

With our warmest  
regards  
Sonia S.

**A VIEW OF SOCIAL CONTRADICTIONS FROM THE CONSULTING ROOM,  
A CLINICAL APPROACH ROOTED IN ERICH FROMM'S THOUGHT.**

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## **Abstract:**

Two clinical experiences are described to show how awareness of the relationship between the social conditions of both participants of the treatment process and the development of the transference-countertransference dynamics may enrich our clinical understanding. In an explicit and systematic manner, Fromm emphasized the social dimensions of human experience. The concept of social character has been widely disseminated as his most original contribution. From the very beginning Fromm's background knowledge of the social sciences framed his therapeutic practice. Yet, the clinical implications which derive from this conception have not been sufficiently spelled out. The clinical material reviewed intends to demonstrate how today's psychoanalytic attention to the dynamic interaction between analyst and patient enables us to deal with the complexity and different levels of the process including the social. The benefits and the difficulties of developing our consciousness about both the patient's and our own roles and involvement in the social milieu deserve our careful and critical attention.



As psychoanalysts, at the very least, we could be masters of patience. In fact, I believe we know that when transmitting or sharing the essential aspects of our experience, a good part of what is needed is time. The time that the "apprentice" requires in order to build his or her own understanding for him or herself while contrasting it with ours. The path is neither direct nor simple. It is impossible to dictate the steps to be taken such that they could be followed by someone else in exactly the same way. Nevertheless, we truly are in need of a psychoanalytic technique, one that systematizes clinical experiences so that the essential aspects of the process become clear. It is a search to separate that which is shared and common from the specific, individual or unique.

Recent efforts tirelessly focus on opposing ways of viewing treatment, whether from a relational or an intrapsychic perspective. Each of such extremely opposing perspectives belie an over-simplifying excess, which ultimately overlooks what is fruitful in either approach. Clinical experience always proves to be complex in fact (Rollas 1987, Gardner 1994, Gill 1994, Lippmann 1995). Multilineal and complex issues are being treated, on different levels from affective to intellectual, from conscious to unconscious.

In an explicit and systematic manner, Fromm (1962, 1970, 1991, 1992b, 1993) emphasized the social dimensions of human experience. In general, few people realize that his point of departure was the psychoanalytic clinical experience and that



from the very beginning his background knowledge of the social sciences framed his therapeutic practice.

I initiated my training as an analyst in the Instituto Mexicano de Psicoanálisis -IMPAC- (the Mexican Psychoanalytic Institute), founded by Fromm, when he still gave weekly clinical seminars in Cuernavaca, Morelos. I also had the opportunity to attend many of his public lectures. Later, due to his health, Fromm could no longer offer seminars as he had been doing for nearly 25 years. From generation to generation, we alumni passed on something like an oral tradition, the anecdotes and points which emerged from this clinical practice. In one of the groups Fromm permitted the sessions to be recorded. The typed version of six of those seminars (Fromm 1968), constitute an exceptional source of information of his clinical practice.

I give one of the courses on Fromm in the psychoanalytic training offered at IMPAC. For the past 15 years or so, I review with the students those seminars, some of the published works and two filmed interviews he held in 1964. In one of them he explains his points of view on psychoanalytic technique and in the other, his differences with Freud (Fromm 1992a).

I am convinced that Fromm's fundamental principle regarding clinical practice is that the analyst needs to be awake. That is, he needs to know himself and his unconscious in order to be able to know the patient. As he consistently stipulated, and this is not the place to further develop it, he did not agree with the libido theory. His social conception of man and of what is the unconscious, could not be limited to Freud's focus on



questions of drives and their repression as a means to survive by becoming "civilized". One could say, at the risk of oversimplifying, that Fromm's orientation was one that today (Greenberg and Mitchel, 1983) we would label as "relational" (Gojman 1995). He accorded much weight to the primary relationship between the mother and the child and the transcendence which it sustains in the individual's dynamic (Cortina 1995). Fromm insisted over and over again that this relationship (prior to the oedipal one) brands emotional life in a more significant manner than the oedipal relationship, which may and often does appear later (in some cultures), when a great part of development patterns have already been established in a vital way. Further, we can mention that when Fromm analyzes the oedipal, he certainly does not approach it from the angle of sexuality as such (if it does appear, Fromm considers it to be an important achievement for the psychic development of the male). Rather, he regards it as a manifestation of exercising power, therefore related to the mode of production of the social system where it is forged. To be conscious or awake for Fromm, means to be fully aware and capable of developing a critical point of view with respect to the existent social system (Funk 1993) and how it modulates people's experiences. Each person is situated in a particular place and needs to adapt and survive in a particular and specific way.

### Society Seen Through the Therapeutic Relationship.

The concept of social character has been widely disseminated



as Fromm's most original contribution (Maccoby 1983, Burston 1991). Yet, the clinical implications which derive from this conception have not been sufficiently spelled out. Millán (1995) has recently worked on calling attention to the relationship between the concept of character and that of transference. Clinical cases are needed to illustrate how and why each person's experiences may be understood as social phenomena from the perspective of Fromm's psychoanalytic theory. This will help develop a theory of the individual which is enriched and grounded in an understanding of social reality.

The primary difficulty with Fromm's proposal stems from the fact that we as analysts live in that same social world as our patients. To carry out an explicit examination of it, we are obliged to recognize many of the contradictions which take place around us in our daily lives. We tend not to want to do this, since it inhibits us from operating uncritically, in an adaptive fashion to the social system as it exists. We are undeniably personally involved in one way or another. Immediately therefore, the supposed "neutrality of the analyst" as the most assured instrument of the technique, is brought into question. Such a belief on the neutrality may, on the contrary, be seen as less reflexive and less self-conscious, if not outright mistaken. The subjectivity and vulnerability of the professional can be seen not always as errors but also as a means of coming to understand the experience of the other, of the patient. In this sense a true option exists, for intimacy, for dialogue, what



Fromm called, "center to center" (Narvaez 1981) communication, unconscious to unconscious. One can not talk about a relationship between two people, starting from the supposition that one (the analyst) is automatically and necessarily correct, that he is the truth-bearer and the other, the patient or the "sick person", therefore has to assume a role of a passive receptacle (Fromm 1968).

According to the relational point of view, perceiving the analytic relationship in such a one-directional way is a mistaken understanding not only of the analytic relationship but of the process of development in general (Stern 1985). Fromm (1935), in one of his earliest papers, proposed the two-directional approach following Ferenczi. He ultimately considered this one directional approach to be a phenomenon of indoctrination-alienation. In such a clinical practice the patient is subjected to masked, hidden control, repeating the models of submission to authority based on power, and because of which the patient became sick and sought help through treatment.

In Fromm's clinical commentaries (1968), he frequently referred to the examination which the analyst should perform regarding his own participation in the relationship with the patient; the problems which are implied in doing this are not only those based on past and repressed infantile conflicts as they are recognized in counter-transference analysis. But the analyst also needs to examine the conflicts implicit in the analyst's present existence, with respect to the social world. He



or she tends to ignore this, if he or she fails to consistently cultivate a critical scrutiny of both him or her self and society, which he or she so needs in order to remain awake.

Fromm took the first steps in this direction, although the intellectual milieu of his time which was still pursuing expert knowledge, was a real and hidden obstacle. Today in the social sciences we are ready to accept the amazement of the world's marvelous complexity. As "experts", we are no longer obliged to "know" in an absolute or definitive manner everything which we undertake (Casement 1985, Gill 1994). Presently, our science is wiser for its awareness of what we do not know (Mitchell 1993). The opening which this offers, to a great extent relieves us of the burden of having to pursue certainty which our predecessors had to unerringly bear in order to be "respected". This certainty deeply implies an inability to dialogue and re-think events from diverse points of view. The price of hermetics and pride thus risen was, without a doubt, too high.

#### Pablo, or the Risks of Sustained Collusion.

I am attempting to provide a clearer idea about Fromm's analytical proposal, as I see it, by reviewing (not exhaustively) two clinical experiences coming from economically deprived patients. These cases may illustrate the socioeconomic dimension of the therapeutic relation due to the contrasting economic conditions of the analyst and the patient. These patients have acces to analytic treatment trhough the clinic of IMPAC established by Fromm which is precisely dedicated to people with





very low incomes. All candidates at IMPAC work with these patients for four years during their training. Many continue seeing patients from these economic conditions after finishing their training in the clinic (on a non paid voluntary basis). Some analysts even continue in their private practice, with the same very low fees that these patients can afford, as a result of the demand developed through the clinic patients' network.

First, there is a case that a young colleague presented in a clinical group session. He had been supervised earlier by another therapist on the same case focussing on analytic technique, without reaching an essential understanding of the interactional process, when viewed only from this non-social perspective.

The experience is interesting because it contributes information not only about elements that are diagnostic, resistance and transference-related, but also about the colleague with respect to his personal counterresistance responses. To our good fortune, these were depicted through his own dream about the process, which included the three people involved: he himself, his supervisor and his patient.<sup>1</sup>

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<sup>1</sup> I think it is important to note that the material is strengthened by the enormous advantage of permitting us to clearly recognize – although at times it is painful to us – the complexity involved in the analytic task, inasmuch as we aspire to grasp nothing less than subjectivity. Thus, we must refer to our professional practice as one of extreme responsibility. It is never externally guaranteed with respect to the exchange of experiences, which imply and which, may effectively (as happened here) not fulfill the goals which it pursues if we do not consider ourselves to be participating elements. Unfortunately this applies on all planes and even just as much so to the appeal



With this in mind, we will seek to describe some of the elements which impeded the possibility of truly approaching the experiences of the young patient whom our colleague decided to call Pablo. Well-built, with brown skin and a stare that constantly avoided contact, Pablo demanded from the beginning that "the Institute's best psychoanalyst" take on his case. He had previously participated in an experience with a teacher of his that he mistakenly labelled "therapeutic". The teacher had become such a close friend, that he had even taken Pablo in to live with him in his home, with his wife and children. This gesture later evolved into a situation in which the teacher-friend inappropriately decided to perform the role of Pablo's "therapist".

#### Some Relevant Background Information.

Pablo had had sexual relations with the wife of the teacher-friend. His repressed guilt led him to present a paranoid outburst in which for two or three days he was certain that some special police corps ("agentes judiciales") were out to get his teacher. He therefore felt obliged to save the teacher in

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to supervision, which in theory seeks to reorient the direction and, at times cannot help but facilitate collusion; that is, the avoidance of the encounter with oneself and with the patient in front of us. Whenever, coping becomes especially difficult and we do not realize it on time we may, instead of analyzing our own emotional reactions to the material and to the disillusion which it provokes in us, try to silence them by finding someone who will second us or make justifications through "technical resources", as well as providing support of a "super-expert" or expert of experts who is the supervisor. The young analyst in training, not entirely convinced of the treatment's course, had ultimately chosen to review his experience again, some time later after the patient had stopped attending.



whatever way possible, sacrificing and offering himself as a substitute target during the attack. At that time, Pablo demonstrated what he considered to be an act of loyalty. He "disguised himself", using the friend's clothes and tried to take his place as the persecuted person. His express intention was to be mistaken for the teacher. The not-at-all cautious teacher-friend said that he had read Freud with great interest and offered to Pablo an attempt at treatment which he called "psychoanalysis". The attempt came immediately and dramatically to an end after Pablo informed him of the sexual relations which he had had with the teacher's wife (saying, as he was instructed, "everything that comes to mind, without any exception"). The teacher-friend, terminated any possibility of relationship, qualifying the events as a scandalous and unpardonable treason.

Pablo's life, ninth child of eleven, which a woman had with various men, may on the other hand be seen - I believe - as a non-isolated example of incidents common to modes of survival or of moving ahead in socio-economic conditions of extreme poverty. It is a type of miserable and sordid underworld which the great cities, in general, but perhaps even more the poor countries practically cannot hide, as much as they try. Nevertheless, it is a world which continues without notice, not because it cannot be seen, but rather because those of us who do not live there do as much as possible in order not to see it. We do not want to realize the degree to which it coexists with our world, perhaps only apparently different, in which either we were born or we



achieved. We thus "bring ourselves to safety" through our access to (different) social or family institutions, which, may only be supported with adequate socio-economic resources.

Pablo's mother, a practicing "mid-wife" who performs home abortions during the day, is a prostitute at night. From this last job she returns at dawn, sometimes carrying toys and sweets. The children await her arrival in the mornings before getting up. She is recognized as the owner of the home which they inhabit. It is she who makes decisions and she had formerly shared ownership of the house with her three sons. Depending upon her mood, she successively eliminated them as owners, as, one by one, they fell from her grace, having disobeyed her expectations and desires. She is not only, most certainly, the lord and dame of the "home" but for a time she even similarly maintained a "husband" living in the back part of the house (where he had a business which Pablo considered to have contributed resources which nobody else but himself had acknowledged). In a given moment this man found himself having to leave after having been confronted in an extremely open and direct fashion by one of the "daughters" with respect to the frequent and shameless infidelity of his "wife". Ever since then the "father" limited his activities with the "children" by only occasionally passing by to see them, to go out for ice cream. Pablo could almost never share in these outings since his mother prevented him from doing so. She would demand that he accompany her through diverse strategies. One of them was tearing at his clothes moments



beforehand and then arguing that he could not go out like that (reminding us of a masculine version of Cinderella). An even more archaic excuse, with a frankly ceremonial overtone, was her demand for Pablo's assistance in a bloodletting maneuver "in order to preserve her health". Later, she would reward him for his "performance" by taking him out to eat at a restaurant.

The symptom which Pablo initially complained about, which moved him to seek help, in addition to not knowing how to resolve the conflict with the teacher-friend, whom he intensely desired to contact again, was a sensation of severe tension, like a knot in his throat. The analyst called it a "strangling knot in the throat" which prevented Pablo from speaking. It was a sense of anguish which he felt for the first time when he was eight years old. He uninhibitedly related his childhood memory which brought it on for the first time. However, he does not understand why it manifested itself in this way under those circumstances. It originated on "vacation" with X, one of the mother's lovers (who coincidentally was the detonator of the separation between her and her "husband"). X was naked, shaving himself. Pablo looked at his penis and it was in that moment that he began to experience the symptom which has persisted over the years.

Other elements of the story along with some of the patient's dreams which were provided by my colleague will be set aside here in order to be brief. The patient was reported by the analyst as resistant to establishing a relationship with the analyst, as suffering a "negative maternal transference", an enormous disdain



for the father, an inability to accept friendly relationships with men, with whom he competed. According to the analyst assisted by his supervisor this perhaps included "masked homosexual impulses" through woman-"mother" intermediation.

Nevertheless, some information was mentioned which enables us to understand what was transcurring in the developing relationship between analyst and patient. Without realizing at the time, the effect which it had on the colleague himself as a person, and without analyzing his own motivations, he found himself unable to maintain his gaze or his professional performance. Rather, the collusion led both of them (the analyst and the patient) to avoiding an effective examination of the transference components which, astounding, passionate and lacking any dynamic understanding, had been performed by the patient in such a vehement fashion. Neither the teacher-friend and performed therapist, nor the colleague-student and his supervisor recovered the events such that they could illuminate the transference dynamic which gave them life, focusing the center of attention, rather than on "technical" resources for learning, on their own human reactions to the patient's story and its social reality. By tracing the professional's experiences, the emotions beyond those which he intended to be expressly available as "technical resources", one may observe the unconscious dynamic of the process. The analyst described the "silent and patient wait" which he presumed would gradually bridge the relationship's gap. Later he sometimes moved to the



well-known recourse of analyzing resistances, questioning why the patient proposed analysis for himself and labeling as "garbage" that which Pablo brought to the sessions, where he spent a good amount of time describing every last detail of his exchanges with prostitutes in the whorehouses to which he resorted in a compulsive fashion. The analyst also indirectly suggests an attempt to intensify Pablo's contact with reality through "questions" regarding whether he could expect anything different from the teacher-friend since "first he stabs him and then asks forgiveness." These interventions are especially noteworthy, as were the insinuations (frankly insulting in machista culture) made about the effect produced by not knowing who his father was and knowing about his mother's night activities.

#### The Analyst's Formal Vision.

The analyst in training and his supervisor repeatedly asked themselves why Pablo came to treatment. They pursued as a key clue the symptom of the strangling sensation in his throat associated with the vision of the mother's lover's penis. They explained to themselves that he must have been seeking a substitute father with the concurrent complication of "belonging to the mother" and not being able to relate to him. They also focused at times on Pablo's compulsive search for contact with diverse women, by telephone, at work, at any cost. This situation frequently created loyalty conflicts where he would alternate between concealment and juggling, always ultimately crowning his mother as the Queen before whom he secretly and



undividedly bowed, in complete dependence. According to the analyst, the patient wound up taking the analyst's lead, "obeying him" with respect to what Pablo believed were veiled suggestions about the need to be more "independent" of his mother. Pablo confessed however, that he could not assimilate them as if they were his own convictions. Towards the end he missed occasional sessions (although some of the time for what we will see were justifiable reasons) and Dora, his companion at the time, would call on the telephone to notify the analyst. On one occasion my colleague, who had doubts about whether he was participating appropriately in the process and if this process was indeed progressing along a therapeutic path, waited for Pablo, having forgotten that he had already been notified that Pablo would not be coming. He was moving from his mother's house. Of course, this does not seem to us to be in discord with the "independence" proposals which supposedly Pablo believed that his analyst maintained as an element of therapeutic resolution –and thus, we could conceive as a possibly transferenceal gift. On that occasion, the colleague asked himself whether he might not be "more interested in treatment" than his patient.

One lead the analyst could have pursued was to carefully examine his own lapse (forgetting) as evidence of a lack of attention to the patient, perhaps provoked by the anger which Pablo awoke in him. Although we should not overlook the possibility that the move had been planned exactly on that day in order not to have to go to the session. If the analyst had





considered how the "high treason to the friend" and the patient's ambivalence provoked him and had recognized the mutual feelings of rejection which translated into his boredom and irritability with Pablo and his stories of a miserable and practically putrid childhood, a more effective therapeutic relationship might have developed. The analyst was probably protecting himself, as we all protect ourselves to the extent that we can in order not to have to share what is experienced by those who are immersed in that type of life. Perhaps this could have been possible despite the difficult diagnosis of "narcissistic personality disorder" and "border-line patient". A unique but real opportunity –perhaps an option which Pablo would not have accepted– was that of facing up to himself and his suffering, to the pain of realizing his desire to find a father different from the one that he, together with his mother, had discarded as protector and provider, albeit of ice-creams and outings.

The role that the teacher-friend adopted, offering himself to play father, received nothing less of what was to be expected. Pablo stayed with his wife, having to attend to her. She (the teacher-friend's wife) also played an expectable transference role for Pablo as the companion of the symbolic father. This is what the analyst and his supervisor did not unveil, calling it a "treasonous stab in the back". At one point in the story they mention knives or daggers as signifying sexual violence and supposed "homosexual" fantasies with respect to X, the mother's lover. However, we believe Pablo could be identifying himself



with X in this episode as a means by which to become a sexually potent man or as a male capable of satisfying the female mother. Pablo was an accomplice and a witness present in the event in which he as a child (literally) lost his voice. He was no longer allowed to speak for himself. That is why he left treatment. He fled from the encounter with the analyst letting a woman, Dora, speak for him. These absences were extremely important in understanding the amount of fear and rage which he was experiencing, stemming from the alliance of a small child with his mother. He expressed this terror through a dream in which there are two men innocently working on a construction site (on something constructive), and one man's hand is cut off. This seems to have been the last dream which he reported. The analyst reported that this dream was presented in session number 54, and then clarifies that he saw Pablo 55 times. That is how the relationship ended.

#### The Unconscious Perception of the Process.

This dream, which the analyst so honestly presented to us, took place around sessions 47-48, just before treatment was cancelled. It may be viewed as an insight into the quality of his professional participation in the process.

I am with my supervisor observing the dawn in a small town. We are looking with pleasure at the dawn's yellow-orange colors. The cool, clear atmosphere and the vapor rising from the earth made the experience pleasant and mysterious. Pablo enters the scene and lies down on the ground, in a



ditch where we cannot see him. In that position he begins to talk, increasingly louder until he is shouting. I ask him what is the matter but he does not hear me. He gets up, coming towards us and to our surprise, furiously leaves the scene.

Pablo, was the son of a mother-prostitute, a sort of witch doctor, abortionist, who even had been detained by the authorities and who showed her children fetuses of different sizes which she conserved along with blood and tissues which had to be hidden in the patio. He was the son, let us say of such a mother who likewise, never abandoned him and who sometimes obtained toys and sweets from the fruits of her "work". This young man studies a career in a normal fashion and finishes, becoming an engineer, an efficient professional who obtains and maintains a good job, one which even includes frequent travel. These responsibilities permit him to "justifiably" miss his appointments on several occasions. Pablo spends at least a part of his income by assisting prostitutes to earn theirs. He also spends part of his treatment time on those prostitutes. His analyst, situated in a completely different socio-economic level accompanied by his supervisor, catalogue the material on whorehouses as "garbage", useless, undeserving of being considered. It does not get reported nor examined, not even to trace the homosexual tendencies, when sex is the issue. As far as they were concerned, it is all dirtied by money.

Why is Pablo so successful at reproducing the rejection



which distances him so from men who, as males, represent his rivals?

A Global-Social Interpretation. An Alternative View.

I think that Pablo's experiences with respect to life with that mother cannot be transmitted except through silences. Those pauses behind the words, which describe what he saw and what he experienced transmit emotional dimensions to us. They lead us beyond what may be explicit, setting the scene into which we are gradually and cunningly introduced. If we dare to put ourselves in his place, if we can imagine the scenes which he sketches unfolding before us, we do not need to ask him what he is feeling, perhaps not even what is choking him like a knot in his throat. In any case, perhaps we dare to give names, words or colors to our own experience. Perhaps thus we could hear that overly composed message of horror, sadness, repugnance and impotence. It would surely correspond to the cries of desperation and outrage which deep down Pablo has attempted to bury in silence in the grave-tomb where he would have wound up if they had aborted him before he were truly ready to be born. Wouldn't it really be easier to seek out his own annihilation at the hands of masculine violence and enmity than feel his existence to be obliterated before he was ever born?

On another level (higher or less profound) we are faced with the traditional small town panorama of the analyst's dream. There are sunrises, beautiful yellows and oranges, the pleasure of the moist freshness of life and friendship. This is what my



colleague communicates and what we are inclined to share, which contrasts greatly with the experiences of people who have not enjoyed these privileges.

My own view as a woman, offers, as in any other case, a specifically distinctive perspective. I am obligated to question myself in the most intimate sense, why Pablo's experience stirs my empathy. I need to ask myself at least once again to what extent it is directed at contributing to an examination of the experience, complementing and facilitating a balance amongst the disparate notes which characterized the process.

The frequent contact with extremely poor people who live in overcrowded conditions in Mexico (as in the rest of the world) and which, I should also mention, were always so near to myself in my own childhood experiences, have influenced my own personal motivations and desires. Oriented by Fromm, they have evolved into a hope, as a professional, to understand forms of life, ways of being which co-habit in our surroundings and which are especially different from our own. These ways of living represent adaptive solutions, each one with its respective and very particular circumstances. I realize how much I have been shaped by having studied women with reproductive lives similar to Pablo's mother's (between 17 and 20 childbirths out of which an average of 10 survive), and having shared in participant-action research projects, with people from poor small towns and having dedicated a good part of my time trying to listen and understand their experiences. Throughout these experiences I have



benefitted not only by preserving, but rather reinforcing-  
nourishing my ability to critically observe the social system in  
which we analysts operate. In this and other clinical  
experiences, those particular situations have made me consider as  
well as concentrate on the form in which the various characters  
situate themselves within the social structure and how their  
daily subsistence conditions shape them, how they so directly  
mark them, as occurs with children's first experiences. In  
Mexico many patients have either come from rich families who  
became poor during the Revolution -and sustain serious problems  
in learning how to survive as such- or have humble origins and  
have risen with unusual force to the point where they found a  
certain relief with respect to material life, but suffer contrary  
emotional consequences. That is, they exhaust themselves  
struggling to "learn" to overcome the feelings of guilt which  
haunt them for how they live and intimately feel, as if it were  
"high treason" to their original class condition.

Upon expressing my critical vision of the material my  
colleague presented, as well as of his position and attitudes  
during the interaction with his patient, I was surprised that  
when he heard his case viewed this way, he felt an immediate  
sense of relief, a sort of respite. According to him, this was  
due to his being able to clearly pinpoint and confront his own  
difficulties in understanding the patient.

It never ceases to amaze us how often one experiences  
insight and how it comes about, appearing in a practically



automatic way, teaching us through its accompanying sense of freedom which so enriches the analyst's participation. What is fundamental is to clearly identify that which hinders the most difficult interventions, those which, with sufficient experience we all come to experience and comprehend in their infinite complexity. At times –not infrequently in my country– this has to do with social differences and the extreme form in which it alters people's lives.

What has been reported about this case also seems to be illustrative of how both participants' experiences are interwoven during the therapeutic encounter. Likewise, without being necessarily expressed as such in the session with the patient, if clearly elucidated for oneself, they allow for a corresponding understanding of the emotional experiences which unfold in the sessions, even those which are charged with transference elements.

In Fromm's view (and in what is now called the relational perspective) the professional (as therapist or as supervisee) has recourse to enriching material, if he or she remains attentive and notices his or her own reactions. The therapist can become aware of the role which he or she is playing, and the fact that the patient comes to know him or her very intimately. His or her own resistance to knowing him or herself and his or her unconscious, play an important role.

According to Fromm's attention to social context of the individual experience, life stories may often be repeated not



only due to inter-subjective shared spaces, which are commonly not seen in their social perspective, but precisely as a consequence of the fact that we live in a social structure which colors people's experiences similarly, channeling their passions through what happens in everyday life. Analyzing oneself and knowing one's reactions and unconscious tendencies facilitates an understanding of the other's experience. Unconscious reactions are not only repressed when they relate to sexual questions, but also fundamentally accompany the necessary daily adaptation to the social system. Not infrequently the others' stories involve similar experiences on a deep level, as much as they can surely and often be retouched with concrete details or anecdotes which therefore adopt different appearances.

→ **Dreams: An Endless Road.**

In a brief description of another case, we will look at scenes from one of the dreams of a patient with whom I have worked analytically. He was born as he painfully qualifies it "illegitimate" to an unmarried woman. The mother was the daughter of a very conservative family which upheld "religious" values and whose life was extremely conventional. Deserting this lifestyle or expelled from the family nucleus, because of her pregnancy and the patient's birth, she consistently experienced chaotic economic circumstances throughout her lifetime.

This case does not represent a family strictly structured as such, nor even less the stability which one often takes for granted when looking at clinical practice, with the proposals





which surface from the original examination of people from very comfortable socio-economic-cultural backgrounds. We refer to Freud and to some analysts from the so-called First World who only treat people with abundant material resources and therefore are limited to understanding the experiences of only a reduced portion of humanity. Surely having lived in Mexico for more than 25 years must have influenced or complemented Fromm's thought in this sense.

This is the first scene of one of the patient's dreams:

"I was in my house. Upon entering one of the rooms, I noticed that it smelled like cat shit. It bothered me a lot. I was thinking that this wasn't why I had an animal (referring to his cat), for this to happen. Above all, I know that my kitty always does it where she should. The smell persisted and persisted and once again I identified the smell of cat shit. All of a sudden I saw that another cat came out with my cat. When I saw him there in my house, I thought that was why it smelled and explained so strong a stench. That is all I remember. It was a type of nightmare because of the incredible desperation the smell produced in me and the repugnance I felt for where it came from".

We can add the following commentaries as the patient's associations.

I realize while I am sleeping that it is the cat that was roving around the house a couple of days earlier. I was working in the house. Through the window I heard some



children outside. As they were playing they hinted that they were wanting to throw the cat in the water. They were playing with him. I did not pay any attention and continued with my activities, but when I realized that they really had done it, I was surprised by my indifference, my not having gone over there and told them not to do it. They were going to continue to bother him. The cat was crying. I went out and told them not to do that. The mother of one of them also went out to see what they were doing to the poor guy. That was the cat that appeared in my dream.

In order to better appreciate the affective dimensions of what has been expressed in this dream scene, it is important to have a general knowledge of this youth's history. He suffered frequent physical abuse throughout his childhood. The beatings which he received at the hands of a borderline mother, subject to social and economic pressures which simultaneously explain or frame the level of abuse which she practiced on him, were because he was the only object within reach on whom she could retaliate for the frustrations which together they recurrently suffered. The abuse also allows an understanding of the profound feeling of not belonging, not integrating himself. His feeling of uprootedness for a good amount of time made establishing communication with me quite difficult. They (the patient and his mother) travelled from city to city. There were better and worse periods with respect to money and access to material goods. Yet, he never truly got even close to a feeling of forming part of a



family, of a social environment which would take him in, as a legitimate and not peripheral member.

Only after considering and experimenting with my own reactions and what I would have felt if I had been in his place, could I recognize that a part of his reservation in relating to me was justified. It had to do with his (not mistaken) intuition that I had never been on his ground in my own experience. This allowed me to assimilate part of his truth without ceasing to confront him when, full of class resentment, he hurled pejorative adjectives at me which obviously referred to my being inept at understanding him, for having had everything, like a spoiled brat, everything for free, without any effort. Only by knowing this could I connect with him, with his bitterness, with his resentment, with his feelings of desperation, envy and loathing. Knowing it on an empathic-experiential level enhances the possibility of approaching experiences of classes different from our own. Of course, I have not received everything in such a simple manner as he and other patients of the lower classes imagine and criticize. Yet, my experiences have been different in basic ways and can, paradoxically, highlight what we have in common, what in some way we can interweave as perspectives of the world in which the one and the other lives.

During treatment this youth finished his bachelors thesis. A long time before beginning analysis he had completely abandoned it, dedicating his time to corrupt jobs. After tremendous efforts, he distanced himself from that life and substituted it



for academic achievements. Of course, these do not offer him as much money. However, they have maintained him in a space that he has just recently discovered, which he finds to be enjoyable and safe. He had previously proudly boasted of his economic power (with high risk).

The following dream scene illustrates a good part of the transition period which he went through, as well as the deep feelings of having come from a completely different lifestyle and social class, where one also has to do whatever possible to survive, even pretending to bide by officially established rules in their general form. That is why I find it worthy of transcription.

In another scene I find myself on an old construction site. Very nice. It is like the buildings at San Angelin (one of the most luxurious traditional restaurants of Mexico City located in a colonial building) or the (also colonial) Convent of Culhuacan. I c with my friends, "the trolleybuses" (that is what he usually calls them in order to identify them as young people who are dependent, frustrated by life, that get together and form a sort of gang and spend their time on the streets or hide when using drugs) Suddenly, a family enters. The girl who I met in Acapulco was with them. It is as if she came with her parents. They were entering. I approached her and asked her if she remembered me. She said yes and even remembered my name. I didn't join them, but it was like a place where



one stayed to sleep and there were many beds. She was there with her friends. She approached me and I told her that I wanted to have relations with her. She refused at first, but I insisted with such confidence that she hugged me and I was overcome by emotion. She later returned to her bed because we had gone to another. I felt enormous pleasure inside. Afterwards I went out to take a walk. A friend walked next to me and he discussed his intimate affairs with me. He told me he had had a relation with a girl and that it had gone well for him.

Then the patient added, "In real life, he is a playboy. The superficiality with which he establishes any type of communication bothers me. But really, I am impressed by the ease with which he starts relationships. On the other hand, when I talk about that to him, I feel even clumsier, even stupider in my relationships with women. I am dying to see that girl, so much so that yesterday when I saw some girls on the street, I thought that one of them was her. I'm serious. I got confused".

### Conclusion.

Fromm's clinical approach, as far as I understand it, requires that the analyst cultivate a critical conscience with respect to oneself and the social world in which one lives. We do this by becoming more aware of the way the patients' experiences vitally touch us during our encounter with them, and by trying to situate the patients within their social environment. This allows us to understand their meanings which may be different from our



own's. This can not be done abstractly, but by being truly present as their meanings mix and inter-mix with our own lives and those of others. Thus, we can increase our abilities for understanding what is inaccessible yet essential, allowing for a meaningful dialogue to take place between genders, generations, ethnic groups, social strata, each one with distinctive and at times divergent points of departure in the complex mosaic of subjective-individual experience. Paradoxically, these experiences are profoundly shared and social. They may be elucidated by an analysis which grows out of the proposals made by Fromm, clinical psychoanalyst and critical social thinker.

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### The Dynamics of the Battle of the Sexes.

Let us look at another difficult experience that depicts the emotional self-exploring participation of a young, sensitive analyst's experience of gender during the initial interviews of an older man. She seeks to understand her manner of conducting the encounter with an extremely needy and simultaneously ambivalent candidate for treatment. From the first interview, the patient utilizes the discharge-attack with everything that he as a male possesses, in order to avoid the encounter. According to her, he is nearly successful at completely entangling her in his harassment and provocation.

### Male Provocations: a Reflection of Social Harassment.

Although he says that he is 41 years old, he does not appear to be any younger than 50. He had not even finished entering the room when he expressed amazement that she was so young, that he honestly believed her to be no more than a child. He had hoped to be attended by an older woman. He did not think that she would be able to understand the things that have happened to him. He is severely depressed and realizes that he drinks alcohol in excess. Having come from another Latin American country, he had been analyzed there for 5 years. That analyst had been "extremely cold". According to what may be inferred from the patient's comments, the former analyst practiced all of the orthodox analytic techniques.

The patient had come to live in Mexico approximately 3 years earlier with his wife and daughter (who is now 14). The wife and



daughter had returned a few months ago to their country. Their return was the outcome of an experience in which he was judged to be "guilty" in having attempted to practice incest, under the influence of alcohol, while his wife was away. In effect, he treated the matter as if he had seduced his daughter although the only thing that he remembers happening on that occasion is that he caressed the girl's thighs. His daughter mentioned it to the neighbors -also immigrants from his country of origin. Alarmed, they chose to call his wife on the telephone and tell her what had happened. She returned from her vacation to her country to pick up her daughter and belongings, having registered her daughter for the school year which was about to begin there. Her decision was definitive, not allowing for any discussion.

A few days after having been abandoned in this fashion, the patient meets in his work Rosario. He begins a relationship with her which he explains consists of nothing more than conversational interest. She is the one who, through her insistence, persuades him to seek professional advice, and refers him to treatment. In his account, he hints that he experienced problems of impotency with her, yet he denies it when the professional attempts to clarify the point. He attributes his problem to his total lack of sexual interest in Rosario. He claims that he had only been interested in conversation and mutual company due to his serious and painful solitude. He tells the young analyst that on the other hand, she does attract him enormously and he is certain that he could easily fall in love



with her. In general he also wants to get to know Mexican women, which he has not done since his arrival to the country.

When the session was just about to finish, the professional received a telephone call which turns out to be Rosario. She asks -jumping right in- if the friend for whom she had provided the telephone number to make an appointment, had attended his session. Her shock and shame upon realizing that he was still in the office and the professional's bewilderment because of the unexpected call permitted Rosario to hang up the telephone, with only a quick apology.

#### Self-Analysis and Supervision as Defense.

Remembering the session and telling of her own experience, the young colleague perceives herself as not very empathetic to the patient. She believes that she had identified to a good extent with Rosario and received, as if it had been directed at her, the mistreatment or disdain which he obviously confers upon her.

The patient's distaste for Rosario as well as the hateful expressions directed at her, including his exaggerated anxiety about where she obtained the telephone number (which she had originally given to him), made his lack of interest and appreciation for her even more evident. He cursed with displeasure not only the interruption, but also the fact that she was waiting for him and for having agreed to see her. He says goodbye to the professional, indirectly advising her that if he does not return to the next session, it is amongst other things



because he does not wish to scare her, although he finds her extremely attractive "as a woman".

Thus we discussed this male's treatment "woman to woman". What came to light most tangibly was my colleague's antipathy towards the patient and how, at the same time, by the end of the session she felt guilty for having put on a "sleeveless" blouse which turned out to be so provocative. After having thought about it further, she was sorry for having dedicated more time than usual to the appointment. I then after noted that during her account, she mistakenly referred to the patient's wife a couple of times as "the mother". This lapse - with shared smiles accompanying the corresponding clarification- led us to a realization that the professional, rather than with Rosario, was identifying herself with the patient's daughter. As far as the patient is concerned, this does not appear to be so strange. One could posit that it was precisely he who in a certain manner from the moment of his entrance encouraged her to do exactly that. In addition, just by looking at her, he dismissed her as a "little girl".

On the other hand the idea that he would not return for treatment, did not seem to dismay the young colleague, even though she would have missed the opportunity to attempt treatment. However, he does come to at least three more sessions. He tells some dreams and makes apparent that he stopped seeing Rosario during that time. He makes another appointment with her as he was leaving -and lets her wait for him for more than half an



hour- during the third interview when he was convinced that the "therapeutic" attempt would be definitively cancelled by him.

The analyst discovers and describes herself as blushing, confused and having difficulties in managing time and limits during the sessions. On other occasions, even if they involved male patients' erotic transference, this would not have proven so problematic. She senses him to be exploitative, seducing, depraved hostile and lacking much ability for insight. She is surprised to note however, that he comes to the sessions from a distant city (an hour and a half away) and on occasion has allowed himself to openly discuss some of his own doubts relating to questions which are obviously delicate and intimate.

He tells of having a dream even before coming to Mexico while he was in treatment in his country. The dream is interesting because it may to a good extent reflect, not only what he has lived, but what he made her feel. That is, what the therapist wound up experiencing with him, perhaps as a response to his projected identification. He recounts his dream:

I am about 30 meters from the beach, handling a rudder with difficulty. In the distance I see a couple, a man and a woman. The painstaking and difficult job consists of controlling enormous torrents of water with the rudder which I have in my hands, directing them to a type of well which is unmeasurably deep. All at once, I feel as if I cannot maintain control. I reach the well and confirm its depth. I am very confused, anxious, threatened, trying to recover



control of the water with my hands in order to drive it to the well.

We both think that the analyst played out a part of the patient's story by seeking the supervisor older-woman (mother) since she was frightened by the man's "attack" and felt responsible for it, due to doubts about the "provocative sleeveless blouse". She thereby renounced her ability as an adult to deal with him, to listen to him as a woman, without accepting the game of being the innocent girl in the wood, yet understanding him and uncovering his fear at communicating with her.

Through this experience the therapist recovers some of her own childhood memories which she had never considered to be important. On a personal level she notices that the patient physically resembles her father. Nevertheless, the key experience of the patient under the influence with his daughter, proved to be especially similar to one which she had experienced when she was little. A friend of her father's, with whom her father used to drink, frequently spied on her through the bathroom door of her house. These were memories which she had completely forgotten and which in any case she, up until now, had considered irrelevant to her life in general. Later, she also recalls the sensation of having her thighs caressed by her father, a common occurrence, since she was so little, and he was not under the influence of alcohol. The gesture never evolved into anything unusual, nor did it produce a sense of fear.





It is no surprise that in the traditional family structure of a machista culture, the wife who dedicates 100% of her energies to the home does not dispose of any power in relation to the man, other than that based on sex. Therefore, this becomes extremely important in her life as a woman and that of her daughters who learn to utilize it from a very young age. From early on, the mother incites her daughters to be sweet and seductive with the "head of the house". They use it to obtain permission and solutions to their most fundamental and legitimate needs. These needs, on the other hand, are surely denied when not requested in this sort of seduction game, which becomes a skill to express femininity as the equivalent of manipulation. Later, mothers, who are usually the first and most efficient instructors, become jealous and full of envy. Not infrequently they call their daughters names which reveal their rivalry as a reason for conflict. They complain that the young women or girls do not assume the responsibilities and burdens which, on the other hand, they as adults have to carry.

From that point on, and through her own congruous memories similar to a type of generalized script on male-female exchanges, it becomes clear that the patient's wife knew him perfectly well. She had lived with him for at least 15 years. It is clear that her trip to her country was purely for vacation purposes, aware that he tended to get drunk and that the adolescent girl would be alone with him. The patient's wife could presumably be able to decide either she could trust him to stay with his daughter or



not.

We believe that with his hostility and harassment, the patient masks an exaggerated fear which women provoke in him. He can only relate to them if he feels capable of imposing himself on them and maintaining control. A young woman, which he views as a mere child, could be less threatening. If there were ever a possibility to analyze what has produced this exaggerated fear, without both the patient and analyst fleeing, there would be a chance to better confront and understand their respective unconscious.

Elaboration, a Resource.

As a more experienced colleague and maybe because of finding myself closer in age to the patient, I would perceive this man to be extremely undervalued and depressed. I do recognize him as subject to all that is implied in living in a foreign country, with a total lack, or at least very few networks of family or true informal support. He appeals to alcohol as a passive and self-destructive escape; boasting the generalized macho culture and its corresponding arrogance in order to prevent the contact which he so needs and which he does not wish to acknowledge, even to himself. He might be screaming for attention and companionship if he did not silence or supplant his needs through depressive hostility where they are drowned in alcohol, nearly sinking himself. The therapist-colleague seems to be a woman capable of following the pace he sets. She will have to persevere in the battle, the encounter with him, including



outbursts of resistance disguised as heated passion and be aware of how easily these become aggressions on the part of the male who is hurt because he is not responded to as such. He loathes Rosario because he notices that she is interested in him. He will hate the therapist because she is not interested in him. Additionally, she will have to defend herself against her own fear of feeling as if she were not a fully developed female in the encounter with the man and understanding him as such. She must not lose sight of the fact that the most serious fear on his part might not actually be generated by apparently sexual profiles of the macho holding the rudder, but rather of losing it and drowning in the incommensurably, deep waters of his own origins. Meanwhile, she will also have to remember that her physical response regarding blushing –both she and he are red when he enters in a hurry "due to delay"– could be due to her indignation "for the mistreatment received" which she is willing to attribute to him. Yet, this may also be related to herself and her unconscious fears about her mother's envy and rage, to a greater extent than she would have liked.

The patient claims that the analyst used the informal pronoun "tú" in the waiting room when she greeted him and afterwards began to use the formal form "usted". After vacillating in the session face to face with him, taken aback by the force with which he confronted her, she becomes convinced that she could not have spoken thus. It would have represented a completely different style from the one which she habitually uses



with an unknown person. However, she notices that her disconcerted responses and indecision in general with respect to the treatment which she offers him, do in effect, correspond to the doubts which he mentions and the stammering which she experienced in his presence. This specific accusation really seems to her to be unfounded. Yet, the turbulent atmosphere which surrounded them both was real. When more aware of her participation, she will be willing and much better prepared to find a way out from the collusion which they adopted together, if he allows for the path to be corrected.

After understanding and being more aware of her own reactions and the particular manner in which they fit the patient's dynamic, the professional could recover –relieved and with pleasure!– her empathy for the patient. On an emotional, not intellectualized, level, she understood his vital situation and he –without her having to tell him expressly– intuited it. He then allowed himself to confess and insightfully confront some of his most painful experiences which earlier he had only mentioned in an impersonal manner. What became obvious was that ultimately he honestly did not know how to approach, how to treat his daughter. Also, his wife used the incident to leave him, justifying through appearances her true rancor, the desire for revenge which had been incubating perhaps since even before he practically forced her to come to Mexico completely against her will. That is the game of consequent hostilities and resentments in the battle of the sexes in which he has undoubtedly



persevered. The conflicts and doubts with respect to whether or not he will be able to analyze his motives remain to be seen given the uncertainty as to whether he will be able to overcome the temptation to view the therapist as a woman and desire her. That is, if he stagnates in acting out the transference instead of spending time analyzing it, thereby allowing the true analytic task to be accomplished.

\*\*\* What has been reported about this case also seems to me to be illustrative of how both participants' pasts and experiences are interwoven during the therapeutic encounter. Likewise, without being necessarily expressed as such in the session with the patient, if clearly elucidated for oneself, they allow for a corresponding understanding of the emotional experiences which unfold in the sessions, even those which are charged with transference elements, at times even, as in this case, during the initial encounters. This case also highlights the importance of being attentive to recognizing how one's past blends with elements of the present reality. This may occur by entering through the counter-transference door of the therapist's residuals of past encounters which spark to life, not infrequently awakened by the heat of underground experiential communication in the patient's unconscious dynamism. In Fromm's view (and in what is now called the relational perspective) the professional (as therapist or as supervisee) has recourse to enriching material, if he remains attentive and notices his or her own reactions. The therapist can become aware of the role



which he or she is playing, and the fact that the patient comes to know him or her very intimately. His or her own resistance to knowing him or herself and his or her unconscious play an important role. This is even truer if he or she does not realize that amongst the ashes of his or her past some coals lay hidden waiting to reignite the fire of the present.

According to Fromm's attention to social context of the individual experience, life stories may often be repeated not only due to inter-subjective shared spaces, which are commonly not seen in their social perspective, but precisely as a consequence of the fact that we live in a social structure which colors people's experiences similarly, channeling their passions through what happens in everyday life. Analyzing oneself and knowing one's reactions and unconscious tendencies facilitates an understanding of the other's experience. Unconscious reactions are not only repressed when they relate to sexual questions, but also fundamentally accompany the necessary daily adaptation to the social system. Not infrequently the others' stories involve similar experiences on a deep level, as much as they can surely and often be retouched with concrete details or anecdotes which therefore adopt different appearances.