



Contributions of Erich Fromm¹

WHAT I HAVE TO SAY IS BASED on my experience and interpretations of some years of contact with Fromm through seminars and supervision and a recent month-long conference in Mexico. I cannot help but tell you a little of this last experience since it was not only stimulating of new ideas, but was also inspiring of belief in the possibilities of analysts talking openly to one another about their personal conceptions of neurosis and therapy. Admittedly the stage for our three week case seminar was set in that rarified atmosphere of Cuernavaca with its breathtaking vista of mountains rolling out to infinity. To further enhance these ideal working conditions, the seven participants had, for 10 days, just shared an intensive experience in a conference on “Zen Buddhism and Psychoanalysis” which provoked us all to review many of the premises which underlie our work.

The Need for a Frame of Orientation and Devotion

Fromm has written and talked about man's need for a

system of orientation (that) contains not only intellectual elements but elements of feeling and sensing which are expressed in the relationship to an object of devotion.²

Man has searched through various systems of philosophy and religion for greater meaning in his existence and position in life. Although the form and content of these systems vary with each culture and era of history, their universal existence indicates a “transcultural” need in man.

One of the most exciting ideas that grew out of our case discussion was Fromm's thesis that the neurotic seeks the solution for his life in

¹This speech was made to the Association of Psychoanalytic Psychologists on February 13, 1958. It is published here with minor editing, for the first time, posthumously, through the generosity of Mrs. David Schecter.

²*The Sane Society*, p. 65.

a system of private religious worship. Although the relationship of religion to neurosis has been discussed by Freud and Jung, among others, it was the first time for me that there was a clear elucidation in a clinical context of the organization of neurotic yearnings into systems of devotion and worship.

Fromm presents his thesis this way: Man attempts to solve the dilemma of his existential separateness and isolation by taking two pathways. (1) He may take the regressive way, refusing "to be born," returning to the womb, the breast, the lap or hand of mother; or to seeking the security of father's command. Fromm has referred to this unhealthy solution as "psychological stillbirth," a notion I believe closely related to Freud's concepts of fixation and regression. Unlike Freud, Fromm places the emphasis on the developmental arrest in terms of the stage and mode of interpersonal relationship rather than in terms of libidinal zonal cathexes.

The question of what makes for psychological stillbirth is something that we cannot discuss here, but it is necessary to emphasize that in the neurotic the yearnings connected with the stages of development concerned are usually quite unconscious and reveal themselves mainly in the underground forms of symptoms, dreams, transference phenomena and character traits. It is an intriguing question to ask if very similar yearnings become sublimated into more accepted, (and possibly more creative), forms of religious worship, (e.g. the story of a New Yorker's horror at the open adoration, by a priest in a small Mexican village, of motherhood as the highest human goal.) Sometimes these yearnings are fully acted out, as in the psychotic symbiotic relations we see between some patients and their parents. Not only are these yearnings overtly taboo in our culture but the individual himself builds elaborate systems of defenses, substitutions and displacements to keep them out of awareness. In the case that was presented in Mexico we saw, for example, how a classical anal or hoarding character structure was defensively helping to keep the patient's oral-receptive strivings in a dissociated form. In our patient the yearning for his particular mother grew into a craving for a symbolic "Earth Mother", who became the object of passionate search and worship, the answer to Life itself. The patient gives all his energies to this devotional worship and organizes his life and even his mode of perception around this central yearning. He can be fanatical to the extreme in his attitudes and in distorting reality to fit what he feels are his basic needs. Whatever the devotional yearning, whether the ample breast, the symbiosis to

Mother, —the patient seeks it, “with all his power and all his heart”— just as the Bible commands us to love our God. Fromm stresses the *active passionate* nature of this striving and worship which I believe is an important feeling dimension we must be aware of in our patients beyond our seeing them as “character structures.”

(2) The second kind of solution available to the existential dilemma of our separateness is a progressive one: the drive to be born psychologically. This leads toward growth and individual freedom and away from incestuous ties. When watching the development of the infant one is impressed with the presence of a drive toward activity, independence and curiosity. Schachtel has described this in his paper, “Affect and the Pleasure Principle,” in his concept of “activity affect” as against the tendency toward “embededness.” Fromm believes a neurotic patient at one level knows that the regressive way is destructive for him, and thus develops resentment against mother and family, not just because they have frustrated his needs but because they are the symbols of his incestual ties.

Fromm feels that both of these solutions, regressive and progressive, have found their way into religious expression just as we find their expression in most neurotic conflicts. He finds evidence that “all great religions have proceeded from the negative formulation of incest taboos to more positive formulations of freedom.” “Buddha makes the extreme demand that man rid himself of all ‘familiar’ ties in order to find himself and his real strength.” The Old Testament and the messianic concept of the Prophets stresses the need for the people of Israel to go into exile and return to their soil only when they have achieved freedom and ceased the idolatrous worship of soil and state.

Only if one has outgrown incestuous ties can one judge one's own group critically; only then can one judge at all.³

Thus, when Fromm sees a patient he asks himself two questions: (1) What is this patient's private religion? What does he see as his way of salvation? And, (2) What can I as an analyst do to help him achieve a progressive solution toward growth?

In response to the latter question, Fromm sees the analyst as having the function of awakening the patient to his dilemma and confronting him with a clear vision of the two alternative solutions to his life, i.e. towards life or towards death.

³ *Psychoanalysis and Religion*, pp. 83–85.



One of Fromm's greatest clinical talents is his ability to delineate in a relatively short time the central strivings and issues in the patient. He also converts the chronically depressed or obsessively complaining situation into an acute crisis in those circumstances where he feels the individual patient has the capacity to take it. I have been struck by Fromm's faith in the reserve capacity of the human in time of crisis when the best in him can be mobilized. It reminds me very much of converting Selye's biological Stage of Exhaustion into an Alarm Reaction by undergoing a new stress. Although one has to be sure that the patient has the reserve, Fromm feels that most analysts err in the opposite direction and sell their patients short by undervaluing their capacities, largely because of the analyst's compromising solution in his own life. This phase of Fromm's work I believe must be understood carefully in the light of each patient and the stage of his analysis, and not practiced flamboyantly and without responsibility as a firecracker technique.

Fromm's capacity to dramatize the patient's life situation is also a dangerous weapon. The dramatization must be felt in an utterly sincere way otherwise the patient will rightly feel the sham of play-acting and playing with his life. The patient's life history is, for Fromm a fascinating story, and his dilemma if understood deeply enough has the potential intensity and interest of a Greek drama. The analyst attempts to help the patient see the wonderment of his life story—the crucial crossroads, the compromises, the lost battles, the victories, the alternatives. In so doing, the patient begins to wonder about and become aware of the puzzling problem of his relatedness to the world and develop what Tillich calls an "ultimate concern with the meaning of life." Fromm writes in *Psychoanalysis and Religion*, (p. 96):

This wondering is the most significant therapeutic factor in analysis. The patient (at first) takes his reactions, his desires and anxieties for granted. . . . If the psychoanalysis is effective . . . he marvels at the discovery of a part of himself whose existence he had never suspected.

Fromm also believes that the analyst strives with his patient for a goal of "oneness, not only in oneself, not only with one's fellow men but with all life and beyond that with the universe." He stresses that "oneness" does not mean giving up one's identity, but on the contrary it is the paradoxical simultaneous experiencing of one's individuality and its connection to that which is outside of it. Fromm feels that oneness is most clearly exhibited and described by the mys-

tics. The other qualities of “wonderment” and “ultimate concern with the meaning of life” Fromm feels are found both in the religious and psychoanalytic spheres. It is Fromm’s concern with Ethics as well as with the above attitudes of ultimate concern and wonderment about life which have characterized him as “religious” in the humanistic sense. Many of us may hold similar values and attitudes and do not feel compelled to characterize ourselves as “religious” in any sense. I believe Fromm chooses not to evade his “religious” connection (in the non-institutional and non-authoritarian sense), because of his identification with the historical tradition of the great humanistic religions which he is grateful to have as his heritage.

The value of Fromm’s conceptions regarding the linkage between religious, neurotic, as well as healthy strivings is that they can be studied not only from the existential point of view but also from the genetic point of view. Studies in anthropology and comparative religion would shed much light on the development of personality and neurosis as well as the reverse. One could probably find in the different religious forms and their rituals a fascinating array of attempts at solutions for the needs and crises of the various stages of personality development.

Goals in Psychoanalysis

In a discussion on the goals of psychoanalysis, Fromm broadly differentiated between the medical or therapeutic goal and the goal of “well-being.” In the former which may represent a first phase of an analysis, the aim is to treat the patient’s psychopathology which interferes with his adequate functioning in his society. This is pretty close to what Sullivan saw as the goal of psychotherapy. Fromm does not lightly dismiss this highly complicated task of achieving the so-called “medical” goals, especially in the severely ill, such as the schizophrenic patient. However, he feels that as analysts who deal mainly with neurotic patients we should be the ones to investigate and develop understanding of what constitutes “well-being” which is a state of health beyond that required for “adequate” functioning in our society. I believe all of us participating in the case seminar in Mexico agreed that most of the goals of this second phase in a given psychoanalysis would be determined by the strength and limitations of the analyst’s personality and experience in living as well as by the patient. Fromm felt that in order for the analyst to be able to paint a picture of a new alternative vision for the patient’s



life, he must have a rich vision for what his own life can be. He also felt that one criterion of the success of an analysis is whether the analyst has grown in it as well as the patient. If the analyst had not changed for the better, Fromm doubts if much could have happened to the patient. Another criterion of growth in psychoanalysis is the release of energy and the remission of fatigue as is seen when a real new integration has been achieved.

It may be of interest to briefly mention some of the ideas Fromm and the group had on what constitutes “well-being”: aliveness, world-openness (Schachtel) or openness to growth; a harmony of our values and our behavior, i.e. integrity; sufficient maturity to bear insecurity (rather than lack of insecurity); fullness in feeling rather than the absence of sadness. (Fromm sees depression, (cf. grief), as lack of feeling or self-hatred due to a lack of integrity), a capacity to be at one with ourselves, with our fellow man and beyond that with nature and the universe. To achieve this means giving up one’s sense of identifications with one’s possessions or powers or prestige. It involves a “coming out of oneself” as an act of trust in oneself and the world around us.

Very little has been written about “well-being” in classical psychoanalysis—witness the rather brief statements by Freud and Abraham on the genital character. Fromm in his various books has been trying to develop with greater refinement his concepts of productive love and work. However, I think it is in this very sphere of fulfillment of man’s potential that Fromm is still most actively searching, and it is here that he feels a point of contact with some of the Oriental ways of experiencing life, especially Zen Buddhism. Since there have been two evenings on Zen at this society I will just refer to the concept of Satori as one heightened mode of experience in which the dualism of the “I” as subject and object and the separation of the “I” from the rest of the world is overcome. Suzuki defines Satori as, “an intuitive looking into the nature of things in contradistinction to the logical or analytic understanding of it.” However, this highly intuitive level of experience is preceded by what the Zen masters call the “Great Doubt.” To me, this implies a well-developed curiosity, a search for truth, a concern about the meaning of one’s existence. It is for this reason that I believe Zen appeals especially to the intellectuals in our culture who are seeking a way out from their constant doubting and dualistic mode of experience.

Many have been tempted into the false notion that if one reconsid-

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ers Zen, one is forced to choose between reason and rationality on the one hand and intuitive feeling on the other. This is fallacious. No “either-or” choice is necessary. It is true that in order to reach a higher level of intuitive understanding one may have to temporarily relinquish one’s focus on rational understanding. To use the classical example, when you taste the wine you don’t have to be concerned about the vintage to enjoy it, or “know” it.

It is very clear that Fromm has not given up the rational, the historical and the causal modes of looking at things. In fact when I asked him if he would agree with the apparent Zen exclusion of interest in the historical background of the individual he affirmed his opinion that historical understanding is basic to his own work, as it is to psychoanalysis generally. Fromm’s great interest in ethics and social responsibility in his writings and practice makes his position clear as to those areas where Zen does not seem to concern itself directly. Thus when Fromm becomes interested in the extra-rational he does not automatically become anti-rational. Similarly, if we are interested in the immediate nature of experience we do not have to become anti-historical or lose interest in history.

Ethics and Values in Psychoanalysis

One of Fromm’s major contributions is his introduction of ethics and values as a legitimate area of concern for the psychoanalyst. His basic value assumption is that Life is better than Death, and from this and his clinical material he arrives at other values such as growth, love, freedom, spontaneity, productiveness, by processes of deduction and induction. Freud, as all analysts do, made value judgments: for example, the “genital” character represented a higher form of development than the anal character. Fromm feels that values are not only inevitable but necessary in psychoanalysis. However, this does not mean that the analyst sits in judgment of his patient but rather that he is clear to himself and the patient as to what his value judgments are. The analyst is under pressure by both economic and social forces to “satisfy the customer” and compromise his own sense of what is good for his patient. If the analyst compromises to protect his own financial security and prestige or to avoid an open confrontation with his patient or with society then he has sold out on the conditions required for mental health in the sense that Fromm uses the term.

In his clinical work Fromm stresses the positive function that con-



science can have when it is freed from fear. Conscience can be the agent that alerts us to what is rationally good and bad for us. Thus one can experience rational guilt when we have betrayed that which is good for us. The greatest task for the analyst is not to relieve the patient's guilt but to help him experience his guilt or regret about the appropriate issue. When the patient faces this rational guilt he feels anxious but challenged to integrate his behavior with his value system.

Although Fromm does not accept Freud's notion of the Life and Death Instincts, he feels Freud showed real insight into the basic alternatives for man—to live or not to live. For Freud the two instincts were equally rooted in man. Fromm assumes that the tendency to destroy is due to the un-lived or thwarted life. Clinically Fromm tries to help make the patient conscious of the factors determining these two alternative directions of life and death but once the patient is conscious of these factors he feels the patient has full responsibility in the choice he makes. In this way the doctrine of determinism is not violated since one of the determinants is the patient's conscious knowledge which helps him choose. Also, the approach is quite different from evangelical exhortations since the patient takes responsibility for his decision with self-knowledge and with compassion for the self.

Relatedness in Analytic Therapy: Technique

Fromm feels strongly that the relationship of analyst to patient should be the model of direct relatedness if the patient is to ever overcome one of his severest problems, namely that of alienation. It would be an interesting subject for further discussion as to how much of the cure in analysis occurs through the processes of the patient's identification with and/or inspiration from the analyst. It is my belief that these two processes may be necessary for growth in some analyses but are not sufficient in themselves especially for resolution of the transference. As Fromm sees it the goal in communication is, what he calls, "core-to-core penetration." This involves the analyst's giving up his professional and social facades, as well as having a responsible and loving attitude toward the patient. This does not mean that he ceases to be questioning or even suspicious of the patient's motives. However, this questioning is not with a paranoid distrust of the patient.

I would like to enumerate briefly some specific techniques which

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Fromm sees as helpful in achieving greater directness with the patient.

(1) He attempts to present the patient's situation from an entirely new perspective, either by the use of symbolic stories, humor, or even references to himself. He feels it is most important for the analyst not to fall into the atmosphere of the usual heavy grimness that the patient will bring to a session.

(2) Sessions are held face-to-face. Fromm attempts to speak to the patient in as concrete a way as possible. Thus, he tries to avoid such words as anxiety, dependence and guilt which he feels are abstractions that may serve only to block inner feelings. Instead of saying, "you are insecure because of your overdependency on mother," he would be likely to say, "mother is everything to you; you worship her and are afraid of her as we saw in this recent episode. . . ." The former example is an intellectual, causal relationship which has the danger of "explaining away" the solution rather than provoking it into further depth. The second quotation is a more accurate description of the patient's feelings which helps to further sharpen and associate to them. (This is why I believe the reliving of certain childhood episodes allows us to recapture an emotional set which is much more alive and concrete because it was less well defended against in that period of life.)

(3) Fromm believes it would be disastrous to be sentimental with one's patient. He defines sentimentality as, "the presence of feeling for an object to which we are not really related." This is so often the patient's problem—that he summons up more feelings of pseudo-love for the beggar on the street than feelings of real love for his wife. The therapeutic relationship should be in bold contrast to any such make-believe or sentimental feelings.

(4) The analyst attempts to contact the dissociated parts of the personality through the transference, fantasy, dreams and free association. Fromm has advanced some provocative ideas on how free association can be cultivated so that it does not deteriorate into a sterile ritual. He likens free association to what the Chinese call, "belly thinking," and he contrasts this with "thinking about" a dream, for example. These are some of the methods he suggests for revitalizing free association:

- (a) "tell me what is in your mind right now;" the 'now' signifying the urgency of the situation.

- (b) "concentrate on the picture of your father and tell the first thing that comes to your mind," in contrast to, "tell me about your father."
- (c) "assume your telephone rings and you are told that I have died. What comes to mind?"
- (d) "imagine a white blank movie screen; when I say 'now' tell me what goes on in your mind."
- (e) "try to form the experience 'I' and say what comes to mind at the very moment when you try to feel 'I'."
(These last two examples are taken from the teachings of Augusta Slesinger.)
- (f) "what comes to mind when you think of the thing you like least in yourself—the thing you are most ashamed of—most proud of—"⁴

(5) In order to achieve contact with the core of the patient's self, Fromm sees the necessity in helping the patient to strip away the layers of character defense and neurotic avenues of escape. As he put it this summer, "the patient must burn his bridges behind him before he can go forward." This approach in therapy is very similar to the so-called "cornering process" of Zen where all the usual and typical character solutions are denied to the Zen student. In fact we are told that some Zen masters provide different koans to suit different character types.

(6) As has been described previously, Fromm attempts to convert a chronic or alienated life situation into an acute crisis in the here and now, between the patient and analyst.

Transference

I would like now to consider the consequences of such a direct therapeutic approach to our notions of transference. One possibility is that the real emotional responsiveness of the analyst would discourage transference reactions. Another is that the analyst would find it difficult to separate out what is distorted in the patient's reaction to him from what is an appropriate response to the analyst's real emotional presence. Although I know that Fromm accepts the notion of transference and works with it, I have no clear idea as to how important it is in his concept of analysis. He has implied that transference becomes more intense and troublesome where the situation between analyst and patient is not sufficiently real, where the

⁴ All of these are attempts to heighten the immediate reality and concreteness of the situation. (Fromm, E. (1955) The problem of free association. *Psychiatric Research Reports of the American Psychiatric Association* #2.



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analyst's values and emotional attitudes are fuzzy and covert rather than clear and explicit. Also, this summer he stated that he thought it was important that the analyst define his function to the patient early in the analysis. In defining this function he makes clear that the analyst will not be the patient's saviour and that he has no personal stake in his getting well. Fromm holds the attitude that, "my love can help you but not save you." The goal, for Fromm, is love with realism rather than Freud's emphasis on realism at the expense of love, and Ferenczi's stress on love at the expense of reality.

Although Fromm's attitudes are honest and realistic in one sense and helpful to the patient in distinguishing reality from fantasy wish and distortion, I feel that they create a serious problem for psychoanalysis. The problem is the emergence of the patient's total personality, his yearnings and defenses, without the inhibitions that may be created by the "over-presence" of the real analyst. I believe that the basic unconscious motivation that brings the patient to the analyst is his desire to be saved and his search for a saviour. Although I am sure we would all agree with Fromm's goal of disabusing the patient of this way of solving his life problems, the disagreement would be in the methods and their timing. If we state the position very early and clearly that we are not the patient's saviour, this would surely discourage such fantasies and transference on the part of the patient, who is ashamed of such wishes and would cause further repression of his private system of worship. On the other hand, this method may be quite therapeutic and necessary in an overly-clinging hysteric who may be constantly acting out on the nearest passerby his or her desire to be saved. Especially in the alienated obsessive character it is his very hope for a saviour that is the basis for transference of his feelings on to the therapist. I think the patient needs to be allowed to fully develop and express his most dependent and infantile feelings in the analysis before he can face them and find alternate solutions for his life. Indeed, if he does not discover in a feeling way these shame-ridden cravings, there may be the danger of reform by becoming a "pseudo-adult" in order to please the analyst who too early in the analysis may have put excessive value on, "mature behavior."

Mysticism and Psychoanalysis

In the brief consideration I can give here to the points of contact between mysticism and psychoanalysis, I would like to share some

of my thoughts inspired by Fromm on the clinical aspect of the “mystical experience” rather than deal with “professional mystics” or mysticism as a system. I am sure that most of us have experienced moments, “inspiring an awed sense of mystery.” This quotation is one definition given by the Oxford Universal Dictionary to the word, “mystic,” and it is only in this limited sense that I am using the word. At moments of heightened intuitive feeling and understanding one describes sensations of “newness,” “lightness,” “release,” “expansiveness,” “upward motion.” Such an experience provokes “wonder,” and “awe,” because it is so, “unfamiliar,” “surprising,” and, “shocking.” It feels, “not-me,” yet, “me,” at the same time. If it is experienced only as “not-me” the affect will be chiefly anxiety or panic. If it is “me” as well, (i.e. if one’s identity is not too threatened by the experience,) the main mode of experience will be “elation,” often tinged with anxiety.

While the person is undergoing this new feeling of “expansion” or “liberation” they clearly see, for a short period only, the constricting, imprisoning, unalive quality of their usual way of life. Patients have used the following imagery: “I see I’ve lived in a shell.” “It’s like coming out of a dark cave.” “I’ve had a wall around me.” “The gates were always closed.”

One of the major therapeutic consequences and values of the experience of elation, growth or change is the full exposure in a feeling mode of the stifling and constricting defensive system. It is as if the full consequences of the defensive system can only be experienced from the stance of a new perspective, entirely outside of the defensive system. (It is like seeing the valley we live in from a neighboring mountain top.) At this point the defenses are felt as ego-alien and as an enemy to fulfillment in life. They are felt as a foreign body which the ego can now strive to liquidate.

I find that in most episodes of expansion in therapy there is always an intense anxiety with the desire to “crawl back in” the shell or the cave. Sullivan is said to have pictured this stress in terms of the expanding self, stretching its outer boundaries just as the hatching chick cracks its shell. The most difficult therapeutic task is to prevent the patient from “crawling back in” before he has had a good hard look at his way of defending and defeating himself. Unless this scrutiny and re-living of the defensive mode is captured during these rare times of new perspective, the old defenses automatically return to constrict the patient into the cramped position which



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has come to feel so natural and familiar to him. The expansive, elated feeling becomes half-dream, half-nightmare, and is soon repressed and forgotten. The therapist can easily facilitate this “closing up” of the defenses if he is overly “scientific” and “psychologistic” in explaining away the experience rather than attempting to help expand it, intensify it, or integrate it with the rest of the patient’s life. Perhaps this is a good clinical example of a situation where both modes of understanding, —the immediate experiential and the rational analytic must eventually be utilized to help integrate this experience. The art of psychoanalysis involves among other things intuitive knowledge of when to stimulate each of these spheres of understanding.

As an analyst I don’t see the necessity of being involved in a debate as to which form of understanding is superior in value, —the rational, analytic or the direct and intuitive. I think it’s like asking “which is superior in music, —the theme or the accompaniment?”, especially when each of these interchanges its function and position in the total harmony as the music proceeds. I believe that Fromm has been looking for further ways of cultivating the direct intuitive experience, because he has found our patients, and our society in general, extremely alienated from this type of experience.

I have been disappointed to see how hostile some psychoanalysts have become to any dialogue with such thinkers as Buber and Suzuki. Some of these analysts seem to feel one has to totally reject any discussion or investigation of our points of contact with these thinkers, lest one fall prey to and become a hapless victim of a mystic cultism. I would like to suggest that if we are rooted firmly in our clinical investigative tradition we will not be diminished by exposure to other cultural traditions and modes of experience.

In fact, if we fail to at least consider the meaning of other forms such as the arts, religious and mystical experience, we ourselves would be reductionist, anti-scientific and just plain provincial. As long as we do not expect from such men as Suzuki, Buber or Fromm salvation and the final answer to our problems as analysts, then we would be free to constructively criticize their specific ideas or use their contributions in creative cross-fertilization with our own notions.

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