

Fromm's Approach to Psychoanalytic Technique¹

ALTHOUGH ERICH FROMM PUBLISHED 22 books and nearly 100 articles on psychoanalysis and related matters, he wrote little specifically on technique. He long planned to do so and had begun to write on this topic just before his death in 1980. He waited, I believe, because he felt that too strong a focus on methodology would not do justice to the vital spirit of the therapeutic engagement. At the same time, perhaps paradoxically, Fromm insisted that sound methodology was necessary for effective inquiry because of the complexity of the transactions; he strongly believed that there was a science of psychoanalysis and he taught this for some fifty years in seminars and supervision. It was my privilege to have studied with Erich Fromm and, later on, to know him in a more personal way; this paper is based on my own understanding and experience of the principles of psychoanalytic practice that Erich Fromm developed.

Although the analytic relationship by itself is not curative, since a psychoanalytic cure is based on overcoming repression and the distortions that arise from it, the establishment of a "productive relatedness" is primary in Fromm's approach to psychoanalysis.

As Fromm described this special relationship,

The analyst understands the patient only inasmuch as he experiences in himself all that the patient experiences; otherwise he will have only intellectual knowledge *about* the patient, but will never really know what the patient experiences, nor will he be able to convey to him that he shares and understands his (the patient's) experience. In this productive relatedness between analyst and patient, in the act of being fully engaged with the pa-

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BERNARD LANDIS, Ph.D.

tient, in being fully open and responsive to him, in being soaked with him, as it were, in this center-to-center relatedness, lies one of the essential conditions for psychoanalytic understanding and cure. The analyst must become the patient yet he must be himself; he must forget that he is the doctor, yet he must remain aware of it. Only when he accepts this paradox can he give 'interpretations' which carry authority because they are rooted in his own experience. The analyst analyzes the patient, but the patient also analyzes the analyst, because the analyst, by sharing the unconscious of his patient, cannot help clarifying his own unconscious. Hence the analyst not only cures the patient, but is also cured by him. (*Zen Buddhism and Psychoanalysis*. New York: Harper & Row, 1960.)

Fromm warned, however, that the abandonment of the mirror-like, impersonal exchange that is the Freudian model requires care. The analytic relationship, he insisted:

. . . must be free from all sentimentality, unrealistic distortions, and, especially, from any—even the most subtle and indirect—interference of the analyst in the life of the patient, not even that of the demand that the patient gets well. If the patient wants to get well and change, that is fine, and the analyst is willing to help him. If his resistance to change is too great, this is not the analyst's responsibility. All his responsibility lies in lending the best of his knowledge and effort, of giving himself to the patient in search of the aim the patient seeks him out for (*Zen Buddhism and Psychoanalysis*).

Fromm likened this approach to that of the Zen master who knows that nothing he does can solve the student's life problems. Yet even knowing that one human being cannot save another, the Zen master shows a love for his student by never ceasing to give help so that the student may save himself.

In Fromm's conception of psychoanalysis the analyst's technique and his philosophy are indivisible. His personality is his instrument and its effectiveness resides in the analyst's insight and courage. To develop as a psychoanalyst demands more than acquiring theoretical and technical expertise; it also requires, according to Fromm, a strong sense of purpose, uncompromising realism, daily self-analysis, and the enriching of one's personal life. He believed that the analyst should be knowledgeable in history, anthropology, literature, philosophy and political science and also well-trained in the natural sciences. It is within this extended context that Fromm taught psychoanalysis as a rigorous, data-based, scientific investigation—one in which the analyst's character is just as decisive an element as the patient's.



Practical Issues

In teaching seminars, Fromm emphasized the importance of first establishing a psychoanalytically-appropriate atmosphere in the consulting room. The analyst sets the tone by his presence: he is to be concentrated, steady, unconcerned with obtaining status through his patient's compliance. It is essential to establish the analyst's competence from the outset. This is facilitated when the analyst is characterized by being straight to the point, and not by being persistently silent or "analytical" in a reductionistic fashion.

The patient is always impressed by indications that the analyst has listened with concentration and interest. He knows when the analyst is listening. There are no false words, no sheer politeness. There is courtesy, yes, but the atmosphere must be one of honesty and concentration. When the patient is evasive the analyst takes up the challenge. The analyst should not be the friendly detective who says, 'Hmmm' and tries to trap the patient in an inconsistency; this is alienating.²

Competence is also demonstrated when he shows that he has listened in a way novel to the patient, makes connections that the patient hadn't thought of, asks questions that stir interest, and raises provocative observations.

Fromm found the use of the couch a hindrance rather than a benefit. He found it uninteresting not to see directly the patient's expressions and he believed it was a disservice to the patient who was deprived of the analyst's authentic reactions. He said:

I don't try to hide anything in my face. This affords the patient another very important communication with reality. Additionally, there are some candid statements that should only be said face-to-face because the words are more real that way.³

For example, he quoted a statement to a highly deferential patient: "You feel that you have to treat me gently and nicely because that's how you'll get what you need; actually you'd like to devour me, but you're afraid that if I knew that I'd be angry." He felt one could say this most effectively when facing the patient, avoiding moral indignation and judgement on the one hand and easy reassurance on the other. It would be a disservice to make the patient feel comfortable by saying that "It's the childish part of you feeling

²From seminar notes.

³From seminar notes.

this way.” This lets the patient off the hook and fails to enhance his efforts. Fromm believed that some things should not be told to a patient gradually; the patient should not be spared the shock of learning the truth about himself. That the irrational material emerges for interpretation is not enough; the patient must be confronted with it by the analyst face to face. Using this direct approach, Fromm found that the patient more fully experiences his irrational aspects.

The couch took away from this attitude and so Fromm early abandoned its use. While the couch, and the use of silence, does encourage regression and transference, the result is to make the patient feel more helpless and thwarted, Fromm observed. “The kind of infantile material this will produce is of limited value and does not foster significant insight,” he said. Fromm also felt that the use of the couch often diminished the patient’s sense of self worth. He believed, in any event, that transference developed without the couch. With a more reality-oriented perception of the analyst, transference reactions, especially transference feelings of dependency, may not become as intense as they were with the parents; but they can be equally instructive and more manageable by the patient’s adult self.

What is important is that there be a counterpoint between infantile, irrational or archaic experiences and adult experiences. The adult perspective is essential to grasp the significance of the inner conflict, and to mobilize resources to deal with it.

Fromm would begin the initial session by requesting a comprehensive account of the presenting symptoms, followed by an overview of the patient’s history and family background, including the grandparents, to provide a social-cultural frame of reference. Subsequently he would say something like the following to the patient:

Tell me about yourself, but with the intention of getting behind the level of ordinary conversation. There’s a lot of fiction in life. We want to get to the underlying reality. Express what you feel, and I may interrupt you at times when I see something.⁴

This contrasts with the concept of free association in which word links are held to connect conscious—preconscious—unconscious ideation. Greenson states the orthodox technique whereby “Free association has priority over all the other means of produc-

⁴From seminar notes.

ing material in the analytic situation.”⁵ Nevertheless Fromm, trained in the Freudian tradition at the Berlin Psychoanalytic Institute and always sharing many of Freud’s views although enlarging on them, found that free association could easily become trivialized and used in the service of resistance. Free association also may lessen the patient’s sense of responsibility. He once said dryly, “The analyst should not say ‘Tell me what comes to mind’ because then he can’t legitimately say ‘Cut out the nonsense’ when the patient is not serious. The main thing is for the patient not to omit things, to be utterly frank.” These statements were not meant to discourage creative spontaneity and the free flow of ideas; they were a caution against allowing the patient to fill time with idle words. This form of defensiveness would only lead to boredom.

Fromm felt that boredom in the session was a strong indication that something was amiss with one or both of the participants. Greenson again states the classical position in saying, “Boredom in the patient indicates that he is avoiding becoming aware of his instinctual urges and his fantasies”. This is certainly possible but, from the Frommian perspective, the analyst may well be at fault. He, too, has a responsibility to enliven the session by his own efforts. For example, he might say to a patient who was talking away in a chatty fashion: “Your talk this session is really irrelevant; it’s all role playing and not based on what’s really happening in your life”. The analyst should not confirm for such a patient that there is anything real in his narcissistic meanderings. Certainly the risk of boredom lessens when the analyst is always ready to challenge the patient’s defenses and activate his curiosity.

With this in mind, Fromm’s advice to the analyst is that:

he should not be tentative. Be firm but flexible and sensitive to new data. Stick to the main issue. Don’t clutter up interpretations and don’t add points that the patient can’t make use of. At times the analyst has to put himself into the battle to liberate a patient from a fortress where he has been imprisoned for many years and fears escaping.⁶

Thus the analyst should convey an active presence with the patient, indicating by his manner that he is in the patient’s corner (although, again, also conveying that he has no stake in the patient’s decisions since the patient would then feel burdened with having

⁵*The Technique and Practice of Psychoanalysis*: New York: International Universities Press, 1967.

⁶From seminar notes.