

## THE IMPORTANCE OF INITIAL INTERVIEWS IN PSYCHOANALYSIS

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### After one hundred years of theory

Re-reading suggestions made by Freud (1913) and Fromm (1968) concerning initial interviews in psychoanalysis, raise some interesting considerations regarding technique. This is especially true if we accept that technique is indeed the appropriate means by which to apply theoretical concepts in everyday practice. We know that Freud structured his theoretical understanding based upon the liberation of repressed internal forces, while Fromm emphasizes the form in which we adapt to society. Yet, did they really possess a unique technique? Did they transmit it? The discussion becomes interesting if we raise the following question: Does a practical systematization of knowledge exist? And when it exists, does it become inevitably bureaucratized? We now know that the official orthodox made an attempt to create a completely aseptic technique including the ideal of a neutral analyst. Fromm, on the other hand, thought that the therapist was the main instrument of psychoanalysis. Technique was not enough. The analyst had to bring his whole being to the clinical encounter. The professional has to count not only with technique as such, but also with aspects of his own life and clinical experience; these are the elements which distinguish a novice from an expert. How can we transmit this experience knowing that it represents an unavoidable result of our life experience. As for theory, we can say that it must be sufficiently stimulating to produce revisions and proposing new challenges.

Which of Freud's and Fromm's recommendations and suggestions are current today?. I proceed from a general consideration of each one of the authors' theories. Freud reminds us that man is his own creator. Interior forces emerge and attempt to be discharged. De-repression becomes the most important therapeutic experience. The predominant factor in Freud's theoretical model were intra-psychic forces expressed through libido. Fromm reminds us how society models and influences the individual and how socio-economic factors enter into this experience. An understanding of social character can be a therapeutic experience. As a theoretical model, Fromm emphasizes the vitality of relationships, expressed through socializing processes (Millan 1994). From these two theoretical perspectives based on the premise of the unconscious processes, I attempt to focus on what seems practical and current from a contemporary perspective.

### Freud's Advice

By 1913, Freud felt the need to make recommendations and give advice for those who had just begun as novice

psychoanalysts. (Freud 1912, 1913) His motivation was grounded in the belief that a path had to be cleared to respond to the challenges of the first revisionists. The psychoanalytic movement had taken various tracks – A. Adler, C. Jung, W. Stekel – and as the creator of it he felt **obligated** to define his direction. We now know, especially through his more critical biographers, P. Roazen among other's, and who interviewed and research the experience of some of his disciples and patients (Roazen 1978 p.326) that Freud's personal practice was not very orthodox. Nevertheless, the advice which he offered can be considered to be a proposal, a means by which to confront and an attempt to understand psychological problems. The traditional doctor-scientist approach which prevailed at the time was, a mechanistic conception derived from the practice of learning-by-trial and error. The aim was to discover the illness's cause. Freud's practice with cocaine reflected this attitude (1884 e, 1924 p.14-15). The cure proposed was to discover the etiology of the illness (its cause) in order to re-establish an equilibrium. That had been scientist's experiences and the results which supported them by the an amazed population in the last century (Pasteur, Koch, etc.). The method, the technique was simple; discover a causal agent and abolish it. This depicted the medical-scientific position which enveloped Freud. (See Cortina 1995)

However, upon redefining his psychological principles, Freud deviated from that practice and questioned the success-failure scheme of thought. He then proposed a method of investigation which would go beyond the obvious and the manifest. The psychological cure included, from then on, the very patient who was thus involved in his own cure. This model converted Freud into an innovator. **Dare to know...knowledge will make you free.** The responsibility was no longer the doctor's alone.

#### **Free Association, Transference**

Based on these suggestions, Freud's dramatic proposal was and continues to be the contrast between "free association" and the "observer's silence" (Freud 1913 p.134). Free association or the faculty to talk was the patient's job. Implicit to the task is the need to forsake established social conventions, by posing language filters, repetitive thought and attempt to a new dialogue. Originally Freud<sup>1</sup> (1920) took creativity, in the artistic sense, as the source of the idea for developing the method of free association as a model; an experience which had already been practiced in the literary field. The observer's silence, as a technical principle, implies a proposal for the therapist. By this method free "floating attention" Freud hoped unconscious listening and "unconscious memory" (Freud 1913 p.111) would be facilitated.

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<sup>1</sup> The Art to be an Original Writer in Three Days. Ludwig Borne 1823.

Together with free association and floating attention, another vital suggestion was the phenomenon of "transference" (Freud 1912 p.101), the main discovery and contribution of psychoanalysis. Transference is based upon the capacity of the patient to project onto the relation with the therapist the urgent need to be helped, or to use Freud's words to "transfer the conflict and deposit it into the figure of the therapist". Consequently the analyst became a "substitute father figure" (Freud 1912 p.100). With these proposals analytic therapy could proceed with an extremely demanding task. There was one caveat however, only neurosis which manifest the ability to transfer to the therapist emotional problems from childhood ("transference neurosis", Freud 1913 p.125) were analyzable. Much care was required in avoiding the acceptance of cases, which were characterized by "diminished libido, incapable of consciousness or an orientation toward reality" (Freud 1912 p.102). These other narcissistic neurosis were incapable of projecting libidinous strength and only produced gratifying fantasies, with a clear inability to relate to others and their experience. This fundamental division between two types of neurosis, in conjunction with the technical foundation, gave birth to the Freudian school.

K. Abraham (1927) added to the classical position by developing character types in which the libido went through different developmental stages. Fenichel (1938) completed the Freudian approach by codifying the analytical rules: office asepsis, the rule of abstinence and complete neutrality. This rules codified a medical approach toward psychoanalysis. Fenichel's (1938) prescriptions were precise and had the aura of a pure science: "consider on what intra-psychic level the libidinal cathexis is located in order to lead it to the formation of a strong ego" (Fenichel 1938 p.30)..., or "do not interpret until (knowledge) exists on the surface of the ego" (Fenichel 1938 p.97)..., "the interpretation must advance from the superficial to the profound." (Fenichel 1938 p.97) He thereby consolidate psychoanalytic norms, backed by the official tutelage of Anna Freud, who –in this day and age no longer surprises us–, began after having rejected one of the old recommendations: do not analyze a relative or close friend (Roazen 1993).

With this same direction R. Schafer (1983) attempts to rescue the aseptic space, "atmosphere of safety", (Schafer 1983 p.14) suggested by creating technique. Yet, now he presents it as a "defense space", not only for its position of neutrality in relation to the patient. But rather, as I view it, in order to establish a territory, a space of defense against the social claims in which one may become a target, of patient's rage and ambitions, especially given the persecuting conditions which exist in North American society's health system. Yet, as we know, they not only affect psychoanalysts. The persecution transforms the entire medical system. It does not work without the support of protective insurance which covers the lawsuits confronted. It is no coincidence that this indicting "type of

patient or relatives" emerge in a free market medicine. I apply here the economic term in order to explain the phenomenon of a way of life which has been established, a mercantile character as Fromm would put it. Such is the case that, in order to practice the profession one must additionally rely upon insurance which guarantees the practice and backs the medical license. We may understand the game which the system establishes: exploitation versus the desire for revenge, only for not having delivered what was offered, "the case's cure". Last century's aspirations and offers are still implicit; discover a cause and abolish it. One extreme is the demand to have everything "under control", a common slogan in the USA which has fomented the development of a vast "scientific" medical engineering.

#### **Remembering, Repeating and Working-through**

Another of Freud's important recommendations for the analyst was to focus on the acting-out, a phenomenon understood as a substitute for thought and remembering. In the consulting room acting out often appears as repetitive behavior. Only if we translate this behavior into their unconscious meaning in the service of analytic investigation, even if with difficulty, are we able to overcome repression in Freudian terms. This is the way to convert the transference-resistance phenomenon into the object of analysis. The method brings about the face to face experience with unconscious forces represented by resistance. From that point on the analyst is able to appreciate the patient's internal struggle for his own freedom. All of these recommendations continue to be valid for the exploration into unconscious. In sum, we need to treat repetition, and acting out as substitutes for ideational capability. In Freudian thought this acting tendency appears as an alternative resolution to the reasoning of human being.

Paul Lippman (1994) observes that Freud's intention to look for reasoning or its substitutes, the method, may be originated in the ancient Jewish tradition of reflecting alternative meanings in the Talmud, an activity led by a group of wise adults. Each would discuss the Bible and would offer their views. This practice and this tradition was integrated by Freud, made his work on dreams accessible. Dreams in Freud are treated as images that are substitutes for ideas. According to Lippman, "associative chains" emerge, which allow the practice of translating dreams into ideas. In contradistinction Jung his Christian background proposed an understanding of dreams directly through images. Dreams are equivalent to images. Jung's proposal contributed a visual sense, to Freud's more ideational technique.

Within this Talmudic tradition it is easier to understand Freud's method more clearly, especially his seminal article, "Remembering, repeating and working-through" (Freud 1914 g), and the belief that repetitive behaviors are substitutes for ideas. Freud's conviction that a resistance toward remembering was acted out in the transference is undoubtedly, one of the main tenets of

classical psychoanalysis.

If today this emphasis is transmitted to young therapists, it is with the purpose of demonstrating the "correct" psychoanalytic craft: the application of technique in order to understand the unconscious, both ours and the patient's. May it additionally serve as a the Freudian belief that repetition, during the relationship with the therapist, is an acting-out of the past and forces one to perceive repetition as resistance.

In light of relational theory, this experience of repetition could reflect a **manner of relating** and implies the present relation not only a repetition of the past. The orthodox focuses almost exclusively in individual's ideational inability. The substitution of thought or the idea at the expense of behavior proves to be a resistance to the anamnesis of the primary scene or trauma. Repetition as resistance, taken also for negative transference, places treatment in a situation of jeopardy which cannot be easily overcome by becoming disconnected from the therapeutic relationship, through the analyst's "neutral" position. However a more positive expectation will arise if one considers repetition is his **mode of relating**. In relational theory, the therapist is involved in the acting-out and is forced to understand the patient communicate through his behavior. Thus, the so-called negative transference becomes a situation which affects, the analyst and the patient, and can be seen as a means of communication.

In the struggle for understanding, for knowing more about oneself, freeing inner strengths, and discovering a path towards freedom, the Freudian approach risks burdening the patient with an extra load, imposed by a negative view of resistance. How many battles are lost once they enter resistance territory? How many cases reach an integration of ideas as well as feelings, emotions and creative ability? Can the ancient premise of psychoanalysis, that is, raising consciousness, only be sustained through the Freudian technique or do alternatives exist?

The concept of working-through continues to be fundamental for re-writing history, for understanding the new history via old and re-discovered elements, combining yesterday's analytic process with that of today. Consciousness could be extended, thereby satisfying that analytic intention.

#### **Suggestions in Fromm**

Fromm made suggestions in his conversations with young therapist that had more intuition than experience. One immediately encounter a great distinction from Freud. In his conversations, Fromm (1970) demonstrated his belief that the patient was determined 50% by the social group to which he belonged, 25% by his parents and only 25% by himself as a person (Millan 1990). From that Freudian principle **be for yourself and discover yourself from within** we move to a position that postulates **the we can only get to know ourselves in connection with others**. Here we are situated in a social context. Man is not considered to be solely a result of his frustrated desires,

psychoanalyst deeply involved with his work, with his patient's, with himself and with the social environment. In contradistinction to Freud, who felt obligated to defend his school, Fromm refused to leave a testimony of his teachings. In the presence of a dependent character these would only have been converted into dogmas. Fromm ultimately showed his true independent spirit.

However, there were several fortuitous conditions – a filmed interview, and the recording of the seminars– documents which IMPAC now preserves. Among what exists, there are suggestions for the initial interviews made to students in training which I have reviewed.

These recommendations were made in seminars. The intention was to improve the psychoanalytic clinic's operations. The objective was to select from the cases which requested the service, those which would benefit from analytic treatment. The idea was to limit the treatment to one year in duration<sup>2</sup>. Amongst the general recommendations, was to allow two or three initial interviews so that could actively explore several points. Fromm believed that in the first interview the patient could not freely express his dreams, Fromm recommended that the young analyst suggest to the patient, that in the following session, he bring dream material. The analyst was to write down either repeated dreams or the last dream that the patient remembered. This assignment contained two objectives. Not attempt in the first session a deep understanding or offer an interpretation of the dream. The second purpose was to remind novice analysts about the importance of dreams as well as value the patient's own insights he may offer in regard to his dreams.

Fromm evaluated clinical cases from five perspectives:

- A) The degree of pathology.
- B) The search for the central conflict.
- C) The degree of resistance.
- D) The capacity for insight.
- E) The degree of: vitality, activity and integrity evident in the patient.

#### A) Degree of Pathology

Taking various factors into account in order to evaluate differences in degree of pathology (Fromm 1968 p.1) Fromm suggested that pathology be assessed in terms of unconscious repression and regression. Repression is determined by the manifestation of symptoms and behaviors. The degree of regression is observed in terms of the intensity and quality of the maternal fixation or to other maternal substitute figures.

An unconscious "level of repression" (Fromm 1968 p.1) would be manifest according to Fromm, by symptoms of impotence or sexual frigidity. For example, repression could be operating on

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<sup>2</sup>.– The clinic orientation for limited resources people.

but he becomes himself in relation to conditions determined by his social milieu. Fromm introduces the need to consider the social environment and the process of adaptation to that environment. The degree of individual consciousness is heightened through social valuation.

From 1963 on Fromm had clear intentions to write about psychoanalytic technique. Maccoby (1985, 1994), Burston (1991), Gojman (1994) and Saavedra (1994) have all speculated why he was not able to complete this project. Maccoby point out the contradiction between Fromm's prophetic and his analytic voice (Maccoby 1994). Saavedra questions whether Fromm's approach was truly psychoanalytic. Gojman observes that Fromm's recommendations posed an through an oral tradition, are forerunners of current relational approaches. Between 1968 and 1974 in seminars and interviews, Fromm was weary of demands to write about a "humanistic technique" However, he responded to this need with offers (Evans 1966) and in a pragmatic manner, as he had been doing, through his teaching. An oral tradition developed amongst his students. Much of what we learned from him, we reproduce in our offices, in face-to-face relationships. The manner in which hours are planned, the frequency of appointments, as well as payment policies, have incorporated this oral tradition into our practices and providing direct treatment.

Fromm must have been quite conscious about the social character of the Mexican group and of the role which he represented in that social context (Maccoby 1995, Millan 1994). Inserted in patriarchal authority and given the feudal nature of economic development, the prevailing dynamic was one of authority-dependency.

This social experience of a leader can have an enormous impact on how his ideas are received and used. Due to the historical need to move to England, Freud's treatment recommendations were uprooted from the social milieu in which they developed: a close circle in Vienna that was relatively informal as a result Freudian technique became estranged from all of its customs, its treatment, its relationships. It broke with its tradition, its habits. I believe that this change led to the rigid adherence to rules once psychoanalysis was replanted in a foreign soil. Orthodoxy thereby becomes a defense used in order to prevail in new lands. Consequently, the doctrinal rigidity was intensified. I would suggest that in the Mexican case, Fromm's resistance, in leaving written recommendations, may be attributed more to a conscious fear that psychoanalytic technique would be taken as a series of rules to follow, consolidating dependence on authority of the mexican social character. That could be to explain in part the subsequent demand from Saavedra (1994) and the response of Fromm offered, at the appropriate time (Fromm 1991 p.86). Here Fromm's prophetic character becomes apparent. He intended to transmit a condition of remaining awake, in the Oriental sense (Fromm 1991 p.25-46), alive, interested in the human tasks of understanding, as well as in the importance of relationship. He represented a type of

a phallic level, if we use Freudian terminology. The cause could be a fear of sexuality due to fear of the father or the mother (castration anxiety). This low level of pathology and symptomatology may be present in cases of adolescents or in young couples, where the only conflicts that exist are between the two, within the relationship and usually stem from confusion about life, yet where there are no manifest symptoms of unconscious repression. This difference in the degree of pathology would also indicate different therapeutic attitudes to be assumed from one case to another. In the more benign cases Fromm, did not hesitate in advising the used suggestions or general education for young people in the "art of living" (Fromm 1968 p.1). Often this was all that was needed to resolve the problem. That is not the situation in more severe cases, where the symptoms appear through repression an indication that work must be done at an unconscious level.

In order to understand the "levels of regression" (Fromm 1968 p.2), Fromm proposed a dynamic scheme where the individual's need to relate enters into the picture. He described two syndromes, a regression syndrome and a growth syndrome (Fromm 1964). During the initial interviews, one can explore further the patient by taking into account the degree of mother fixation, narcissism, and necrophilia. These are concepts which Fromm broadly developed in many books.

**Mother Fixation.**-(Fromm 1968 p.3) Freud's thesis is grounded on experience of desire. The child's attraction to his mother stems from this desire. Freud sustained it in his theory of the libido, both as an end as well as an object of desire. This need contribution may explains, according to Fromm, a level of normal genitality with a certain fixation on the mother, a certain fear and a tendency to look for mother figures with whom to bond. Taken to one extreme, this would reflect normality. The other extreme would be located on a level of "malign fixation" (Fromm 1968 p.3) which could be manifested through a profound regression. In this extreme form the goal is not sexual. It is a need to not abandon the mother, including an intense desire to return to her womb. This extreme may be observed in cases of psychosis where on an unconscious level we find dreams with images of caves, of submarines and intensely expressed fears of drowning in the sea. In both perspectives the descriptions are extreme. Somewhere in the middle, a moderate level of fixation may be found. Fromm suggests that what is important is to value the quality of the relationship, which we can judge by the intensity of the mother fixation. It may present itself as a slight dependence to a total symbiosis.

It is interesting to note in these seminars how Fromm, while using Freudian terminology, progressively insists on his own connotation. For example, he considers the maternal regression as an oral factor. He understands necrophilia as an anal element. Narcissism is no longer understood in libido terms, but as a relational concept.

**Narcissism.**-(Fromm 1968 p.5) Fromm acknowledges the



difficulties in analyzing a narcissist character and even more so in understanding him. He notes that they are individuals that do not seem to listen to the external world, out of a fear or hate which preoccupy them throughout their lifetimes. Fromm distinguishes between pathological narcissism a narcissism "in defense of life", a more benign form of narcissism that is defensive and has elements of genuine personal achievement (an idea which R. Laing developed later). The narcissist's existence is solely based on the "projection of the narcissist's subjective experience". The fear which he perceives from outside is, in reality, his own internal fear, and his regression increases in proportion to it (Fromm 1968 p.5).

Border-line cases show a type of "symbiotic relationship" (Fromm 1968 p.6) with the mother. Here the therapist plays the substitute role of the mother (Madame Sechechaye) and this therapeutic bond is essential in treatment. The same symbiotic bond can be established by the border-line narcissist establishes with social organizations, institutions, bureaucracies, or religions. These social structures come to satisfy the narcissist's symbiotic needs.

Fromm also makes a distinction between this symbiotic relationship and on Oedipal mother fixation. The difference is, based on the "intensity of the relationship", which displays greater depth of mother fixation and corresponding lack of sexual themes. The absence of sex in dreams may be noted, with dreams that include falls from high places into the sea or drowning scenes. In this dreams the mother symbol is mostly asexual. In more profound symbiosis, the individual can not live without his mother, who inspires a serious fear, both due to her awesome presence as well as the threat of her abandonment. In contrast a person with Oedipal pathology may dream about having sexual relationships, inasmuch as Oedipal wishes are fulfilled.

**Necrophilia.**-(Fromm 1968 p.7) Fromm emphasizes necrophilia as a tendency towards destruction of the power of reason, as an animalistic purpose. He also stresses elements which indicate a "fear of abandonment or loss". The necrophilic lives with the fear that his material essence is in jeopardy. Necrophilic have a "spirit of wanting", as opposed to a spirit of being. Life is going to run out, the flow of life will cease. A feeling reflecting a lack of substantiality pervades. There is a tendency or obsession with death. It is important to note that there are no clear-cut boundaries in these forms of psychopathology, rather, one finds blends of these pathologies.

#### **B) The Central Conflict**

Fromm proposes to decode the "central conflict" (Fromm 1968 p.10) of any neurosis based on three fundamental aspects which he assumes we will encounter in the individual's development:

a) His desire to live; on one hand his degree of independence, and on the other a mother fixation.

b) His narcissistic tendencies, viewed in function of his capacity for relationships.

c) His necrophilic tendency and sadism, considered in function of his capacity to love and his need to be loved.

Fromm recommends to young therapists that in the initial interviews they should not let themselves be easily convinced by the manifest motive or conscious conflict which leads the patients to seek treatment. Although they may express needs, inner turmoil or a desire for help to solve marital problems, a divorce or a fear of authority. Patients may be covering up or unaware of a central conflict related to some of the issues mentioned earlier: The exteriorized conflict, the manifest conflict, misdirects attention. Fromm suggests that it is important to understand patients via their central conflict, since the manifest conflict in reality, is a consequence of the profound internal conflict which produces it.

#### C) Degree of Resistance

In order to measure the degree of resistance, Fromm proposes a series of simple questions which tend to provoke reactions and responses, which make us think about the function of resistance. For example, after listening to a patient discussing a problem he has with his wife, one could say, "this makes me think that you are afraid of her" (Fromm 1968 p.12). If the patient's immediate response seems to be to react in anger, if it leads to a quarrel or if acts as if he had not heard the comment, these responses are judged in terms of resistance. Fromm recommended that if the patient ignored an interpretation or question that it should be repeated. All responses are valued in terms of resistance. Another response usually offers an opportunity to elaborate the interpretation or examine the problem.

Another characteristic of resistance may be noted in demands made upon the analyst. Not infrequently, a countertransference response may be the analyst then, "without realizing it" a harsh comment or a distancing maneuver that establishes the authority of the analyst, who may label the patient's demand as sick. Fromm reminds us that human conflict is common and concerns both parties. Differences have to do with the intensity of the conflict, not in its quality.

Problems are not distinct for patients and therapists. The therapist may display more experience or a less intense reaction than the patient. Patient's unconscious desires might be more highly charged with blame, disobedience or fixation. Fromm comments that "symptoms are not the most repulsive thing in the world." (Fromm 1968 p.13) He suggests that by failing to convey this to the patient, the analyst demarcates a distinction that tends to isolate the patient even further. Feeling isolated is also painful. Unfortunately creating this distance with the patient is a frequent psychiatric attitude, focused on pointing out symptoms to the patient; "Aha...so you have this and that." That is to say, "you are there and I am here" with the "psychiatrist holding the keys to the door in his pocket." (Fromm 1968 p.13) This separation does not help in understanding, much

less diminishing resistance.

A third element for valuing resistances is exploring a sense of humor. If the therapist is severe and harsh, he will soon have an opponent. In contrast the use of humor may seep into the cases making the treatment smother. A lack of humor may have a significant relationship to the prognosis. Clearly the use of humor is not a matter of minimizing the problem of life, which is no joke. Yet, the drama of suffering has a facet of humor as great dramatists like Aristophanes or Sophocles have clearly observed. Fromm noted that humor awakens hope and help overcome resistance. In sum, Fromm believed that "what man most fears is to be isolated". (Fromm 1968 P.13) Direct treatment, without fear, aimed at diminishing the differences between analyst and patient greatly decreases resistance.

#### D) Capacity for Insight

This capacity can be also evaluated by observing reactions and responses to questions.

For example, with the same question, "You complain about your wife. Is it possible that you are afraid of her? What do you think?" (Fromm 1968 p.15) The patient may react and answer, "Perhaps. It had not occurred to me." Or, he could say, "How dare you?" Or, "How could you say such a thing?" Or the patient might ignore the comment. These different responses help us see insight. Fromm points out that question can be made with "interpretative-intention" and that at any rate our interventions should be light, without jargon and direct. The fundamental aim is to explore the reaction as a response, seeking impressions of the impact as well as a valuation of the ideas-emotions associated with the response. Each analyst should elaborate his own "little tests" focussing on the reactions that these probes produce as opposed to focusing on the formal responses which are given.

#### E) Vitality, Responsibility, Activity and Integrity

Fromm thought it was very important to asses within the first few sessions the degree of vitality, responsibility, activity and integrity (Fromm 1968 p.16-18) exhibited by patients based in what could be surmised from the presenting problem and the history.

Fromm believed an assessment of patients vitality was particularly important. He thought this quality could be gleaned from noting what seemed of interest the patient or from reactions patients had to the first sessions. Above all, Fromm thought that the assessment of patients vitality involves a subjective appreciation of patients life style, the way problems are faced. Is the source of vitality in the service of experience? Is vitality coming from within or from the way a patient lives? Is the patient isolated, distracted, indifferent or even depressed? All these observations help develop a global assessment of a persons vitality.

To asses responsibility Fromm also suggested a qualitative approach. How has the patient faced serious problems in his or her life? What kind of commitment has he or she made to define

important values? What direction has the patient taken to deal with central conflicts that hopefully have been identified during the early stages of treatment? Is there a tendency to drift, to become evasive or to avoid facing basic existential realities?

A measure of a person's integrity can be taken by observing how conflicts between personal values and social norms are handled. Fromm saw sociopathy, narcissism, opportunism and automaton conformity as examples of failures to sustain human values that were respectful of self and others, that preserved human dignity without narcissistic self-absorption or aggrandizement and a sense of communitas without a herd mentality. Moreover, Fromm emphasized the need to note discrepancies between official pronouncements and private practices, between conscious values and unconscious tendencies that belie these values.

#### Conclusion

Freud and Fromm expanded our knowledge of the vast realm of the unconscious and the innumerable ways in which unconscious processes manifest themselves during a lifetime. Each contributes to an understanding on how to approach a patient during early phase of the psychoanalytic encounter. Greenberg's and Mitchell's (1983) comparative study of psychoanalytic schools of thought show how different psychoanalytic paradigms come to terms with the unconscious and its manifestations through desires, emotions, ideas, behavior, myths and culture. Each theorist casts his own shadow on the understanding of these phenomena. Each highlights and obscures certain phenomena. Freud and Fromm are no exception. Freud's approach to psychoanalytic technique was limited by nineteenth century mechanistic concepts of science, as well as by the patriarchal Viennese culture of his time.

Patient's resistance were interpreted from the perspective of the expert who offers a diagnoses and a treatment. To the extent that the analysts subjective reactions contributed to the treatment process they were considered undesirable, neurotic residues that were in need of further personal analysis or supervision. This attitude often produced an unnecessary distance between analyst and patient, further compounding a sense of insolation in the patient. Despite these limitations, Freud has a very strategic sense of psychotherapy process and many of his recommendations continue to be of value once these blind spots are overcome.

Fromm's approach corrects some of these blind spots by offering a sophisticated understanding of the role social and economic factors play in the development of character as well as exploring the implications for psychoanalysis of an explicit humanistic credo. Fromm's concepts of the social unconscious and of social character have not been fully appreciated as to their usefulness in clinical work. In his recommendations to beginning therapists, Fromm avoids an overly intellectual approach to the patients problems and invites the analyst to use early dreams experientially, avoiding a premature interpretation of repressed

irrational material. He strongly criticized any attempt to put a distance between the humanity of the analyst and the patient, pointing out that resistances were only overcome when the patient sensed that the analyst was speaking non-judgmentally and from the heart. As I have shown, Fromm also insisted in an adequate diagnosis of the patient's life problems and an early identification of the patient's central conflict. In this there was no room for sentimental attitudes. Only a tough minded critical approach would help the patient, if it was delivered with compassion. However, Fromm did not escape becoming too much of the expert who acted at times as if he new better than the patient. Some of his categories of psychopathology were also too damning.

Psychology at its best, is an attempt to understand the human soul. It has had to differentiate from its religious origin to develop a more scientific approach. Freud's genius took us a long way to this goal. The nature of unconscious is no longer questioned by the most advanced science. The unconscious is. We can now concentrate on issues of strategy and technique. How to begin a psychoanalytic process remains one of the key issues facing every analyst. Beyond the vagaries of different psychoanalytic traditions, what remains constant is a recognition that the process of psychoanalysis requires clear strategies and technique: the craft of psychoanalysis. Learning this craft shares many similarities to a complex game. Perhaps because of this similarities, the psychoanalytic process has since Freud been compared to the game of chess, one of the most complex game humans have ever invented. And as in chess the most important moves are played in the initial opening. This is often considered the most technical part of the game. And so it is with clinical work. The more moves are wasted in the initial stage the worst will be the outcome. Often the most direct route in establishing a strategic advantage is also the best. The difference is that in psychoanalysis the game is also played with the heart.

Freud and Fromm had in common a keen appreciation for the importance of strategy and technique. They both emphasized the importance of early moves in psychotherapy. We can now look at their contributions with the benefit of insight and begin to establish which recommendations have stood the test of time and which were limited by personal idiosyncracies and historical contingency.

continue our journey because it was prohibited and they were patrolling us. Nevertheless, I knew that the meeting was to take place at 7 o'clock at night in my parent's room. Then we are all in the bed. My younger sister and I are responsible for the trip. This time I put the coin in. The bed took off through the door once again. I felt like everything was very big, and at the same time, very small. It was a trip inside blood. I saw colorful spheres, red, white and purple.

With regard to her dream, she freely commented "that the fact that a young man goes to her house, is in order to show the family's mission in life." The parents' bed is made of brass and it seems solid, although the most important part of her dream was "the sensation of feeling two ways about herself, big and at the same time, small." The therapist comments that the ambiguous big-small condition has to do with her deep feelings and her potential, although she only expresses it in a limited fashion.

Through these initial interviews we can note her intense family fixation. They travel together. She recognizes the dangers involved in proceeding, but she continues. Nevertheless, it offers material for inquiry, the possibility of making a more profound journey, perhaps studying blood ties. However, it likewise exposes a greater intensity of that family enmeshment. She would have to reach that extreme before deciding for herself; that will be the psychoanalysis' assignment. Up to this point,

she brings the young suitor along as a witness to the family dependence. The therapist may be the police officer or a man. For the moment, it is not important to reach a definite interpretation although the dream reveals her strong internal world to us.

With respect to psycho-social factors, the case would also have to be seen in relation to its conditions of "activity and integrity" as well as in its "responsibility", in Fromm's terms of the process of social adaptation. The great influence of the middle class and working class customs regarding family unity would have to be considered. Oscar Lewis's (1961) anthropological studies, described the lower classes deeply rooted and agglutinating customs. the Sociedad Mexicana de Geografia y Estadística (the Mexican Geography and Statistics Society) publicly banned the study, considering it to be obscene and degenerate, and turned both the author and the publisher over to the authorities (1968). The author was banished from the country (Lewis wound up studying in Puerto Rico) and the book's publisher (Arnaldo Orfila) was suspended as the editor F.C.E. Time has proven Lewis right and the great cohesion which exists in families as well as how this cohesion serves as support-custom and family patrimony has been demonstrated. Abandonment, leaving the family, is viewed as class betrayal, accompanied by guilt not infrequent, there are threats wishes that if a member of the family leaves, things are going to go poorly for him in life. Faced with a break in the family, the process of

individuation, the social response is one of official modesty offended by a reality. In recent years this form of social defense remains in effect. The latest ideological messages transmitted on the television in 1995, warn against betraying the family by leaving. The adds portray two messages: the threat of a severe economic crisis and a persuasive appeal to maintaining family unity. The scenes depict a son who is going to work illegally in the United States. Although the voice of the mother who is speaking says, "don't ever abandon us", at the same time she is counting money, which, it is assumed, she receives from abroad. Francisca's family is of the lower middle class, structured by a worker and a professional, struggling to achieve a position and an equilibrium within these two social structures. The parents know what is best for their children and do not hesitate to say it. Psychoanalysis tackles the problem of explaining social character of groups sustained by an ideology of power and its repercussions in the person. The problem may be understood through the character's socialization processes.

#### Orlando

Orlando arrived 30 minutes late to his first interview. He immediately grabbed a chair and moved it. He positioned himself closer to the therapist, with a clear intent of intimidating the therapist. He began to talk freely. He criticizes the therapist and tells her that she is distracting him, that he is bothered by her questions and her attempts to clarify something. Her



interruptions do not let him talk. The reflection of light also bothers him. He is disappointed in her. The patient says he is 21 years old and is the youngest of his mother's children. His mother is separated, a psychologist who has worked for over 20 years with university students as a vocational counselor and in therapy at the University. She has told him about psychoanalysis. He lives with his mother and a brother who is four years older than him. The reason for the consultation is because he has not been able to finish high school and he suffers conflicts with authority. He has been expelled from his classes. He also mentions that he is not able to express what he thinks. He states, "in a physics exam, I couldn't express intuitive things." The therapist, and also I, did not understand what he meant by this. The patient has serious doubts about the interview situation, and whether the Institute or the therapist will be able to help him or not. Pulling out a piece of paper from where the date and time were written, he says that he almost forgot the interview and took off running from his house, which is near to the clinic. He does not offer any further explanation. He continues to talk, interrupting, and trying to impose himself during the interview. He constantly questions the therapist, who, noticing that the session's hour has come to an end, suggests that he bring something about his dreams to the next session. Orlando immediately answers that he had one the night before and tells it right out. Not moving an inch, he utilizes another half hour until the therapist, with an annoyed

reaction, ends the session.

The dream:

I was in a big boat, about five or six meters long, white with a blue interior. We were on the open sea, going about 150 kilometers an hour, very fast. I was with two friends. Rafa works in a bank. I have known him for seven years and we have been inseparable for the last three. I've always known Firko. We've been friends since we were kids. We fought a lot, but we got together when we were twelve. We were going very fast, but there was no problem. A few drops splash on us. Then, I move towards the back and I say, "How is it possible that we are going so fast and nothing happens to us?" The moment I moved toward the back, the boat turns over. I begin to sink and I try to find my way toward the light. I see that up above it is lighter, with yellow and green tones, very, very ethereal, as they are in the sea. The deepest part is bluer. I am turning and sinking but I have enough air. It's not very desperate. Although I knew that I was lacking oxygen, I didn't feel a need for it. In fact, there was no desperation at all. The colors are a memory. I don't consider it to be symbolic. I sink about twelve meters and I fall. I am hugging my knees when I feel the ground. I push up and get out. A second part (or a second version) of the dream is when I am in a house. It is a swimming pool. I get out of the pool. Perhaps there are two people. I don't know if they are my friends. They help

me out of the water and we are now in the house. It is white, built in the seventies. We enter the kitchen. There is a man inside. He is a caricature from the Simpsons, Mr. Burns, the boss. I begin to talk with my friends about what happened. My memory of the dream is different. When we arrive at the house we are in a car. We jump on a trampoline which is close to the house, everything, car included. We jump and fall in the pool. That is what I would tell anyone who asks me. My memory was also that at first I was in the front of the car and then in the back. When the car falls in the water I don't sink. Only now do I remember that I was in the back of the car, on the floor, wrapped up like a baby. I get out of the water. They help me out. Now we are in the kitchen and my two friends tell me that I was inside for an hour because Mr. Burns wanted to kill me and they had convinced him not to do it. Firko tells me that it not is true, it was only a minute that had gone by, that it was in the boat and that I should forget about it.

During this first interview, both his acting-out as well as the dream depict a scene which we already know is going to be difficult to handle: narcissism. The interview was characterized by his hostility and the challenge posed by relating to an authority figure. He is determined to find in the other person either a guarantee of something better than himself,

or someone who will enter into his dynamic of hostilities, competition and harassment. He provokes hostile reactions with the intention of controlling the other person. He is clearly threatened by the therapist, who is also a woman and responds with hostility. He accomplished his objective. The therapist reacted with anger and discomfort towards him. The interesting part of this material is that he immediately has exposed the "central conflict", as shown by the enactment in the first session and by his dream with an profound unconscious language. In his dream, he reveals his desire to return to the womb. Enormous denial, only there he is free of concern. Life underwater does not seem dangerous to him. Rather, he perceives it as colorful and harmonious. Any mechanical problem on the outside –the boat that turns over or the car that falls into the pool–, offers him an opportunity to submerge himself in the profound desire for maternal protection or satisfaction. He acts like a baby in a blanket. Was it's the early perception of his reality, that which fixed his tendency, that which unleashed this regressive desire? He narrates the content of the dreams while simultaneously adjusting it to his understanding. In his dreams, we encounter elements which also demonstrate his conflictive mode of relating; struggles, disputes, competitions and an element of persecution – they want to kill him.

Fromm proposes establishing a distinction between "oedipal fixation", with sexual desire, which in a certain manner could be considered normal, from a profound maternal fixation, which he

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describes as pathological. This is where paralysis or insanity may appear and where, both the proximity and distance from the mother, become a problem for individuation.

### Conclusion

Both cases were presented by the same young therapist and represent rich material with which to initiate analysis. Enlightened by Frommian practice, we can use criteria to provide an evolution of the patient and a treatment strategy. Francisca presents a problem to be elucidated in regard to social character and its influences, which paralyze the process of individuation. Here analytical understanding not only expands individual consciousness but also social awareness.

Orlando represents a clear example of profound maternal fixation with this type of symbiotic is dangerous blurring the distinctions between reality and fantasy. In both cases, the therapist followed appropriate procedures for first interviews and they proved fortunate. The opening move has been made.

- Abraham K. 1927 Selected Papers. Hogarth Press London
- Burston D. 1991 The Legacy of Erich Fromm. Harvard University Press.
- Cortina M. 1995 Mas alla del Instintivismo de Freud al Humanismo Existencial de Fromm. Paper Lecture in IMPAC 10-VIII-95. Beyond Freud's Instintivismo and Fromm's Existential Humanism. in Cortina M. and Maccoby M.: A Prophetic Analyst. Erich Fromm's Contributions to Psychoanalysis. in Press.
- Evans R. 1966 Filed Interview in Cuernavaca 1993. Copy in the Library of IMPAC. Spanish version in: CUADERNOS III Seminario de Sociopsicoanalisis IMPAC. 1992
- Freud S. 1884a. Über Coca Zbl. gess. Ther., 2, 289. (14-15) in S.E. Vol XX Hogarth Press London p.282
- \_\_\_\_\_ 1912b. Recommendations to Physicians Practising Psycho-analysis. S.E. Vol-XII Hogarth Press London p. 111-120
- \_\_\_\_\_ 1912b. The Dynamics of Transference S. E. Vol XII Hogarth Press London p.99-108
- \_\_\_\_\_ 1913c. On Beginning the Treatment S.E. Vol-XII Hogarth Press London p. 123-144
- \_\_\_\_\_ 1914g. Remembering, Repeating and Working-Through S.E. Vol XII Hogarth Press London p.147-156
- \_\_\_\_\_ 1920 For the Pre-history of the Technique Psychoanalytic in: Internationale Zeitschrift für Psychoanalyse 1920. Text with out name of the autor. in: Obras completas Vol II Ed. Biblioteca Nueva Madrid. España p.361-363
- \_\_\_\_\_ 1925 An Autobiographical Study S.E. Vol XX Hogarth Press London p.7-70
- Fenichel G. 1938 Problemas de Técnica Psicoanalitica. Ed. Pax Mexico 1960. cited pages correspond to the spanish edition.
- Fromm E. 1964 El Corazon del Hombre F.C.E. Mexico 15076
- \_\_\_\_\_ 1968 Puntos Centrales a Investigar en las Primeras Entrevistas y en Entrevistas de Recepcion del IMPAC. Mexico Biblioteca del IMPAC. Text in spanish
- \_\_\_\_\_ 1970 Communication in the Clinic Seminary in Cuernavaca Mexico.



\_\_\_\_\_ 1991 Del Tamar al Bar. Obra Postuma I. Editada por Rainer Funk. Paidós Barcelona, Mexico.

Greenberg J. and Mitchell S. 1983 Obst Relations in Psychoanalytic Theory. Harvard University Press.

Sojman S. 1994 Repression, Resistance and the Analyst as a Person. Fromm's approach to Psychoanalytic Training. In Cortina M. and Maccoby M : A Prophetic Analyst. Fromm's contributions to Psychoanalysis. in press.

Laing R.D. 1960 El Yo dividido F.C.E. Mexico 7024 1964.

Lewis O. 1961 The Children of Sanchez Autobiography of a Mexican Family. Random House N.Y.

Lipman P, 1994 Freud el Talmud y los Sueños. Paper Lecture in IMPAC 15-XI-94

Maccoby M. 1974 El Caracter Autoritario in Avances en Sociopsicoanálisis. REVISTA de Psicoanálisis, Psiquiatría, Psicología. Ed. Instituto Mexicano de Psicoanálisis p.18-19

\_\_\_\_\_ 1985 Caracter Social vs El Ideal Productivos la Contribucion y la Contradiccion en la vision del Hombre en Fromm. ANUARIO. Instituto Mexicano de Psicoanálisis AC. P.214-246

\_\_\_\_\_ 1994 The Two Voices of Erich Fromm. The Prophetic and the Analytic. in Cortina M and Maccoby M :A Prophetic Analyst. Erich Fromm's Contributions to Psychoanalysis in press.

\_\_\_\_\_ 1995 Erich Fromm en Mexico. Papers Lecture in IMPAC 4-IV-95

Millan S. 1990 Impacto de Erich Fromm en la Escuela de Medicina y en el desarrollo del Psicoanálisis en Mexico en : Erich Fromm al Siglo XXI. Cuadernos ENEP Zaragoza UNAM.

\_\_\_\_\_ 1994 Mexican Time. Fromm in Mexico. to be published in the Year Book of the International Erich Fromm Society

\_\_\_\_\_ 1994 The Social Dimensions of Transference in Cortina M. and Maccoby M. :A Prophetic Analyst. Erich Fromm's Contributions to Psychoanalysis. in press.

Roazen P. 1978 Freud y sus Dicipulos. A. Editorial Madrid. Freud and his followers.

\_\_\_\_\_ 1993 Meeting Freud's Family. University of Massachusetts Press.

Saavedra V. 1994 La Promesa Incumplida de Erich Fromm. Ed. Siglo XXI Mexico

Schafer R. 1983 The Analytic Attitude. BasicBooks. Harper Collins.

Sechechaya M.A. La Realizacion Simbolica. Diario de una esquizofrenica. F.C.E. Mexico. 7008