

# The Analyst as a Person: Fromm's Approach to Psychoanalytic Training and Practice

*Sonia Gojman*

*Each situation is different, each child is a world, and each teacher should learn something new every day.*

Martin Buber

**F**rom the relational perspective of psychoanalysis (Greenberg and Mitchell 1983, 1993) our role as analysts is no longer seen as one of a neutral expert who applies technical methods to discover the unconscious striving of our patients. Rather, the analyst is recognized as an active participant in the treatment process, as an important factor in its affective development and in the attainment of its goals. The analyst's values and personal attitudes color the mutual relationship as much as the patient's.

Our role as therapists in the analytic process has been increasingly emphasized (Casement 1985, Gill 1982) by referring to our own feelings as useful tools.<sup>1</sup> These



feelings are no longer seen exclusively as countertransference distortions, but also as an affective resource. Becoming aware of our own feelings can help us understand the patient (Balint and Balint 1961, Peterfreund 1971). Some authors explain this emotional resonance of the analyst as an “intersubjective phenomenon” (Natterson 1991, Stolorow and Atwood 1992) that is accessible only through each person’s own inner experiences and sensitivity.

Many of Fromm’s criticisms of orthodox technical methods (Evans 1966, Fromm 1935, 1968, 1974, 1979) show him to be well ahead of his time, an important forerunner, of these relational views. As early as 1935 Fromm discussed the relationship between analyst and patient as essential in understanding the deeper meaning of the communication developed between them. The actual, “here and now” relationship is always interwoven with the patient’s past.

The subtle interpersonal events occurring between the analyst and the patient, mutually observing each other, must be taken into account to understand how and to what extent they can be utilized by the patient in the phenomenon of transference. Our attention to our own feelings helps us understand the patient. This means, in Fromm’s terms, recognizing our “participant-observer” role (Fromm et al. 1960) in the treatment process. But Fromm’s recognition of such an active, intimately related role needed extensive clinical examples such as those provided by Casement (1985), Gill (1982), and Mitchell (1993), in order to have a thorough understanding of the mutual process involved.

As I will try to show, in Fromm’s earliest articles and later in his clinical seminars in México and New York, he rejected many technical prescriptions on the grounds that they were not focused on the actual content of the

analytical relationship. Because of Fromm's having more fully understood the unique interactional context and complexity for each treatment, these considerations have become important in current discussions of psychoanalytic technique (Bollas 1992, Gill 1994, Lippmann, Chapter 4 in this volume). The open recognition of this complexity saves clinicians from having to conceive of ourselves as "infallible experts" and frees us from the burden of our longings for certainty.

Some critics of Fromm's clinical approach (Burston 1991, Maccoby 1982) do not fully appreciate this complex perspective that supports Fromm's approach. Maccoby, for example, criticizes Fromm's technical approach for not having built on Freud's detailed technical recommendations. Maccoby argues that Fromm's failure to analyze the transference originates in a model of "productivity" that describes not a real character but rather an "ideal" to be pursued. According to Maccoby, Fromm's value system interferes with his ability to analyze an idealizing transference, a fact that inevitably limits the patient's autonomy.

I agree that Fromm contradicts himself by supporting a modest and self-critical attitude by the analyst and at the same time adopting the role of an "expert" (see Margolis's discussion in Chapter 15). But not analyzing resistance and transference carefully and imposing the analyst's values are analytic failures that are not just the result of a theoretical contradiction. These failures are also experiential realities that become enacted with the patient whenever we are not aware of our own participation in the analytic process. Moreover, failures in analyzing a patient's idealization are a common difficulty with practitioners from all orientations and are not exclusive to Fromm's clinical approach.

Idealization by our patients and difficulties in analyzing transference can today be more easily recognized and

understood by focusing in our countertransferential reactions. This countertransference involves our own feelings and reactions to our patients. We also need to explore with the patient the impact of our personality and how our analytical position is experienced by the patient. Difficulties in analyzing transference and patients' idealizations interfere with treatment when (and while) we are unable to understand the patients' own perspective and until we become aware of their nonverbal messages. These complex messages can also be understood as "projective identifications" (Casement 1985).

Fromm's approach to psychoanalytic practice and training was not aimed at an intellectual transmission of external knowledge, but rather at the awakening within the analyst of a meaningful, honest, and profound interest in the patient (Aramoni 1970, Millán and Gojman 1981). For Fromm this meant that as clinicians we must develop the capacity to be aware of ourselves, to realize and recognize how we participate in the treatment process. We must not be deceived by the desire to eliminate personal characteristics from the relationship with the patient by use of technical means.

Ferenczi, tragically and prematurely, tried to develop an "active" technique that would acknowledge our essential role in the analytical process, and Fromm tried to build on this legacy (Forest 1954). This tradition has continued to grow with the contributions of Casement (1985), Gill (1994), Hirsch (1994), and Mitchell (1993), among others. Supported by extensive clinical material, these authors point out the importance of becoming aware of ourselves and how we relate to the patient during the psychoanalytic process. This awareness expands our capacity to analyze the transference.

Fromm's self-critical and sociopschoanalytic approach offers an alternative model of clinical work that has been

## The Analyst as a Person

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taken to its logical conclusion by contemporary intersubjective (Natterson 1991, Stolorow et al. 1987) and relational approaches (Gill 1994, Hirsch 1994, Mitchell 1993).<sup>2</sup> Indeed, a nonprescriptive approach to technique is precisely the view that is most consistent with the core of Fromm's theoretical, clinical and educational contributions.

Fromm went beyond current relational perspectives with his view that demystifying awareness must also recognize the full impact of the social systems to which we and our patients are compelled to adapt.<sup>3</sup> The social, self-critical, and nonprescriptive approach to technique also emphasizes sensitive, careful attention to the patient, including the patient's legitimate *observer* role, which may be of immense help in demystifying the technical illusion of the "neutral" knower.<sup>4</sup>

## REPRESSION AND RESISTANCE

In 1935, Fromm developed his earliest critique of orthodox psychoanalytic technique (the article was published only in German and Italian). Fromm thinks that the main origin of repression is not intrapsychic; rather, it is driven by anxiety produced by external forces, namely the fear of losing the love of important figures and the fear of isolation from social supports, leading to ostracism.

A repressed impulse, Fromm explains, does not cease to exist as such, but rather its access to consciousness is thwarted. The mechanism by which this is accomplished is called "resistance." Every time the repressed material is touched upon, resistance appears, and its power depends on the strength with which it is repressed. If resistance appears in the analysis of a person, the analyst has, according to Freud, a proof that unconscious material is



being touched upon. The intensity of the resistance, however, does not always indicate that important therapeutic results will be achieved. There are occasions when resistance is so strong as to be impossible for the patient to overcome.

Being an unconscious process, says Fromm, resistance is not a question of the patient having difficulty “saying” the things that occur to him—a difficulty gradually overcome as the patient’s willingness to change increases—but rather a process of which the patient is not aware. Through the psychoanalytic process the patient revives the original childhood relationship with the authority that caused the repression. The patient “transfers” to the analyst the anxiety that led to the repression of the impulse. Here Fromm follows the classical psychoanalytic model closely. A friendly, objective, and nonjudgmental attitude on the part of the analyst will support the gradual development of the patient’s confidence. This confidence is necessary to overcome the resistance and become conscious of the repressed impulse during the treatment process.

From a purely Freudian, intrapsychic point of view, it is assumed that the result of the treatment depends essentially on the strength of the resistance presented by the patient. It is here that the emphasis of Fromm, and the whole relational perspective, differs so greatly from Freud. Fromm criticizes Freud’s scheme for not taking into account more centrally the actual relationship between patient and analyst. Fromm believed this actual relationship is enormously important in determining the outcome of treatment. The anxiety, anchored in the past, can become greater or lesser, largely depending on the specific personal characteristics of the analyst and the nature of the relationship between analyst and patient.<sup>5</sup> The freer the analyst is of condemnatory attitudes concerning the

patient's unconventional acts or tendencies, and the more he establishes himself as wholeheartedly interested in the search for the patient's happiness, the sooner the patient's resistance will yield. This was for Fromm the basic factor in psychoanalytic treatment, in the training of psychoanalysts, and in the supervision of cases handled by students in training.<sup>6</sup>

The adherence to technical guidelines or conscious beliefs about what would be helpful, was, according to Fromm, much less important than the attributes the analyst brought into treatment as well as the socially determined character traits of the analyst. The character required for an effective clinical practice is one that includes a certain independence from the conventionalism and taboos of the time. There exists, according to Fromm, the possibility of accepting things as they are, yet transcending them and establishing a critical distance from common attitudes. Social restrictions can then appear for what they are—only means to maintain a certain social order and its contradictory class relations that deprive men and women of their own authority (Gojman 1983).<sup>7</sup> Recognizing the power of compelling social tendencies may allow the discovery that social norms are not absolute.

Acknowledging the historical justifications for certain moral standards through critical study of social systems (and understanding the power structures involved in them) can produce a change in our own attitude toward human beings. Our reactions and affects can cease to be automatic and abstract. Indeed, critically understanding these power structures can lead, according to Fromm, to recognizing the obstacles that keep us from developing the solidarity and support that a successful treatment requires.

An analyst who is not so free and open mentally,



however intelligent or well trained, will repeat the experience that the patient originally went through with his parents when he was a child, and later on with teachers and other oppressive figures. In other words, the analyst will permit the repetition of authoritarian constellations that inhibit development.

### **THE PERSON OF THE ANALYST AS THE CENTRAL AXIS IN CLINICAL PRACTICE**

More than thirty years after Fromm's 1935 article, in his clinical seminars with students in México (1968), he attempted to clarify the technical questions of clinical practice. He emphasized anew that the person of the analyst is the central axis in clinical practice. What is really important is the analyst's vitality, his capacity for enjoyment, and ability to be unconventional and to promote without restriction the patient's striving for happiness.

To "jump inside the patient" as Fromm puts it (Aramoni 1983, Fromm 1968, Narvaez 1981), is only possible if one knows oneself; only then can we establish intimate contact with another person and understand what is happening to the patient from his or her own vantage point. The analyst may thus discover within the patient aspects that the patient is ignorant of or unable to articulate.<sup>8</sup> Treatment is thus posed as a dialogue between two unconsciouses. In this process analysts must become aware of their active participation in the treatment in order to help develop the patient's own resources and overcome resistances. This is only achievable with a genuinely egalitarian attitude. We take the responsibility for this search, according to Fromm, together with the patient. Analysts must be alert to their own resistance to helping the process along as a first step toward a successful outcome.





This self-questioning role should be nurtured during psychoanalytic training, avoiding the temptation to fall back on an illusory scientific technique. According to Fromm, we must abandon longings for certainty in doing the right thing or of thinking we are better informed than the patient on what they should believe about themselves or about the analyst. This also includes giving up any certainty concerning what patients should or shouldn't do with their lives, and when they should terminate treatment.<sup>9</sup>

Fromm (1968) spelled out some of the problems involved in applying technical rules. *Free association* Fromm observes, was originally proposed as a means to penetrate the unconscious by sidestepping the frame of reference of logical, rational, and conventional thought. However, says Fromm, it can also do the opposite by permitting the patient to talk ad infinitum about trivia that lead to nothing, thus reinforcing resistance. The analyst may also misuse technique to rationalize passivity, laziness, or avoidance of difficult problems.

The use of the couch can also, according to Fromm (1968, 1974), present problems. Keeping the patient from seeing the analyst was used by Freud as a means to prevent the patient from observing the analyst's reactions, assuring the analyst's neutrality. As Fromm sees it, this technique may in fact only increase the patient's curiosity about the analyst and, as in pornography, stimulate the patient's desire to know more about the analyst than otherwise would have been the case. At the same time the couch does not prevent the patient (unless he or she is extremely disturbed) from getting to know who the analyst really is and how he or she reacts. A significant communication can only be established by being intimately in contact with another person (Evans 1966).

The common practice of interpreting the patient's hos-

tility toward the analyst as being motivated by “transferential distortions,” may also, says Fromm (1968), be a veiled threat from the analyst to the patient, a subtle warning (to the patient) that she or he must stop. These defensive interpretations curtail the full manifestation of the hostility and the possibility of being able to analyze it.<sup>10</sup> Fromm (1968) also believed that to invoke resistance every time the patient appears to be uncooperative can be a subtle way of coercing the patient into compliance.

Schafer (1992) reaches a similar conclusion, noting that Freud’s clinical interventions, couched in a martial language, reflected a countertransferential problem. What is really expected from the patient-enemy’s “cooperation” is unconditional surrender. The patient must submit to what the analyst says is wrong with him, for ostensibly patients are incapable of developing their own criteria for what is best for them. By means of this countertransferential communication, the patient is led to believe that only the analyst can recognize what the patient does not know and what is going on in his unconscious. Yet consciously, analyst and patient may hold an opposite belief. Moreover, if a patient does not give in and accept the interpretations, the analyst concludes that resistance has made its appearance. In this warlike countertransference vision of Freud, the analyst cannot count on the patient as an ally in the process of gaining insight and overcoming resistance.

According to Fromm, amiability and tact are required elements for a good analyst. A prolonged silence may be experienced by the patient as an unnecessary torment. A detached and objective attitude may come across as cold and uncaring. Fromm also noted that genetic interpretations and continual references to the past might also be a resistance on the part of the analyst to seeing how and why the symptoms are sustained in the present.

Fromm’s approach reflects an attitude of respect for the

ability and rights of patients to express their own inner worlds in their own language, to make sense out of them through the analytic process, and make decisions about their own lives based on a deep comprehension and relief of symptoms. This respect has to be granted to the patient, according to Fromm, without concealing it beneath rules and technical jargon. Furthermore, the meaning of any given technique depends ultimately on who uses it, how it is used, and whether we like it or not (Fromm 1968). Depending on our own attitude, we may use techniques as a resource to carry out a significant investigation or as a self-deceiving tool that favors resistance.

Techniques in conventional analysis can in fact be used to defend power relations and class interests rather than to question them. Our profound interest in the patient, says Fromm, implies a building, synthesizing, and searching dialogue to discover different paths leading to therapeutic solutions (Aramoni 1988). This is a far cry from the neutral and detached stance of the classical analyst.

## PSYCHOANALYTIC TRAINING

Fromm never finished writing his own technical advice for psychoanalytic practice, but in his clinical seminars Fromm (1964, 1968) frequently examined the many different ways in which the analyst can make inappropriate use of technique. He criticized technical prescriptions because they distracted from what he considered to be the real psychoanalytic task—understanding the patient's unconscious motivation from within and discovering new possibilities of bringing about change.

The most important element in psychoanalytic training is to get first-hand personal experience by practicing and



monitoring the process involved. This process has been described by Casement (1985) as “internal supervision and trail identification” and can be a valuable tool that leads the way to greater understanding during difficult moments in the treatment process. In fact, power struggles and other serious difficulties between analysts and patients often precede a profound insight. These difficulties are frequently a manifestation of the well-established transference and represent the patient’s ways of effectively reviving original traumatic experiences. Sandler’s (1976) concept of “role responsiveness” identifies the emotional attunement required by analysts during a therapeutic impasse.

Fromm did not develop an explicit “technique” that would help analysts use their emotional responsiveness to further treatment goals. But his rejection of a prescriptive technique and his discussion of an analytic attitude appropriate to the task of understanding the patient are clearly consistent with Casement’s and Sandler’s concepts. Some of the criticisms of Fromm’s clinical practice (Burston 1991, Maccoby 1982) can now be addressed from a more fully developed conception of a nonprescriptive technique that was implicit earlier in Fromm’s (1968) Cuernavaca seminars.

From this perspective of psychoanalytic treatment, it becomes essential to be able to relate to another person in a close, intimate way, to be affectively in contact and recognize each other’s feelings (Crowley 1952) (the analyst’s as well as the patient’s). It follows that a good psychoanalytic training would seek to develop, to a considerable extent, precisely this capacity. This relational capacity, to be effective, must engage both participants in a mutual and profound dialogue. Instead of offering a prescriptive technique, Fromm’s most important aim was to sensitize analytic candidates and practitioners to the



actual processes, through their own treatment, the supervision of clinical cases, and in seminars oriented to achieving a descriptive account of the psychoanalytic process.

A basic premise of most programs in psychoanalytic education is that the psychoanalysis of the trainee (the so-called didactic analysis) will bring about the competence and capacities mentioned above through the self-knowledge obtained in treatment. Most training institutions do not take into account, however, how much the two participants in the therapeutic relationship are involved in the educational life of the institution and how this affects the real psychoanalytic setting. Furthermore, there is a tendency for students to see their didactic analysis as a part of the curriculum requirements, altering the whole motivational scheme of analysis. This is particularly the case when the analysis is undertaken as one of the conditions for enrollment (Bernfeld 1962).

Most of the technical prescriptions that facilitate the process of transference in psychoanalytic treatment insist on the neutrality of the training analyst. This neutrality is supposed to facilitate the analyst's role as a blank screen on which the patient can project his transferred relations with the authority figures of his childhood. As Fromm saw it, this ideal is never met in any regular analyses and is even more evidently absent during didactic analyses because of the frequent encounters between analysts and candidates outside of treatment. I believe these encounters and the reactions they engender—on both participants—can and should be acknowledged and examined more openly. Didactic analysts must begin to take these encounters seriously as they unfold in the educational setting. Awareness of the participative nature of the analytic process is essential for establishing a solid therapeutic alliance. By acknowledging these extraanalytical

encounters the patient-student and the didactic analyst will be able to distinguish more clearly the degree and extent to which these encounters are influenced by transference-countertransference reactions.

Unfortunately, in most psychoanalytic institutes these encounters are either ignored or at best acknowledged as inevitable interferences with the treatment process. Didactic analysts ambivalently struggle, trying to perform their difficult and at times irreconcilable roles of teacher, supervisor, and analyst. This remains true whether in reporting or nonreporting programs.<sup>11</sup> In fact, as didactic analysts we become colleagues with our trainees, working in the same professional circles. We are pressured not to become aware of these encounters or discuss them obliquely. This mutually collusive role prohibits the discussion of these forbidden encounters. The personal knowledge gained in this interaction is suppressed and leads these encounters to become hidden burdens. This reality is very seldom described in the psychoanalytic literature.

In the real everyday environment of psychoanalytic institutes, trainees gain a good deal of information about their analysts-teachers in one way or another even if they do not seek it out purposely. This information consists of knowledge of analysts' teaching and professional activities, their status as members of the institution, and their relationship with colleagues. Instead of seeing this information as nonexistent and as a useless source of knowledge, examining this interaction as a common experience and as an educational opportunity would free the student analyst and the training analyst from the burden of disowned knowledge.<sup>12</sup> This examination would also help distinguish transference distorting elements that belong to either participant. This can be done only if the roles of both participants are conceived with modesty and within

## The Analyst as a Person

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a spirit of mutuality, without granting certainty to either of the participants.

The institutional relations among colleagues could be taken more seriously and honestly if the power and prestige structure of the common group were examined through their respective perspectives as participant-observers, each with different hierarchical positions.

Being aware of the way in which social reality intrudes on the didactic psychoanalytic process implies a demanding commitment from both participants, but it also represents the relief of acknowledging our real participation and not struggling to conceal it. It forces us and our trainees to be attentive to oneself and to one another, as two people. This task is perfectly in tune with Fromm's approach to psychoanalysis – an honest examining of each one's participation.

It must be recognized that taking part in the teaching functions of psychoanalytic training programs and at the same time analyzing trainees demands an enormous effort from the analyst. It exposes us to a great deal of anxiety. It can lead analysts into an extremely difficult situation wherein, after a long and well-recognized practice, training analysts find themselves surrounded by analysands or former analysands as junior colleagues in very high-risk professional communications in groups ridden by all sorts of secrets and nonusable information.<sup>13</sup> Not taking into account the relevance of these facts of everyday life cannot lighten, but on the contrary only worsen, the incommensurable psychoanalytic task of the training analyst.

Assuming openly the role of colleague with the didactic analyst does in fact demand from the patient-student a more responsible commitment. This commits our junior colleagues to exposing themselves fully and sharing the



experience of one's internal life, not protected by the mythical "neutrality" of the analyst. The student-patients understand that they are also exercising, legitimately, their role as observers, thus coming to know the analyst as a person instead of idealizing him or her. The student-patients will gradually recognize their analysts' strengths and limitations. That the student-patients become aware of their analysts' weaknesses need not impede the fundamental psychoanalytic goal for both participants—being able to open oneself, to recognize and understand the unconscious through mutual nonauthoritarian participant-observation.

The analyst must thus be aware of and accept a limit to the exercise of power and authority. Analysts must also be objective and critical toward the social realities in which the patient and the analyst live. By practicing openly and attentively, the analyst comes to know how much one can learn from the learner (Fromm 1994).

### **TEACHING METHODS CONGRUENT WITH A NONPRESCRIPTIVE APPROACH TO TECHNIQUE**

For the analyst not to repeat the schemes of childhood that led to repression means acceptance of the other's nonrepressed person, in this case the patient-student, with his or her notions, desires, and values. This means understanding the person and respecting his or her right and competence to exercise personal authority. This attitude can only come from the analyst's knowledge of the hidden power structures that stand behind repression, and not from thinking that the consulting room, the teaching seminars, and training institution can really be neutral or hidden from trainees.



## The Analyst as a Person

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In conclusion, an intellectual conception of psychoanalysis as an exercise of established technical rules may be intended to lighten the complex psychoanalytic task of the analyst. Paradoxically it may have an opposite effect by mystifying the analytic process in the guise of useful technical devices that put a rationalized distance between analyst and analysand-colleague. This rationalization serves the purpose of hiding the analyst's own insecurity when confronted by not being able to have the last word with analysands. Such an approach cannot help but obstruct the necessary intimacy, equality, and shared search for truth required in the psychoanalytic process.<sup>14</sup>

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### ENDNOTES

1. Previous approaches are worth reviewing: Clara Thompson's article "Counter-transference" (1952), Ralph M. Crowley's "Human Reactions of Analysts to Patients" (1952), and Eduard S. Tauber's "Observations on Counter-Transference Phenomena" (1952).

2. This same approach has been developed in the social sciences (Bertaux 1989, Bryman 1984, Bulmer 1979, Geertz 1973, 1984, Saltalamacchia 1992).

3. The transcription of the lectures offered to the William Alanson White Institute's students in 1974 in Locarno (Fromm 1974) fully support this view. See also Rainer Funk's (1993) development of the social aspect of Fromm's clinical practice.

4. Miriam Greenspan (1993) calls for a similar approach to psychotherapy and labels it “feminist,” emphasizing its egalitarian (or nonauthoritarian) aspects. I agree with her perspective. However, I think it is misleading and divisive to call it feminist.

5. For a lively description on how cultural differences affect the underlying analytic process, see Taketomo (1989) and the many cases described by Devereux (1967).

6. See the educational plan of the Mexican Psychoanalytic Institute developed with Fromm’s participation (Universidad Nacional Autonoma de México, Facultad de Medicina 1972). It is worth also reviewing the bylaws of the Instituto Mexicano de Psicoanálisis (1963) and those of the Sociedad Psicoanalitica Mexicana (1956). These educational blue prints are very similar to those developed by the International Federation of Psychoanalytic Societies in which Fromm actively participated as a founding member. See also Aramoni and Derbez (both in Millan and Gojman 1981) for an account of Fromm’s role in psychoanalytic training in México. For a description of Fromm as a supervisor see Feiner (1975), Norell (1975), Moulton (1975), and Lesser (1992).

7. See Siirala’s (1993) article on transference for a different way of expressing the idea of the analyst as one who contains shared social burdens imposed on the patient.

8. Casement (1985) calls this procedure trial identification.

9. See Menaker (1989) for a critical view of how an analyst’s interpretations and attitudes may interfere with the treatment process, based on recollections of her analysis with Anna Freud and her husband’s analysis with Helene Deutsch. See also Deutsch (1983) on supervised analysis and Roazen (1985) on Deutsch.

10. See Strean (1993) for a contemporary approach that is consistent with these guidelines.



## The Analyst as a Person

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11. Some very interesting efforts are under way to address these difficulties by eliminating most of the supervising and analyzing requirements for trainees within the training institution. Some recent experiments involve offering only clinical and theoretical seminars to students. The training institution takes the position that it does not officially sanction or offer any guarantees as to the clinical competence of the trainees (Kemper 1994).

12. Bowlby's (1988) article, "On Knowing What You are not Supposed to Know and Feeling What You are not Supposed to Feel," shows clearly how one hides from oneself what one knows, particularly if this knowledge is a threat to a relation with an authority figure. This hiding in turn affects further relationships and undermines credibility in oneself and in others.

13. See the sensitive description of these difficulties by Rawn (1991) and by Freudenberger and Robbins (1979).

14. Contemporary participatory social research methods imply a similar approach (Sanchez and Almeida 1991, Lenkerd 1980) as does Gilligan's (1982) analysis of women's "different voice." Women's "ways of knowing" (Belenky et al. 1986) describe a more relational view of education that is beginning to be put into practice in a few places. Jordan et al. (1991) describe a method of education based on conversations that help articulate each person's hidden knowledge and promote a "growth in connection."

## REFERENCES

- Aramoni, A. (1970). *En busca de la Verdad, Arte y Técnica del Psicoanálisis*. México: IMPAC.
- \_\_\_\_\_. ed. (1983). *Cuatro Neurosis en Busca de Argumento. La Praxis Psicoanalítica*. México: Siglo XXI Editores and Instituto Mexicano de Psicoanálisis.
- \_\_\_\_\_. (1988). *Hombre Sueño Razón. Ensayos sobre Psicoanálisis Evolucionista*. México: EOSA, Serie Alterna.



- Belenky, M. F., Clinchy, B. M., Goldberger, N. R., and Tarule, J. M. (1986). *Women's Ways of Knowing: The Development of Self, Voice and Mind*. New York: Basic Books.
- Balint, M., and Balint, E. (1961). *Psychotherapeutic Techniques in Medicine*. London: Tavistock.
- Bernfeld, S. (1962). On psychoanalytic training. *Psychoanalytic Quarterly* 4:3-14.
- Bertaux, D. (1989). Los Relatos de Vida en el Análisis Social. In *Historia Oral*, ed. J. Aceves, pp. 87-96. México: Instituto Mora UNAM.
- Bollas, C. (1992). *Being a Character: Psychoanalysis and Self Experience*. New York: Hill and Wang.
- Bowlby, J. (1988). On knowing what you are not supposed to know and feeling what you are not supposed to feel. In *A Secure Base*, pp. 99-118. New York: Basic Books.
- Bryman, A. (1984). The debate about quantitative and qualitative research: a question of method or epistemology? *British Journal of Sociology* 35:75-92.
- Bulmer, M. (1979). Concepts in the analysis of qualitative data. *Sociological Review* 27:651-677.
- Burston, D. (1991). *The Legacy of Erich Fromm*. Cambridge, MA: Harvard University Press.
- Casement, P. J. (1985). *Learning from the Patient*. New York: Guilford.
- Crowley, R. M. (1952). Human reactions of analysts to patients. *Samiksa* (Published by the Indian Psychoanalytical Society) 6:212-219.
- Derbez, J. (1981). Fromm en México: Una Reseña Histórica. In *Erich Fromm y el Psicoanálisis Humanista*, ed. S. Millán, and S. Gojman, pp. 27-53. México: Siglo XXI.
- Deutsch, H. (1983). On supervised analysis. Introduction by Paul Roazen. *Contemporary Psychoanalysis* 19:53-70.
- Devereux, G. (1967). *From Anxiety to Method in the Behavioral Sciences*. Paris: Mouton, and Ecole Pratique de Hautes Etudes.
- Evans, R. I. (1966). *Dialogue with Erich Fromm*. New York: Harper & Row.
- Feiner, A. H. (1975). Reminiscences of supervision with Erich



- Fromm. *Contemporary Psychoanalysis* 11:463–473.
- Forest, I. (1954). *The Leaven of Love. A Development of the Psychoanalytic Theory and Technique of Sandor Ferenczi*. New York: Harper.
- Freudenberger, H. J., and Robbins, A. (1979). The hazards of being a psychoanalyst. *Psychoanalytic Review* 66:275–296.
- Fromm, E. (1935). Die Gesseschaftliche Bedingtheit der Psychoanalytischen Therapie. In *Gesamtausgabe Band I, Analytische Sozialpsychologie*, ed. R. Funk, pp. 115–138. Stuttgart: Deutscher Taschenbuch Verlag, 1989.
- \_\_\_\_ (1968). Typewritten transcription of Fromm's seminars on clinical and technical aspects. México: Instituto Mexicano de Psicoanálisis.
- \_\_\_\_ (1974). Typewritten transcription of the lectures offered in Locarno to the students of the William Alanson White Institute. Erich Fromm Archives.
- \_\_\_\_ (1979). Erich Fromm: Du Talmud à Freud. Interview avec Gerard Khoury. *Le Monde* October 21.
- \_\_\_\_ (1994). *The Art of Listening*, ed. R. Funk. New York: Continuum.
- Fromm, E., Suzuki, D. T., and de Martino, R. (1960). *Zen Buddhism and Psychoanalysis*. New York: Harper.
- Funk, R. (1993). Fromm's approach to psychoanalytic theory and its relevance to therapeutic work. In *Cuadernos IV*, ed. S. Millán, S. Gojman, Seminario de Sociopsicoanálisis, pp. 17–42. México: Instituto Mexicano de Psicoanálisis.
- Geertz, C. (1973). Thick description. In *The Interpretation of Cultures*. New York: Basic Books.
- \_\_\_\_ (1984). From the native's point of view: on the nature of anthropological understanding. In *Culture Theory: Essays on Mind, Self and Emotion*, ed. R. A. Shweder and R. A. Levine, pp. 123–136. Cambridge: Cambridge University Press.
- Gill, M. (1982). *Analysis of Transference, vol. 1: Theory and Technique*. Psychological Issues, Monograph 53. Madison, CT: International Universities Press.
- \_\_\_\_ (1994). *Psychoanalysis in Transition: A Personal View*. Hillsdale, NJ: Analytic Press.
- Gilligan, C. (1982). In *a Different Voice: Psychological Theory and*



- Women's Development*. Cambridge, MA: Harvard University Press.
- Gojman, S. (1983). Vampirismo y Poder. In *Cuatro Neurosis en Busca de Argumento*, ed. A. Aramoni, pp. 78-108. México: Siglo XXI.
- Greenberg, J. R., and Mitchell, S. A. (1983). *Object Relations in Psychoanalytic Theory*. Cambridge, MA: Harvard University Press.
- Greenspan, M. (1993). *A New Approach to Women and Therapy*. Blue Ridge Summit, PA: Tab Books.
- Hirsch, I. (1993). Countertransference enactments and some issues related to external factors in the analyst's life. *Psychoanalytic Dialogues* 3:343-366.
- \_\_\_\_\_. (1994). Dissociation and the interpersonal self. *Contemporary Psychoanalysis* 30:777-792.
- Instituto Mexicano de Psicoanálisis. (1963). *Statutes*. México: IMPAC.
- Jordan, J. V., Kaplan, A. G., Miller, J. B., et al. (1991). *Women's Growth in Connection*. Writings from the Stone Center. New York, London: Guilford.
- Kemper, J. (1994) Personal communication. Brazil: Circulo Psicoanalitico do Rio de Janeiro.
- Lenkerd, B. (1980). Participant Research at ACTION: Understanding the Limits to Change. Paper presented at the American Anthropological Association, Washington, DC.
- Lesser, R. M. (1992). Frommian therapeutic practice: a few rich hours. *Contemporary Psychoanalysis* 28:483-494.
- Maccoby, M. (1982). Social character vs the productive ideal: the contribution and the contradiction in Fromm's view of man. *Praxis International* 2:70-84.
- Menaker, E. (1989). *Appointment in Vienna*. New York: St. Martin's Press.
- Millán, S., and Gojman, S. (1981). *Erich Fromm y el Psicoanálisis Humanista*. México: Siglo XXI.
- Mitchell, S. (1993). *Hope and Dread in Psychoanalysis*. New York: Basic Books.
- Moulton, R. (1975). Memorias de mis recuerdos de cuando fui supervisada. *Revista de Psicoanálisis Psiquiatría y Psicología*



- 9:93–99.
- Narvaez, F. (1981). La Terapéutica Humanista. In *Erich Fromm y el Psicoanálisis Humanista*, ed. A. Aramoni. México: Siglo XXI.
- Natterson, J. (1991). *Beyond Countertransference: The Therapist's Subjectivity in the Therapeutic Process*. Northvale, NJ: Jason Aronson.
- Norell, M. (1975). Reminiscences of supervision with Erich Fromm. *Contemporary Psychoanalysis* 11:456–462.
- Peterfreund, E. (1971). Information, systems, and psychoanalysis. *Psychological Issues*, vol. 7. Monographs 25/26. New York: International Universities Press.
- Rawn, M. L. (1991). Training analysis and training psychotherapy. *Psychoanalytic Psychology* 8:43–57.
- Roazen, P. (1985) *Helene Deutsch. A Psychoanalyst's Life*. New York: Doubleday Encore.
- Saltalamacchia, H. (1992). *Historia de Vida*. Puerto Rico: Cijup.
- Sanchez, M. E., and Almeida, E. (1991). La relación humana simétrica: Fuente de acción y conocimiento. In *Cuadernos* vol. 2, Ed. Seminario de Sociopsicoanálisis, pp. 30–43. México: Instituto Mexicano de Psicoanálisis.
- Sandler, J. (1976). Countertransference and role responsiveness. *International Journal of Psycho-Analysis* 3:43–47.
- Schafer, R. (1992). *Retelling a Life: Narration and Dialogue in Psychoanalysis*. New York: Basic Books.
- Siirala, M. (1993). From transfer to transference, or let us not forget Laios when we recognize Oedipus. *International Forum for Psychoanalysis* 2:90–101.
- Sociedad Mexicana de Psicoanálisis. (1956). *Statutes*. México.
- Stolorow, R. D. and Atwood, G. E. (1992). *Contexts of Being. The Intersubjective Foundations of Psychological Life*. Hillsdale, NJ: Analytic Press.
- Stolorow, R. D., Brandchaft, J. B., and Atwood, G. E. (1987). *Psychoanalytic Treatment*. Hillsdale, NJ: Analytic Press.
- Strean, H. D. (1993). *Resolving Counter-resistances in Psychotherapy*. New York: Brunner/Mazel.
- Taketomo, Y. (1989). An American-Japanese transcultural psychoanalysis and the issue of teacher transference. *Journal of The American Academy of Psychoanalysis* 17:427–450.



- Tauber, E. S. (1952). Observations on counter-transference phenomena. *Samiksa* 6:220–228.
- Thompson, C. (1952). Counter-Transference. *Samiksa* 6:205–211.
- Universidad Nacional Autónoma de México Facultad de Medicina, División de Estudios Superiores. (1972). *Curso de Especialización en Psicoanálisis*. México: IMPAC.