



A Historical Note on Erich Fromm: 1955

DURING THE 1950's, AFTER DR. FROMM moved to Mexico, he would come to New York at regular intervals to teach at the White Institute. I worked twice with him in individual supervision in daily two-hour sessions for one week, and attended some of his public lectures as well as his lecture-seminars, arranged by the Institute.

For that supervision I chose to present to him a patient who had been in psychoanalysis for three years. I wish to describe a particular phase of my experience with him because it remained for me the most unforgettable thing that happened between us. It belongs on the record as a fact about his work that often escapes the notice it deserves. As a direct reflection of the system of beliefs, values, and ideals presumably shot through our success-oriented culture, we are too deeply conditioned to look for the so-called bottom line—that is to say, for the product rather than the process, or for the goal rather than the path.

In the interpretation of that psychoanalytic therapy, I was working quite self-consciously from a perspective that was at once humanist, interpersonal, and characterological. In the analysis of transference material I worked toward understanding aspects of the patient's problems from the standpoint of their genesis and function in his total personality, in addition to noting their unfolding relation to mine. That perspective was, at the time, in lively ferment at the Institute. Its members were diversely engrossed in the development and application of the social and cultural approach to the analysis of transference and resistance. They were just beginning to consider the analysis of countertransference and counterresistance, and anxiety and counteranxiety, as equally critical definitions of empirical psychoanalytic inquiry. Or so I then thought. I soon learned otherwise.

I had originally selected for presentation a particular phase of the three-year duration of the case because I felt it would make for a



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good study with Dr. Fromm, especially in light of his well-known interest in the study of social character. He had extensively written about social character in the early 1940's in *Escape from Freedom*, and, later in *Man for Himself*, and his interest was, of course, widely attributed to him by my other teachers at the Institute in lectures and seminars, and in previous supervision.

Before coming to the Institute to study psychoanalysis, and while still teaching philosophy at Columbia, I had read those two books very carefully and had assigned them as collateral reading to my students in an undergraduate course on ethics. Also in the late 1940's, at the suggestion of John Cuddihy and Patrick Mullahy, I had begun to read Sullivan's *Conceptions of Modern Psychiatry*, which, at the time, was his major work. To my mind, it remains the best source of his perspective as he himself thought and wrote it out for publication.

Moreover, before encountering at the Institute the cross-currents of opinion about Sullivan and Fromm, based, it now seems to me, largely on the grounds of personality, private loyalties, and even less constructive issues far removed from scientific and intellectual analysis, I had already come to the conclusion that, among the early Institute founders, these two complemented one another in a special way. Sullivan, primarily the empirical clinician, sought a conceptual frame of reference for his intensive psychotherapy in the philosophical psychology of Mead and Dewey and the American tradition of social pragmatism. Fromm, primarily the dialectical sociologist, sought a conceptual frame of reference for his social criticism in the philosophical sociology of Hegel and Marx and the German tradition of romantic idealism. Once such differences in categories of thought and methodology were taken into account, their work neatly dovetailed—or so I then believed.

While, for example, they were both deeply influenced by Freud's psychoanalysis of unconscious experience, each in his own uniquely individual way, in the 1930's contributed to the larger movement of psychoanalytic metapsychology away from the interpretive metaphors of biology toward those of sociology and culture. They, of course, did it in categories of thought and methodology that not only differed from each other but, in turn, from those of, for example, Reich, A. Freud, Hartmann, and Klein. These writers, in their respective terms of character analysis, ego psychology, and object relations, also took part in this same movement of psychoanalytic metapsychology. In short, Fromm and Sullivan, albeit

from quite different philosophical points of view, held strongly compatible approaches to the perspectives and procedures of therapeutic inquiry.

There is, finally, one more important respect in which I then thought, and, in fact, still do, that their psychoanalytic efforts complemented one another, even though the contributions of neither could account for it. Not so much as they, independently, took part in the 1930s movement of psychoanalytic ideas from the biological to the sociological metaphors of interpretive metapsychology; but rather as they, collaboratively, took part in the formulation of the social, cultural, and interpersonal-humanist perspective then being originated and developed at both the Washington School and the White Institute.

Sullivan was far more empirical in his clinical inquiry, and had adapted it to the operational methods then strong among the philosophies of science in physics and laboratory psychology. Fromm was, on the other hand, far more dialectical, in his sociological inquiry, and had presented it as a modified concordance of both Freudian depth psychology and Marxist historical materialism. And together: The clinical empiricism of the one (whatever the systematic limitations of operationalism as a psychoanalytic methodology) and the interpretive dialectics of the other (whatever the axiological differences over historical materialism as a philosophy of human nature), therefore supplied the mutually supportive pillars of the overarching perspective then coming out of the Washington School and the White Institute. Neither the interpersonal psychology nor the dialectical metapsychology could stand alone. As the two legs on which the body of psychoanalytic therapy was moving forward, each really needed the other so as to complete itself, and become whole.

Given this background of expectation, imagine my surprise when Dr. Fromm while supervising my case expressed the view that, instead of the genetic-functional approach, I take the presented symptom back to its original historical context in the patient's childhood. I was very interested to learn why he recommended isolating the symptom from its character structure, and we soon became involved in a lengthy discussion of whether Freud's psychoanalytic procedure was still, for Dr. Fromm, the exemplar of psychoanalytic methodology.

Actually, I was quite puzzled to learn that he, at that time, es-

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poused as his methodology of choice the classical psychoanalytic procedure, which Freud last described in full in 1915–1917. I then became curious, within the context of our supervisory situation, to hear his reactions to some of the commonly accepted defects of the symptom-analytic procedure. Defects so great that Freud, even, had no longer seen the future of psychoanalysis in therapy, but as research in depth psychology. These were the very defects, indeed, that in the 1920's and 1930's led to the development of such new interests as Rank and Ferenczi's in the immediacy of experience, Reich's in character analysis, and A. Freud and Hartmann's in ego psychology, as well as Sullivan's interpersonal relations or Fromm's own social character. Despite our lengthy discussions, we did not resolve this difference in viewpoint about these substantive developments of the therapeutic method. And so, I was not then, nor in fact, am I now, clear whether he intended only to reconstruct Freud's id metapsychology, but to continue the practice of Freud's psychoanalytic procedure intact, as set forth in the *First Introductory Lectures*.

Now, in retrospect it seems, according at least, to his more recent interpreters, that he met with me just before he began to change his views on the psychoanalytic method. Considering the reports of colleagues who, in the later 1950's, went to Mexico for seminars on Zen Buddhism with Dr. D. Suzuki under his auspices, and according to those who later worked with him in supervision, we had met, I suppose, when he was reworking the central themes of *Escape from Freedom* as *The Sane Society*. Neither of these is, incidentally, directly about clinical psychoanalytic procedure. He apparently had not yet begun to talk about Zen practices and mystical self-love. No aspect of this particular topic arose in our discussions. He would not, then, even discuss the theme of interpersonal-humanist love. If he had begun already to think in terms of practical mysticism, this change did not, in 1955, affect his actual recommendations to me. Nor did he, in fact, suggest anything but Freud's original psychoanalytic procedure to treat the patient's symptom. Strange though it may sound in 1981, he was pushing for clinical psychoanalytic practice in 1955 the classical procedure of 1915–1917.

From that supervisory experience, it did, however, become increasingly clear to me that his major effort had appeared in the 1930's, culminating in the perspective of his *Escape from Freedom*, as one among the others mentioned above, that moved psychoanaly-



sis into its social, cultural, and interpersonal-humanist environment. But he did it to extend the metaphors of interpretive metapsychology, not to intensify the procedures of empirical therapeutic inquiry—not, at least, by 1955.

At present, Dr. Fromm's approach to clinical psychoanalytic practice since 1955, as far as I can see, rests in the minds of his interpreters. And there it must remain, at least until the publication of his long awaited work on clinical psychoanalysis. I certainly hope that his literary executors see fit to publish it in full, or in whatever existing fragments they consider publishable. Lest his views on therapeutic practice, become the possession of his interpreters, who may, indeed, be presenting views only partly his—or worse, become a matter of rumor and hearsay, we need the necessary corrective and counterpoint of his own statement of his clinical procedure.

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