



## REMINISCENCES OF SUPERVISION WITH ERICH FROMM

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*The following short personal essays were written by psychoanalysts who have worked with Dr. Erich Fromm at various times during the past 11 years.*

L. Epstein:

**F**IVE YEARS AGO I SUMMARIZED my supervisory experience with Erich Fromm as follows:

I was in supervision with Erich Fromm in 1965, my last year as a candidate in the Institute. For months afterward, his influence pervaded my work. With time, his teachings have fallen into perspective.

Dr. Fromm's conception of the psychoanalytic encounter is that for both analyst and patient it must be absolutely real and free of all sham and hypocrisy. The analyst should realize with the patient that the patient's *one and only life* is at stake. The communication offered to the patient must be deep and intense. As the analyst speaks to the patient, he should be able to experience the impact of his own words as the patient experiences it. Fromm stresses the fact that the analyst does not cure the patient: *the patient cures himself*. He remarked that once, when a patient asked him if he would be cured, he replied, "I can't promise you that, but I can promise you some of the most interesting hours you have ever spent in your life." Thus the analyst's task is to waken the patient, to *illuminate his internal reality*, to bring to awareness the unconscious conflicts which cripple his life. He does this by actively confronting the patient with what the patient does not want to see.

The aim of psychoanalytic treatment is not to achieve the (preconceived) goal of the productive, genital character. Fromm's goal is the achievement of maximal authenticity and aliveness. He once said, "If you are a thief, at least be the best possible thief that you can be."

Fromm believes that nothing can happen in analysis except through the patient's experiencing conflict and crisis. If the analyst lacks the courage to face himself and to live fully and authentically himself, he may project this onto the patient, thus over-protecting him, and reinforcing his need to cling to primary ties. Fromm emphasizes the need for courage in confronting one's internal reality; facing one's destructiveness; one's guilt; in order to give up magical wishes, narcissistic aims, symbiotic and incestuous ties; to face the anx-

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ity of standing alone. The patient needs the analyst as a model of strength in facing reality.

Fromm suggests that many psychoanalysts eventually succumb to unconscious despair and lose their faith in psychoanalysis. However, they cannot let themselves know this. They stop growing as human beings and as psychotherapists. Their work may become stereotyped. Such an analyst becomes more dependent for his status and identity on the external and formal trappings of his role—the couch, the high-frequency visits, the technique of free association, and higher and higher fees. All this reassures him that he is a psychoanalyst and compensates for his dying creativity. He becomes increasingly dependent on his patients, and this leads him to form unproductive pseudo-therapeutic alliances that may go on for years. To guard against this insidious process, the analyst must commit himself to a lifelong process of self-analysis and self-confrontation. "The fully analyzed person is a myth." Infantile conflicts are never totally resolved. Analysis does not end when the patient is cured, but when he no longer needs the analyst and can carry on the process of self-confrontation by himself.

Fromm warns against the pitfalls of the classical setting, which may lull both analyst and patient into a lazy, passive, attenuated relationship. They may become engaged in the pursuit of trivia or empty historical constructions. If from hour to hour, nothing of emotional significance is touched upon, both analyst and patient may become comfortably resigned to the expectation that something more interesting may develop at some future time. (Epstein, 1970)

In reviewing the forgoing, I realize that the most penetrating and enduring lesson of my supervision with Dr. Fromm was his warning concerning the dangers of succumbing to an insidious process of despair that analysts face continuously. I think I understand better now why this does happen to many analysts, and why psychoanalytic institutes inevitably enter a period of declining creativity, becoming especially resistant to ideas originating outside their walls. I believe we all have an omnipotent child-part that wishes to avoid the impact of the world when emerging from embeddedness in the familiar (Schachtel, 1959). After we finish our formal training, our child-part no longer has supervisors to interfere with its grandiosity. Having been elected to the higher echelon of those-who-know, the analyst is left to believe himself now among those who-know-all. Encounters with new ideas and new understandings are unwelcome because they are initially uncomfortable, sometimes even painful—frustrating as they are to the gratification of omnipotent aims. The walls of a psychoanalytic institute provide a ready-made shield for its graduates against the noxious infusion of new developments.

Fortunately, however, psychoanalysis so far has retained a

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power and a vitality that has enabled it to pull free of defensive forces. I would like to point here to some of the important progressive theoretical and technical developments in psychoanalysis which were foreshadowed in my supervision with Dr. Fromm.

### **The Quality of the Session**

The focus in the session has shifted away from content and onto process (see Levenson, 1972; Wolstein, 1974; and Ehrenberg, 1974). This includes ongoing intrapsychic processes in the patient, countertransference processes in the analyst, and interpersonal processes between analyst and patient. It involves a more active use of confrontation, usually in the form of questions put to the patient concerning his moment to moment defensive operations, and his reactions to, and expectations of, the analyst. In this way, the aim of “illuminating internal reality” is realized more effectively than by speculative searches into the past.

### **The Analysis of Narcissism**

Dr. Fromm was especially concerned with the failure of many analysts to recognize and to work effectively with pre-oedipal problems. Success in this area has been strongly implemented by the contributions of Spotnitz (1969), Kohut (1971), and Kernberg (1974).

These analysts have charted the course of the narcissistic transference and have developed effective techniques for working with it. These techniques are primarily aimed at meeting maturational needs which were inadequately met in the course of the patient's development. In line with Dr. Fromm's belief that the patient must experience conflict and crisis so as to grow in the analysis, the process of working with the narcissistic transference involves the patient in repeated encounters with what Kohut has termed “optimal frustration.”

### **The Role of Destructive Aggression**

The most significant advance in dealing with destructive aggression has been in gathering it into the analyst-patient relationship. Melanie Klein and her followers (Klein *et al.*, 1972) have stressed the importance of recognizing and interpreting muted signs of negative transference lest the progress of the analysis be impaired and ultimately destroyed. Split-off (unconscious) destructive envy

can be especially lethal to the analytic process. Spontitz (1969) believes that the turning of destructive aggression against the self is the crucial pathological factor in all pre-oedipal conditions. The patient's ultimate cure depends on the analyst drawing-out and onto himself the patient's destructive aggression in the form of verbalized feelings. His method of treatment is geared toward achieving this verbal release of feelings in a way which is gradual and tolerable to both patient and analyst.

### The Analyst's Self-Awareness

Perhaps the most significant development in psychoanalysis has been the ever increasing attention paid to countertransference. Originally countertransference was seen as disturbing and contaminating to the analysis, as an intrusion of unanalyzed residues of the analyst's pathology. As such it was necessary to identify it, analyze it, and control it. The emphasis on the negative aspects of countertransference has lately given way to new understandings of how to utilize it creatively as the quintessential therapeutic tool. (Racker, 1968).

Psychoanalytic theory and practice in 1975, successfully steers clear of the pitfalls toward which Dr. Fromm feared it was heading in 1965. We do not hear very much anymore about the irrelevance of psychoanalysis and its impending demise. True, other modes of psychotherapy have appeared on the scene—sometimes with a Pied Piper effect, drawing large numbers of aficionados, patients, and therapists. Each of these treatment forms may have its uses, but only psychoanalysis, when practiced creatively by psychoanalysts who maintain their freedom from embeddedness, can effect what Dr. Fromm has termed “nuclear changes” in the self and can bring the personality to full term.

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