the active innervation. If there had been a prior fixation, the affects would simply be directed to the place affected by the shock, a displacement typical of conversion hysteria.

This explanation presents a hypothesis, later developed by Ferenczi (1927), about the two mnemonic systems that would exist in the psyche: one of memories of the sensations and reactions of the self, whether organic or psychic, which would function apart from the association with word representations<sup>3</sup>, and one of object memories, which would have its expression privileged by consciousness and verbal language. These

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<sup>3</sup> Câmara and Herzog (2021) clarify that Freud (1950[1985]/2003) presented something similar in the Project for a Scientific Psychology. Freud argues that the psi system also stores mnemonic traces of triggered motor actions, and new bodily actions create movement images that could be repeated in the future. For a more detailed analysis of the Freudian bases used by Ferenczi, see the article by these authors.

systems would be independent of each other, although intimately interconnected and with the possibility of simultaneously registering the same experience. An object memory, for example, could be linked to the memory of a sensation of the self. However, on occasions when consciousness has closed, as in war neuroses, it becomes possible for a memory of the sensation to exist without the memory of the hostile object being present.

Regarding war neuroses, Ferenczi (1927) argues that limb paralysis consists of memories of pain devoid of an object, but registered in the ego's mnemonic system and still active in the present time. Câmara & Herzog (2021) elucidate that Ferenczi develops the notion of a mnemonic system of the ego as a way of theorizing about what he observed in the paralysis of soldiers, and adds to its functioning other modes of memorization and bodily expression, such as tics. The authors also argue that, for Ferenczi, sensory and motor impressions should not be conceived as if verbal language “were a pattern or a reference point from which they should be read; on the contrary, the ego's mnemonic system plays the role of a psychoanalysis of surfaces, sensations, and movement” (p. 37). This point will be revisited later.

## **Anxiety Hysteria, Regression, and Repetition**

Ferenczi (2023b) reports that, on other occasions, patients suffered from generalized tremors, and some had their ability to walk compromised. When these soldiers tried to walk without any kind of support, they experienced palpitations, increased heart rate, excessive sweating, and anxiety. After interviewing them, the author notes that they had also been hit by explosions, buried alive, or experienced extreme situations of deprivation or cold. In these situations, they lost consciousness and only regained it upon waking up in the hospital. The tremors and difficulty walking, in turn, had started later, during the first attempt to get out of bed and walk again. As for the dreams they reported, most repeated the traumatic situations experienced in combat. In addition, hyperesthesia of the senses was another frequent symptom of these conditions.

Ferenczi (2023b) considers that this second type of war neurosis consists of a type of anxiety hysteria. In these cases, the affective content related to psychic trauma would have been repressed because it was directly associated with the annihilation of the self-confidence of the affected soldiers. Thus, it is possible to say that there was a strong blow to their illusion of omnipotence, as Frankel (2017) suggests. Any sign that the experience to which they were exposed could be repeated evoked anguish in these patients. For Ferenczi (2023b), motor disturbances would act as expressions of a phobia, such as the fear of getting up, and would function as avoidances of acts that could lead to an eruption of anguish. This, however, manifests itself in generalized tremors, in order to prevent the repetition of the traumatic event itself that broke self-confidence.

From this, Ferenczi (2023b) revisits some hypotheses about regression, notably the assumption that psychopathological conditions accompany neurotic regressions to earlier phases of psychic development

(Ferenczi, 1916). Cases of traumatic anxiety hysteria associated with difficulty walking would show a tendency toward psychic regression to the first year of life, a period in which the child is unable to stand without assistance. The author reiterates his hypothesis by stating that “such regression is never absent from the symptomatology of neuroses, since even phases that appear to have been completely overcome never totally lose their attraction and always reassert themselves when the opportunity is favorable” (Ferenczi, 1916, pp. 145-146).

This idea is expanded upon in his second article on war neuroses, through the notion of secondary gain from illness. Ferenczi (2023a) comments that requests for government pensions and the possibility of not returning to the battlefield consist only of secondary gains. It is important to mention that the high number of pension applications was a problem faced by governments, leading to disbelief regarding the veracity of neurotic conditions, culminating in the creation of the pejorative term “pension neuroses” (Bonomi, 2001). The main gain from the illness, according to Ferenczi (2023a), would consist in “the very pleasure of remaining in the safe haven of the childhood situation once reluctantly abandoned” (p. 63). Based on this comment, Dean-Gomes and Kupermann (2020) indicate that traumatic neuroses place the psyche in a direction contrary to that of a sense of reality. Although there is a tendency to return to a previous stage of less displeasure behind the process of acquiring a sense of reality, this process has as a prerequisite the recognition of the world. It demands the renunciation of omnipotence in exchange for the possibility of carrying out a more precise examination of reality (Ferenczi, 1916). However, traumatic neuroses promote disinvestment from the world and reinvestment in the self, as they are provoked by a devastating force coming precisely from external reality, about which one no longer wants to know.

Thus, psychic regression acquires an even broader function within Ferenczi's psychopathological and metapsychological conceptions. In *The Development of the Sense of Reality and its Stages*, Ferenczi (1916) argued that the psyche, as a whole, is driven by the tendency to return to a previous state of lesser displeasure – ultimately, to the absence of disturbances once experienced in intrauterine life, a period of absolute satisfaction of desires. It is this tendency that would propel the psyche to develop, since it would demand a greater knowledge of the world for a more effective satisfaction of desires. He further argued that the symptoms present in transference neuroses can be understood as regressions to modes of satisfaction found in earlier stages of development where there was a fixation, as argued by Freud (2010b). In his first work on war neuroses, Ferenczi (2023b) also identified a regressive trait in traumatic neuroses, and broadened the scope of the relationship between regression and psychopathology. In his second text on this topic, Ferenczi (2023b) comments that the extra gain sought by the traumatized psyche is related to the pleasure obtained from the feeling of support present in a childhood stage, to which the psyche of the subject traumatized by an overwhelming reality tries to return in order to escape it. Therefore, it is possible to note the fundamental

attractive dimension that primitive omnipotent experiences would possess in the structuring and also in the psychic destructuring.

Ferenczi (2023b) also addresses the economic repercussions of trauma on the psyche when referring to another symptom of war neuroses, hyperesthesia. From his understanding of this symptom, it is possible to identify an initial conception of the phenomenon of repetition. At this point, he directly engages with Freud's ideas on the subject, although, at certain points, both propose different resolutions to the issues raised by repetition and its relationship with the economic dynamics of the traumatized psyche (Moreno & Coelho, 2013; Dal Molin, 2016).

According to Ferenczi (2023b), the impact of the shock would produce a failure in the redistribution of affective energy by the psychic apparatus. Even when attention was able to perceive the approach of the traumatic event, the stimuli would be so intense that the psyche would not be able to stably redistribute the excitation generated, which would cause the discharge of excitation through pathological pathways. As consciousness would close itself off to such stimuli, a discrepancy would arise between it, which excluded them from itself to protect itself from the shock, and the rest of the neuropsychic apparatus. The rebalancing of excitations could only be achieved if consciousness also recognized the real affective source of the trauma, reassuming the unpleasant excitations that were excluded from it. The hyperesthesia of the senses would operate as a kind of repetition of the trauma on a smaller scale. Regarding excitatory redistribution and its relation to hyperesthesia, Ferenczi (2023b) says:

This is achieved through a certain “traumatophilic” attitude, through the hypersensitivity of the senses, which then gradually supplies, in small doses, consciousness with as much expectation and anguished shocks as it would have liked to have been spared during the shock. In these small traumas constantly and systematically repeated, in each expectation of touch, in each small repeated noise or gleam, we would have to see – following the Freudian view – a tendency towards healing, the tendency to balance a disturbed distribution of tension in the organism (pp. 148-149).

Through small repetitions of the trauma, therefore, the psyche would gradually become aware of and discharge the excitations derived from the traumatic shock, but which remained in the unconscious and led to excitatory imbalance. Thus, the subject would remain psychically trapped in the traumatic formation, and would react to the trauma in the present, since this reaction was not possible at the time of its occurrence (Dal Molin, 2016). Moreno and Coelho (2013) point out that this process functions as a discharge mechanism, in which excitations excluded from consciousness are gradually eliminated. In this way, the psychic economy would gradually rebalance itself.

Ferenczi (2023b) also revisits cases of anxiety dreams derived from trauma, and attributes to them a function similar to that of hyperesthesia. Commenting that Freud had already made the connection between daydreaming and traumatic dreams, Ferenczi emphasizes that, in the case of dreams, it is not necessary for an external stimulus to trigger a state of alarm in the psyche; the psyche is responsible for recreating the

traumatic moment in dreams in order to try to cope with it. Dream repetitions would also be part of a tendency towards tensional rebalancing.

Two issues related to these points are important. The first is that Ferenczi does not mention where he got these considerations attributed to Freud from – the concept of repetition compulsion would only be postulated four years after this text by Ferenczi. According to Tavares and Iannini (2020), it is possible that they derive from personal conversations between the authors, which their correspondence corroborates. The second concerns the particularities of Ferenczi's conception of repetitive phenomena. To think about this, it is necessary to consider the ideas developed by Freud on repetition up to that point, and some points discussed in the letters exchanged between them.

The concept of repetition compulsion, formally inserted into psychoanalysis in 1920, has its roots in the first metapsychological formulations that Freud elaborates in the Project for a Scientific Psychology (Freud, 2003), as argued by Caropreso and Simanke (2006). Since this work was only published in 1950, we do not know if Freud communicated his ideas to Ferenczi; however, some of them were taken up again in *Beyond the Pleasure Principle* (Freud, 2020), including those close to what Ferenczi (2023b) proposes about traumatic repetition and tensional re-equilibrium. In the Project for a Scientific Psychology, Freud (2003) argues that, after the occurrence of a trauma, called at that moment “experience of pain,” the recollection of the representation of the hostile object linked to this experience and the evocation of unpleasant affects impose themselves on mental functioning, characterizing a type of primary process. The continuous repetition of these affects and the recollection of the representations associated with them would allow their control by the Ego, that is, they would allow the linking of stimuli that acted freely in the psyche. Thus, the recollection of the hostile object and the resulting displeasure could be avoided. Therefore, in the Project for a Scientific Psychology, Freud introduces the idea that an extensive and repeated bonding process is what allows excitatory rebalancing and inhibits the occupation of a painful memory. However, after writing this manuscript, as fantasy gained importance in his work, Freud relegated his hypotheses about how the psyche reacts to traumatic situations to the background, only resuming them in 1920 (Caropreso & Simanke, 2006).

In the 18th introductory lecture on psychoanalysis, *Fixation on Trauma, the Unconscious*, published the year after Ferenczi's first text on war neuroses, Freud (2014) takes up this point again and relates traumatic neuroses to the occurrence of dreams that repeat the trauma, as well as stating that a fixation at the moment of trauma leads to symptom formation. He also comments that the word “traumatic” should be understood through the economic factor of psychic processes, and that trauma would bring to the psyche such a large increase in stimuli that the imbalance generated could not be reversed by common means. However, he does not refer to the excitatory rebalancing provided by repetition, nor does he mention its curative potential, as brought by Ferenczi (2023b) in the text on war neuroses, and by himself in the Project for a Psychology (2003).

The hypothesis that repetition would be a way of mastering unlinked excitations, including those derived from trauma, is (re)presented and developed by Freud, explicitly, only in *Beyond the Pleasure Principle* (Freud, 2020), published at the turn of the decade. There, however, Freud rethinks the notions of repetition and trauma as part of a larger argument, in which he also reconsiders certain psychoanalytic postulates such as the first drive duality and the dominance of the pleasure principle, a process that Ferenczi was also aware of (Padovan & Pinto, 2020).

It is possible to think, therefore, that there is a certain particularity in Ferenczi's ideas about repetition from his first forays into the subject. This topic is addressed in a letter that Freud sent to Ferenczi on July 31, 1915, already during the war and the year before Ferenczi's first text on the neuroses derived from it. In this letter, it is possible to find an indication that Ferenczi's hypotheses about repetition are effectively based on ideas that they discussed, and that the author was giving them a particular interpretation. In response to a letter from Ferenczi that had not been found by the editors of the correspondence between the two authors, Freud says:

I remembered very clearly your idea about the abbreviated repetition of each psychic act, and I don't believe I underestimated it. On the contrary, I liked it immediately; I only kept my distance from it because it belonged to you. It also seemed to me, at that moment, incapable of being completed. In its current form and application, I do not hesitate to recognize it as a legitimate complement and a necessary consequence of my views on the psyche. I maintain that an individual should not create theories – these should arise in his house as uninvited guests while he is occupied with investigating details; and now this theory has reached that point. But you should develop it on your own when you have the chance; I will not adopt it, even though I accept it (Brabant et al., 1996, pp. 73-74).

We can verify two things from this passage. The first is that Freud recognizes that Ferenczi's ideas on repetition complement his own views on the psyche. This becomes clearer if we compare what Freud (2003) presents in the *Project for a Scientific Psychology*, and which he resumes from the conference “*Fixation on Trauma, the Unconscious*” (2014), with what Ferenczi presents on traumatic neuroses (2023b). The second is the consideration that something in Ferenczi's hypotheses about repetitive phenomena is unique to his own thought.

Moreno and Coelho (2013) note that this difference lies in the way the apparatus regains tensional equilibrium through repetition. For Freud, this would be achieved by linking stimuli without representation, while Ferenczi emphasizes bodily discharges of excitation, as a kind of fragmented catharsis, regardless of whether there is representation. At least initially, these views are not incompatible, but they propose different means of achieving tensional rebalancing.

Câmara and Herzog (2021) note that this absence of an exclusive relationship between the traumatic factor in the unconscious and its connection to a representation, as a means of remedying tensional imbalance, is also related to conversion hysterias. We can therefore think that in the case of repetition there is also a

prefiguration of the idea of a mnemonic system of the self, since Ferenczi (2023b) also conceives it as something that can be achieved through the body. This would react in the present to a traumatic situation that no longer exists, but which has been imprinted on it, and against which it still struggles to free itself. Therefore, already in his first text on war neuroses, the author begins to form his own view of the psychic phenomenon of repetition and its relationship with trauma.

At the end of the conference, Ferenczi reaffirmed the preliminary nature of his statements, and indicated that more effective conclusions on the topics discussed could only be reached with more time for observation and investigation. In February 1916, he reported the content of his conference to Freud. Freud commented on some points<sup>4</sup> presented by Ferenczi and remarked that “an article with preliminary communications on war neuroses would be very welcome in the *Zeitschrift*”<sup>5</sup> (Brabant et al., 1996, p. 115). The work was published in May 1916 in the Hungarian medical journal *Gyógyászat*, and the following year in German in the *Zeitschrift*. Freud commented, in a letter sent to Ferenczi on January 22, 1917, that the work was among those by Ferenczi that contributed to maintaining the high standard of the journal. Ferenczi responds to Freud, in a letter dated January 25, 1917, that he was still dissatisfied with his ideas and hoped to achieve more results (Brabant et al., 1996).

Ferenczi's contributions to the study of trauma and its consequences do not end with his first work on the subject. Beyond his speech at the main table of the V International Congress of Psychoanalysis, the author will address this subject throughout his subsequent work. Delineating this first contribution makes it possible not only to understand it more precisely, but also to comprehend what Ferenczi brought that was original to psychoanalysis at that time.

## The Postwar Period

The study of war neuroses and the occurrence of the Fifth International Psychoanalytic Congress in 1918 had immediate repercussions for psychoanalysis, some of them directly linked to Ferenczi's contributions. In the bureaucratic sphere, the election of a new president of the International Psychoanalytical Association could finally take place. After the resignation of Carl Jung (1875-1961) in 1914, Abraham held the position until a new election could formally take place at a congress. With the end of the war and the resumption of congresses, the vote took place, and Ferenczi was elected the new president (Hamburger, 2018). The means of psychoanalytic publication also underwent changes. Since Hugo Heller's (1870-1923) publishing house was unable to continue funding the publication of the *Zeitschrift*, the *Internationaler Psychoanalytischer Verlag* (International Psychoanalytic Library) was founded, a

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<sup>4</sup> These considerations refer to some hypotheses about phylogeny that Ferenczi puts forward.

<sup>5</sup> *Internationale Zeitschrift für Ärztliche Psychoanalyse*, the main psychoanalysis journal at that time.

publishing house dedicated to disseminating psychoanalytic works (Marinelli, 2005b). Otto Rank became its first head, and Freud, Ferenczi, and Anton von Freund (1880-1920) also joined the team. The book that inaugurated it was *Psychoanalysis of War Neuroses* (Ferenczi; Abraham; Simmel; Jones; Freud, 1919). In 1920, Jones and Rank created a division focused on publications in English, which included, among other projects, the *International Journal of Psycho-Analysis* (Marinelli, 2005a).

In the social sphere, the congress was attended by government officials and medical authorities from Hungary, Germany, and Austria, who were seeking solutions to the mental health crisis, and this fostered greater public awareness of psychoanalysis. Government authorities made an agreement to create free treatment centers where psychoanalysis would be present. However, these centers functioned more as tools for segregating patients from the general population than as institutions aimed at effectively improving their suffering. Psychoanalysis held a precarious position within these centers, often being offered as a last resort for treatment (Muñoz & Correia, 2022). Even so, the contributions of Ferenczi, Abraham, and Simmel, based on their wartime experiences, were essential for the founding and implementation of public psychoanalytic clinics, which subsequently came to fruition (Tavares & Iannini, 2020).

Regarding the advancement of psychoanalysis in Hungary, the Budapest chamber approved funding for the training of new analysts (Muñoz & Correia, 2022). In the field of education, medical students at the University of Budapest organized to demand that psychoanalysis begin to be taught there, and negotiations began for Ferenczi's appointment to fill this position. In April 1919, the article "Should Psychoanalysis Be Taught in Universities?" (Freud, 2010a) was written by Freud and published in the journal *Gyógyászat* in support of Ferenczi's teaching candidacy (Brabant et al., 1996, p. 344). The first version of this article has an extra section on the use of a psychiatric ward dedicated to psychoanalytic research on psychoses. This addition was made by Ferenczi himself for strategic reasons (Brabant et al., 1996). Still in April 1919, Ferenczi was granted a teaching position, and he became the first tenured professor of psychoanalysis at a university.

However, even after the end of the war, political turmoil continued to plague Hungary. After the period known as the "Red Terror," in which the country was under the power of the Soviet communist regime, between April and August 1919, the "White Terror" began, a counter-revolutionary and ultranationalist regime. This second period was marked by acts of repression, violence, and extreme antisemitism. Due to the newly enacted law that limited the number of university students and professors who could be Jewish to 6%, Ferenczi was dismissed from his professorship (Muñoz & Correia, 2022). He was also excluded from the Hungarian Medical Association. Also due to the difficulties arising from the political situation in Hungary, Ferenczi was compelled to resign from his newly acquired position as president of the IPA, and chose to pass his duties on to Ernst Jones (Harmatta, 2018).

This period of difficulties, however, did not prevent Ferenczi from continuing his psychoanalytic practice. The author refused to immigrate to another country, as Freud had suggested he do (Muñoz & Correia, 2022). He also maintained his private practice, although charging lower prices to his patients due to the financial crisis in Hungary (Brabant et al., 1996). In this way, he continued to develop his technique and investigate new theoretical questions.

## **Final considerations**

Ferenczi's initial formulations on trauma and war neuroses were conceived within a unique historical context, which had a significant impact on psychoanalytic theory and practice. To investigate this class of neuroses and their psychic consequences, Ferenczi drew upon his clinical experience in treating traumatized soldiers, current theoretical discussions, and a constant dialogue with Freud and his peers. These points, considered together, form the essential axes of the process of forming Ferenczi's ideas on war neuroses.

In his theoretical work, he addresses topics such as the economic dimension of trauma, the subject's relationship with a devastating reality, the difficulty of resolving affects without representation, repetition, regression, and the attractive power of early childhood experiences, as well as their relationship with the processes of psychic structuring and destructuring. Through a direct dialogue with the foundations of Freudian metapsychology and psychopathology of that time, Ferenczi emphasizes that the exclusion of a trauma from consciousness does not prevent the body from remembering what happened in its own way, and the remnants of this experience manifest themselves in paralysis, dreams, and repetitions. Ferenczi's main advances in his metapsychological conception of psychic functioning, achieved at this time, are: repetition as experience, the reaffirmation of the attractive dimension of primordial omnipotent experiences, and the prefiguration of the idea of a mnemonic system of the self. The reception of these ideas by the contemporary psychoanalytic community was considerably favorable, and marked a scenario diametrically opposed to that which Ferenczi faced when he presented his final ideas on trauma.

We believe that conducting more historical-conceptual research can provide not only a more accurate understanding of Ferenczi's theoretical and clinical proposals – that is, readings that do not immediately ostracize them as an echo of an old trend, nor classify them as major innovations apart from their context – but can also contribute to a more precise identification of their place in the history of the psychoanalytic movement and ideas. We hope that, with this article, we have contributed to elucidating part of this path to be followed.

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