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Opening of Alternatives and Modification of Character Traits in Psychoanalysis

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Clinical Applications of Alternativism

The opening of alte ives in the life of a patient is one of the tasks of psychoanalysis (Fromm 1968). The art of psychoanalysis, as opposed to the technique (Fromm 1991), is the practice of creativity and vitality, which is also expressed through seeing the concrete and real alternatives that a patient has. Indicating alternatives that had not been considered or conceptualized before can reawaken new energies.

Alternativism is a theory of human freedom with origins in the rejection of both „hard determinism“ and „free will“ (Fromm 1964). „The possibility of freedom lies precisely in recognizing which are the real possibilities between which we can choose, and which are the ‘unreal possibilities‘“ (p. 261). In order to choose, it is necessary to be aware of the alternatives and ensure that they are realistic and not illusory. We must also recognize the force of our conscious and unconscious inclinations toward these alternatives and be aware of the consequences of choosing one alternative over another. This choice cannot only be intellectual, but must also be emotional. When the chosen alternative is difficult, and therefore liberating, conflictual and prevailing interior inclinations must be opposed. Thus, it is necessary to be strong willed, to mobilize emotions, to pay the price and face the material disadvantages that such a choice brings (Fromm 1964). A choice is real only if it is a responsible one. Responsibility means

answering for one’s choices and paying for the consequences. The possible loss of a material advantage is compensated by an increase in personal freedom.

These working concepts were later reformulated by Fromm (1992 and Bacciagaluppi and Biancoli 1993). In the context of the autobiographical approach to self-analysis, Fromm introduces two concepts: the „forks of the road,“ and the „secret plots.“ Of the former, Fromm (1992) writes: „What were the forks of the road, where I took the wrong direction and went the wrong way?“ (p. 72). In writing about the latter he maintains: „In many persons there are two such plots: a conscious, ‘official’ one, as it were, which is the cover story for the secret plot which dominates our behavior“ (pp. 73-77).

The existence of secret plots can make freedom of choice an illusion and can hide the real alternatives. It often happens during analysis that unconscious forks of the road are discovered, situations in which the individual is faced with real alternatives but does not realize it. The exploration of these alternatives must become an act of total discovery, both intellectual and emotional. It is an inner transformation that must then be translated into external action in order to produce real change in character traits. In fact, for an alternative to be put into practice, its depression must find expression in the external world in which we live.

The Beginning of a Clinical Case



During her third session of analysis, a 20-year-old woman reports her first dream:

„I'm walking down the street. I see a small group of people. I go nearer to see what's happening. There's a big brown bear on the ground, it's dead and all its bones are broken. The people are standing around looking at it.”

A patient's first dream helps us to identify his/her main problem (Silva-Garcia 1982). It is the first, unconscious visiting card that is presented after the analyst has entered the life of the dreamer. A dream, as a „global symbol,“ is an „instantaneous portrait“ of the dreamer. (Silva-Garcia 1982).

Through the symbol of the bear the patient tells her analyst that there is a big, strong being in her life that was savagely and viciously killed by having all its bones broken. In the manifest content of the dream the physical pain that the animal had to endure before death is implicit. Implicit also is a feeling of sorrow, without to say, that the scene provokes.

The main questions that must be asked about this dream are: Who does the bear represent? Why was this awesome symbol of life killed so cruelly? Who killed it? Is the dreamer capable of crying? Why does she not cry? Why does she not even protest against this savage, sadistic cruelty? Is she so afraid of life? Is she a berserker (Eliade 1978), one so full of rage?

This symbol will be our guide in understanding who the dreamer is and why she is like she is, how she relates to others, and what aggressive transference she will have toward the analyst. Also the transference will show her to be distant from others, an observer who hides her feelings.

The patient is the youngest of five children, of which the first three, all boys, died in infancy and the last two, both girls, survived. Her mother is a well-off housewife who does not love her husband. Seemingly, she only married in order to get away from her parents, with whom she had a conflictual relationship. Soon after her wedding she apparently told her two sisters that she did not want children. Once pregnant, she told them she was unhappy and that she hoped at

least the baby would be a girl. With each successive pregnancy she expressed the same preference. The first baby was born premature and died soon afterward; the second died of meningitis when he was 10 months old; the third was born two years later and died at 4 or 5 months of an illness the patient cannot name. The patient discovered that her maternal grandparents felt that their daughter was neither mature nor responsible enough to have children. They offered to help when the third child was born but were turned down and they maintained that this baby too (like the second) was neglected. The patient's mother's feelings of guilt were inevitable as was the involvement of her father, who must have felt particularly impotent, as the patient's dream suggests. It could be thought that the psychopathology and conflicts of the couple did not allow a healthy elaboration of their grieving (Bowlby 1980). Moreover, as there was no dialogue or solidarity between them, the patient's parents could have unconsciously carried over to the two daughters their painful experiences with their first three children (Bowlby 1980).

Three years after the death of the third child, a fourth pregnancy resulted in the birth of a girl. According to what the patient heard from her aunts, her mother was happy and caring toward the baby. Toward her youngest daughter, too, the mother seemed to be attentive and considerate, but she showed a preference for her other daughter. Thus our analysand grew up with the feeling of not being loved but merely looked after by her mother. The patient's father was an engineer who worked for a large company and was competent at his job. However, his ethics did not allow him to make the compromises necessary to advance his career in the company. His wife could not understand his scruples and she exasperated him to the point where he resigned. He found another job that he did not like and he started to suffer from depression. He was an upright man, capable of facing both professional and political challenges, but he was afraid of his wife and of women in general, which only increased his wife's hatred and contempt for him. His depression was the expression of



his failure as a husband and father. He died of a heart attack at 52, when the patient was 17.

The apparent divisions in the house were that the elder sister, who was more diplomatic, seemed to defend her father, whereas the younger sister allowed herself to be bought by a show of affection from her mother and attacked her father. The father preferred the younger daughter, the analyst, but he did not know how to show his affection for her. Thus the child, in love with her father, became more and more disappointed, angry, and desperate.

Everyone thought that the patient loved her mother and hated her father and she thought so, too. The only person who saw the truth was a friend, who was unable, however, to make the patient aware of the situation, no matter how hard she tried. This shows us that the patient had the positive experience of an intimate friendship in pre-adolescence with a girl of the same age, even if this isophilic relationship (Sullivan 1953) was not entirely successful. The problem was how to bring out the truth, that the patient loved her father, that she admired him for his upright spirit and idealistic beliefs. What language could be used? (Ferenczi 1933). What language can a bear understand? After about one month of analysis, of her own accord the patient said that her father was a bear, thus explicitly clarifying one aspect of the symbol of her dream. How could she rouse this big bear? By making him angry? By doing badly at school? By running away from home? She had tried all of these but to no avail. Is she not also a bear, who breaks her own bones? She was now 15 years old. Having dismissed the idea of suicide she was left with not eating. For two months she struggled against hunger and refused any food. Force-feeding in the hospital convinced her to start eating again and she rejected anorexia as a strategy for life. She decided to leave home and drop out of school, going to live with a maternal aunt who lived in the same city and finding a job in a bar.

Because of her touchiness and verbal aggression she lost one job after another, caused difficulties for her aunt, and upset

her father who expressed his concern. She argued with him but experienced his depression as a gloomy reproach, as if it were her fault.

The patient became engaged. Her boyfriend was accepted by everybody and this led to a few happy weeks, but she treated him badly and finally left him without any explanation. This introduced a period of short and stormy affairs, intended to provoke her parents, especially her father, whose sudden death ended this phase.

The patient's life is now divided between her aunt's home and her mother's, to which she returns periodically. She has fairly intimate but rather conflictual relationships with some female friends. She is full of anger and blames herself for her father's death. She currently works in a big electrical goods shop but the arguments are inevitable, and her relationships with men are virtually impossible. She asks for help.

In analysis, as we have already seen, the bear appears immediately and it is soon apparent that it was not the patient who broke his bones. Unconsciously, the patient already knew that other women, her mother and grandmother, had broken those bones. Blaming herself for her father's death was a way of keeping her really damaging outbursts of aggression at bay. As the bear is examined, especially with the understanding that he was afraid of women and thus of her too, even of his little girl, this little girl softens, finds herself again, and cries. These tears mark the start of a new course, an alternative presents itself in the patient's life.

Character Traits

Fromm's characterology (Biancoli 1992, Burston 1991, Fromm 1947, 1973, 1976, Fromm and Maccoby 1970, Funk 1978) distinguishes productive from nonproductive character orientation. The latter can be divided into receptive, exploitative, hoarding, marketing, or necrophilous. There is no such thing as pure character orientations, but rather they blend and mix, both among non-productive orientations and/or as a combina-



tion of productive and nonproductive orientations (Fromm 1947). Productiveness gives the nonproductive aspects of character positive and constructive qualities.

In *Man for Himself* (1947), Fromm first introduces the various character types as „ideal types,“ and then for each of them gives a list of corresponding positive and negative aspects. For example, in the case of the receptive orientation, the negative aspect „passive“ is transformed by productiveness into the positive aspect „accepting,“ „parasitical“ becomes „charming,“ „sentimental“ becomes „tender,“ and so on. In the same way, in the exploitative orientation, „exploitative“ becomes „active,“ „aggressive“ becomes „able to take initiative,“ and so on. Thus, for every type of nonproductive orientation there are various negative aspects that the productiveness in a character can transform into their positive counterparts.

If we examine the patient's character, we can see a blend of orientations in her case, too. The productive component is clearly important. This can be seen both from the fact that the patient has managed to survive without becoming psychotic in an extremely unfavorable family atmosphere, and that she managed to register a strong protest and look for economic independence as soon as she left home. She is courageous as well as „impulsive,“ this latter being a positive aspect of the exploitative traits. Some negative aspects of receptive orientation (accepting) are evident, especially „sentimental“ and „unrealistic.“ The latter does, however, tend toward its positive side, „idealistic,“ partly due to her father's influence. Other negative exploitative traits are „aggressive,“ „egocentric,“ and „arrogant.“

Each character orientation corresponds to certain modes of relating to other people (Fromm 1947). According to the table put forward by Rainer Funk (1982), the receptive orientation relates to others masochistically, while the exploitative orientation does so in an oral-sadistic way. In fact, sado-masochism is the recurring mode of relating in this patient.

A Frame of Orientation and Devotion in Analysis

The patient had hardened in her anger and in her dissent, and she had not cried for years. She used to cry a lot when she was little, but soon stopped, becoming aggressive as she started to believe in force (the bear?) as the best way of getting what she needed. Following the model of her cold mother, she tried to remain detached from people but was unable to do so, either with her parents or her friends. When she was not on the losing side she dominated. Her frame of orientation and devotion (Fromm 1950, 1955) was predominantly authoritarian, with some humanistic elements that seem to have come from her father.

During analysis, the confrontation with the humanistic frame offered by the analyst leads to tears. The patient cries as she used to when she was little, before she acted out her protests. These child's tears open up the corridor of her life history and allow her heart to soften, to feel liquid pain. These are therapeutic tears, but they are insidious if they last. They risk becoming the permanent wail of a person who does not want to grow up and they leave the way open for the masochistic mode of relating to others. The analyst tells her all this and the patient reacts by continuing to cry, but now her tears have a different quality. She cries for the shy bear who was killed and had all his bones broken. She cries for his clumsy, touchy, impotent kindness. She cries because she realizes that, even though he was a coward with his wife, he gave the best part of himself to his daughter.

This is the alternative: either the masochistic tears of self-pity, or the mature tears of pain for the other. When humanistic values penetrate the spirit, something happens to the character. The receptive trait „sentimental“ becomes „tender.“

The negative aspects of character change into their positive counterparts as the frame of orientation and devotion changes in a humanistic sense (Silva-Garcia 1990). A character does not change directly as its structure tends to be permanent, but the change in a person begins with his/her frame of orientation and devotion, which is closely linked to character. When analysis



transforms an authoritarian frame by introducing a humanistic component into it, it works on the patient's whole personality, both on his/her character traits by pushing them toward their positive counterparts and on his/her mode of relating to others.

Change in „Modes of Socialization“

Fromm (1964) shows in schematic form the passions that lead to the „syndrome of decay“—narcissism, necrophilia, and incestuous symbiosis; and those that lead to the „syndrome of growth“ – love, biophilia, and independence-freedom. All these passions express modes of relatedness and socialization and correspond to character orientations.

The patient's sadomasochism is a result of her incestuous-symbiotic passion, but is, however, countered by yearnings for freedom. Her narcissism is not too strong and should decrease enough to enable her to love. Necrophilia is not in evidence and it is to be suspected that life-loving tendencies have been repressed. These modes of relating are consistent with her character orientation.

The patient is more fixated on the father figure than on the mother figure. Her father fixation intensified with his death and it will probably require a lot of work in analysis to unravel it. After her father's death the patient tried to get nearer to her mother but she was disappointed. Her mother's coldness becomes the subject of analysis. After one year of treatment the patient starts to ask her mother if she loves her. Her mother avoids the question but the patient insists so much that her mother finally tells her own truth: she did what she could, her marriage was unhappy, her childhood was unhappy, do not ask her to give what she is unable to give. The truth is very bitter. The analyst comments to the patient that her suffering over this is quite understandable and, in another session, adds that there is a positive side to the mother's confession: she was honest and told the truth. The appreciation of the fact that her mother did not try to disorient her is accepted by the patient.

The patient again distances herself from

her mother and stops visiting the house even occasionally. She phones but more and more rarely. Her mother also rarely phones. Her hostility toward her mother gradually decreases. She shows an increase in autonomy.

Transference and „Center-to-Center“ Relatedness

In certain important moments of the analysis, communication between the analyst and the patient is intuitive and empathic.

This happens, for example, when the tenderness and tears for her father appear and later when the pain and bitterness emerge for her mother's inability to love. The analyst feels what the patient feels and both participate in a nonverbal and verbal atmosphere. A „center-to-center“ relatedness is created (Fromm 1960, 1968), which makes the analysis spontaneous and effective.

At other times the patient seems to be hostile and polemical with the analyst and tries to get him into difficulty. The analyst no longer feels he has the patient's trust and the analytic dialogue becomes difficult. The patient behaves toward the analyst in the same way she behaved toward her father and still behaves toward her employers. This is the same oral-sadism that tries to humiliate and make the interlocutor suffer. The patient's authoritarian frame of orientation and devotion does not distinguish rational from irrational authority (Fromm 1947) and does not allow her to trust the analyst's competence. The patient's transference is an expression of how this authoritarian frame must be transformed in a humanistic sense (Silva-Garcia 1991), by favoring the productivity in the patient's character orientation. After a year and a half the transference becomes a defense that impedes the analysis. During a difficult and intense session, the analyst shows the patient an alternative: either she continues to see him through the angry and resentful distortions of past experiences or she manages to see him as a real person, distinct from her father. The second alternative is the one that allows the analysis and the patient's evolution to continue. The patient replies with the following



dream:

„I'm standing on a rock and looking out to sea. A beautiful ship is approaching. Not far from me are a boy and a girl who keep diving into the sea from different rocks to show the ship's captain how deep the water is and how close the ship can come. The captain is on the deck, watching them. When the ship comes near, it comes up against the rocks and cannot find an opening, an inlet. The captain is afraid of hitting a rock, but the boy and girl help him with their diving to get as near as possible to the coast.”

In the dream we find both the impossibility of docking and the offer of cooperation. Why does the patient dream of rocks? Why does she send a boy and a girl to help the captain? Who are these people?

The rocks imply that the patient still needs to defend herself and thus keep her aggressive character traits. The analyst-captain is not only rejected, but also helped to get as near as possible as long as he follows the precise instructions of the divers, otherwise he will run aground. In fact, he watches the divers very closely. The dreamer watches the whole scene without taking part directly, but she sends a boy and a girl. We still do not know who these two people are or who they symbolize, with their image of a close and cooperative couple. So far no answer has appeared in her associations.

This dream expresses the patient's inner struggle to trust a rational authority. The sadomasochistic components in her frame show the analyst a barrier of rocks, while the humanistic elements cooperate. Even if the rocks could make us think of isolation, they would seem, rather, to represent the barrier of cutting words that the patient turns on the analyst in her need to feel that she is hurting him, that he feels pain. Thus, the rocks too are a mode of relating. The dream contains both alternatives—on the one hand, the distrustful, resentful transference, represented by the barrier of rocks, and on the other, the willingness to be open for dialogue and cooperation. Also the dream seems a variation of her first dream of the bear, all of whose

bones were broken; only now a boy and a girl protect the „beautiful ship“ from breaking her ribs, „bones,“ on the rocks.

This patient is still in analysis today. The negative aspects of her character, which have not yet changed, especially the aggressive and arrogant aspects of the transference, correspond to her oral sadism. They can only be overcome by her own productiveness, the boy and girl divers who encourage and foster the intellectual, emotional, and affective values of radical humanism, in an open analytical dialogue, in a „center-to-center“ relatedness.

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