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The Weekly Clinical Group Supervision Chaired by Erich Fromm

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The Group Expectancies

Group supervision with Fromm always meant for us a challenge. There is no doubt that, apart from the Freudian analytic purpose with which he always respectfully initiated each intervention, Fromm displayed a vast social religious and political knowledge, his strong personality and a German patriarchal structure¹. This resulted in a peculiar dynamics, which shocked us as new students of his who were being introduced to his socially-oriented psychoanalytic perspective. Most of the students (with only two or three exceptions) were medical doctors, and were thus receptive to the Master's wisdom - typical of the pyramidal-hierarchical medical training institutions, a medical model then characterized by its pursuit of the etiological causes of diseases and completely foreign to the understanding of social dialectical forces.

Each of the sessions thrived on the motivation incurred by the dynamics of working together and learning something new - a new consciousness which was developed through the group process. As a leader, Fromm had the ability to animate enthusiasm in his students. The seminar was conducted in fluent Spanish. As Spanish was Fromm's third or fourth language this was an outstanding and meaningful effort and ability.

In his commentaries, Fromm referred frequently to the role of the leader as it develops in the teacher-pupil relation. He not only talked about what rational authority meant theoretically (Fromm 1941, 1947), but he intended to exercise it himself in these group seminars, something which had not been common at all for us before. He was able to stimulate the students to actively participate, and listened carefully to their thoughts. He waited until most of them had expressed their points of view before revealing his own.

The Clinical Seminars in Cuernavaca

For health reasons, from 1967 onwards Fromm had held the clinical seminars in Cuernavaca Morelos. Mexico's 2200 meter altitude meant an unacceptable strain on his

¹ To be conceived as what Maccoby calls a typical patriarchal „generous exercise of authority” (personal communication 1978).



heart. He received us on the terrace of the beautiful Japanese Garden (designed and cultivated by Suzuki) Coffee and home-made cookies were served with warm hospitality.

The experience became an essentially vivid, meaningful communication which, for the students, included a profound emotional involvement. In the first session, which only included Fromm and the class of analytic students, each one was asked to present him or herself and say what he or she was expecting from the Seminars. This initial interchange brought about a decision on which type of seminar would be developed from then on, in the course of the consecutive sessions, and as to whether the students agreed to invite „observers“. If so, the students of another class in training - plus those already trained and experienced analysts willing to attend - could do so, but without taking any verbal participation.

The focus of the clinical presentations in the seminars described here was on the initial interviews. The aim in examining them was to understand the dynamics of the patient's character structure, how it was related to the core conflict and to the strategy or prognosis of the treatment process.

The Structure of the Seminars

We did not receive specific instructions for the development or the presentation of the cases. Some rules were nevertheless followed. A method developed as a result of a combination of Fromm's German discipline and the students Mexican way of receiving it.

We knew after the first meeting the number of sessions we would have, the dates, the participants and - if accepted - who the observers were going to be. Those who were to present the cases had to agree to handing in a typed copy of the material so that everyone attending would receive it a week before the session.

A brief verbal synthesis complementing this written material was offered by the treating analyst as an introduction to the group discussion.

The 1970's Clinical Presentation

We will now describe a case presentation during the weekly clinical Seminars chaired by Fromm in 1970. The analyst in training, Dr. Q. presented the initial interviews of Ricardo², a patient who attracted Q.'s attention with his Northamerican-Mexican accent already with his first phone call, when „he anxiously looked for the treatment“. So anxiously that he even made the mistake of coming to the consulting room one day in advance of the first appointment.

34 years old, Ricardo was single and had successfully completed postgraduate studies in the USA. He was a small man, modestly dressed, but noticeably tidy.

We will present the first three dreams of the patient as they were transcribed in the written report and reconstruct the discussion it brought about in the group session. We will pay special attention to the oneiric images that led Dr. Q and the group discussion to have a closer look at the patient's inner life and feelings.

² The written material consisted of seven clinical sessions transcribed in a 40-page typed document.



Dream I: *„There is a multitude of millions, billions of small cubes, squares, points ordered in a flow of lines. They invade me, they massively penetrate me, as if it were a turmoil that bores my head. I know that there will not be enough room inside and that my head will burst. I wake up very anxious.“*

Associations: „Old furniture, dust, old dirty curtains. Fresh plants, sunshine. Unpleasant human smell. Blood and nausea. A contrast of the shiny plants and grass in front of dirtiness. Nude human bodies, mutilated, lower body extremities floating in the infinite. Brains and heads of extremely intelligent men. I like white people, the blackish, dark-skinned people make me sick....“ Then he continues with a series of extremely hard utterances, as if he could not stop talking about how much he hates Mestizos and feels frightened by them. He considers them typical of his country and ends up by specifying that Indians do on the contrary not cause him any problem. Concerning them he feels nothing but complete indifference.

Dream II: *„It is only one image. I see as a sort of framed photographic projection of a hairpin on a wall. A large quantity of ear wax is stuck to it. During the dream I think it contains fungus and dried blood. I see the scene. I am in front of it, apart from it“.*

Associations: I was 14 years old. A car used to pass by, the horn sound, during the night. I was doing my homework. My oldest sister went out. She was dressed for a special occasion, with a lot of make-up and she didn't come back until the next morning. It was 15 years of prostitution. She gave money to the house and I can not understand how my mother, so industrious and clean, did not say anything. Once my father, drunken, cried and said „what would my friends say about it“. My sister helped me out with the money I needed to buy my books. Nevertheless it was so shameful that I used to elude everybody. I felt humiliated, profoundly ashamed of my family. We were dirty. I got sick from seeing her taking out her rotten bloody ear wax. She used to do it with a hairpin. Her dirty, mean mestizo look has always been obnoxious to me.

Dream III: *„I am in front of a current, a flow of blood that is flowing towards me. I feel forced to drink it, drink and drink without stopping. I swallow and swallow blood until I have to vomit coagulum, only to later on continue drinking, full of anxiety and without being able to stop“.*

Associations: The blood came to me slowly, thick, directed especially at me, as to be easily swallowed. Coagulated blood, a result of abortions, long hair, severe malnutrition, **caquexia:** I wish the Universe didn't exist. I have interpreted my own dream as my capability to digest the environment in which I am now involved. How people are, the city, the food and the slow flow of this country in which everything is postponed until tomorrow.

Dr. Q's Report on His Response to these Three Dreams

Dr. Q's first reaction to the patient and to his dreams and associations, which have just been presented above, was to let him know his own emotional response, naming it



„shudder“. He also pointed out to him he was impressed by the patient’s aggressiveness, anxiety and the inclination to isolate himself and become depressed. He said to him: „Dirty and clean you are yourself, you feel the dirt and death inside yourself. You seem to be projecting yourself as the hairpin, paralyzed as a portrait. I am shocked by your insensibility, your hate and contempt of human beings.... „

Ricardo remained silent for a long while and finally answered with tears in his eyes: „You are right, it’s true. I think I am the hairpin. I am moved by insane passions.... for example, if I see a woman with a child begging I do not hesitate to tell her: ‘Why don’t you kill him if you can’t feed him’ ”.

The Students’ Participation

In those years the classes, as was mentioned before, consisted only of Medical Doctors and with rare exceptions all were trained in a rigid medical tradition. Our way of listening to the material was conceived in a very narrow sense and it showed, as we can remember and reconstruct from the written notes, also in this case. Through the discussions, however, there came a moment at which this path could be broadened and deepened - by the social philosophical view it needed.

The group was strongly oriented towards taking into account some of the patient’s symptoms as described by Dr. Q from the patient’s first interviews. When seeking treatment Ricardo had been unemployed for a year. Before that, he had been working very productively in the USA and then had tried hard to accomplish efficiency in the Mexican Governmental Health projects he had been involved in. He ended up feeling profoundly humiliated and disappointed by his employers’ skepticism with regard to his personal achievements. His obsessive compulsive behavior concerning cleanliness, order and punctuality had become so overwhelming as to make him constantly humiliate the people he worked with. They, in turn, isolated him more and more. His sadistic, explosive outbursts of anger, although only expressing the pain he was going through, manifested themselves in a completely unadapted manner.

About his family and developmental conditions we learned that his possibility to become a professional came about thanks to the great efforts of his mother and sisters. Being the only male child, he was the one who was offered this educational opportunity, as it is common in families with very limited economical resources. Living in the north of Mexico, fueled by the family’s ambition to have their share of the North-American way of life, he attained a scholarship immediately after his bachelors degree and enrolled to the doctoral graduate studies in the United States.

The discussion of the students participating in the clinical Seminar mainly focused on the sick character traits, the obsessive compulsive neurosis and Ricardo’s nihilism. Dr. Q. diagnosed that the patient was suffering from what Fromm (1964) had called the Decay Syndrome: Narcissism, Mother fixation and Necrophilia. We envisaged a hoarding necrophilous character orientation with the maladaptive transcultural reaction masking his hate for life and his bloodlust of the most regressive kind.

Fromm’s Intuitively Oriented Analytic Experience

Contrary to the group’s tendency towards a diagnosis of the patient as sick, destructive



and regressive, which was in the same vein as Dr. Q's rude reaction, and contrary to the compliant silence protecting us all from the anxiety of deeply relating to such frightening material, Fromm did think that there were some elements which made working with the patient worthwhile and tried to establish the therapeutic context of the relationship as a starting point.³ This came as a total surprise for us all. He saw hope in some of the patient's infantile⁴ remembrances:

„I recall when I was about four years old, we were all dressed in white, in our Sunday Best. My sister, who was almost a young lady, used to take me to the cinema. I remember she used to take a little wooden chair so that I would sit comfortably....and when I was about five, I also remember that I was tearing out some yellow lilies in the garden of some relatives and then ran to my mother to give them to her...“ He also mentioned other gratifying memories such as being with his smallest sister, lying on the bed or how the shop owner recognized him and gave him a treat when he was buying candy.

Fromm pointed out that these memories could be the grounds of a positive prognosis and generally speaking - he added - if the analyst starts off insisting on the patient's tendencies, even when they are really negative, he will put treatment at stake by provoking unnecessary elevated resistance, which then could put a sudden end to the treatment process, be it by its suspension or even by the patient's potential suicide.

He then made a remark that the patient's motivation was high. „He was overwhelmed by feelings of guilt because of his own dirtiness, which was related to his group. Dirtiness and rottenness were thus identified with his family, and with his own participation. The women, his family, the Mestizos, the Mexicans in his mind were the outcome of what was dirty. This was the frame of his struggle. For him, all were corrupted“. In these commentaries Fromm was not only talking of Ricardo, isolated in his individuality, but of his strong link with the complete social and family world surrounding him.

Fromm then warned us to be careful: „interpreting and pointing out the things he was going through, even when you are very much in touch with his lifestyle and way of living, will not be enough“. He continued referring to the fact that the patient's developing paralysis „was not only determined by his having been humiliated“. What provoked his pathological development - he said - was also his „own participation“. The patient had to stop attributing „everything that was happening to the circumstances outside himself“, in a typical protective mechanism. Ricardo was defending himself „by not recognizing his own participation“.

Alluding to a reference of Dr. Q.'s to the third dream (the one which presents the patient inevitably swallowing the current of blood) as an example of „the bloodlust described by Fromm“ (Fromm 1964), Fromm made a clarifying general comment on his concept of the cannibalistic way of drinking blood: „doing it as a human fetus would not be interpreted as bloodlust because it would - in that case - allude to opposed elements of life and death tendencies. Blood thirst on the contrary does refer to an animal tendency, a zoophilic regressive one. It would be felt as if one were a vampire who was afraid of vomiting his own corpse. Bloodlust is“, he said, „an archaic

³ See this same therapeutic strategy described by Maccoby (1969) in the IFPS Forum in Mexico.

⁴ It is interesting to see Bacciagaluppi's work on the „weak precursor“ (Bacciagaluppi 1996).



cannibalistic power“. What the patient had shown until then, Fromm stated, was his hate of dirtiness, not cannibalism nor an attraction to death.

He continued saying that the experiences and external circumstances by themselves were not enough to produce a neurosis (Fromm 1970b). Individual personal responses to circumstances play a very meaningful part, from the constitutional ones to those which refer to emotional links and dependencies. In the case of Ricardo his dependency was the central factor, he did show it as an incapability to renounce the circumstances.

With regard to the possible meaning of the dream images, Fromm expressed that he was surprised about the therapist's interpretation of the hairpin (in the second dream) as a symbol of the patient himself. Fromm asked the group what they thought about the symbols and became noticeably uneasy with our complete and prolonged silence. He then expressed his discomfort with the group's complete incapability to take the Freudian approach to symbolism into account.

He insisted that the interpretation should start with the Freudian understanding of symbols: the hairpin (as e.g. a purse or a shell) would be first and foremost viewed as a feminine symbol.

Fromm concluded that the first dream (the one about the squares and cubes associated to dust, nude human bodies, mutilation etc...) was a dream about a dirty world. The hairpin of the second dream represented the dirty woman. The blood flow that the patient was forced to drink in the third dream hinted, according to Fromm, at the woman that gives him blood to drink until the extreme of vomiting coagulum. Fromm emphasized that „even if drinking blood in general were seen as a regressive tendency, in this case the feeling of the dream referred to the woman which did not give him life, but blood instead of milk to drink. She was dirty. The dream talked of a malignant destructive nurture, it represented the woman that gives him blood“.

When Dr. Q. in the course of the discussion stated that the mother of the patient was represented in another dream (one in which a woman gives him a sea shell on the beach...) Fromm explained that as much as the symptom constellation was be specific, one could refer to specific aspects in the interpretation process and include them in the explanation. Until then, the dream did only refer to a woman and should not be interpreted as referring specifically to the mother, which would make the understanding extremely narrow.

Fromm took the opportunity to point out the simplifying tendency that could bring the therapist to a dead end. He said „I want to say that clinical work shouldn't take the way of simple equations. To say something is there and then something specific will happen as a consequence is not a scientific way of thinking... to think that way... is like saying: his father or his mother did not love him, and the outcome is a son that becomes a criminal. It is an oversimplified rule. Predicting future personality developments based on elements which you cannot accept must be avoided, even if the predictions would be more or less correct“.

Fromm did not call Dr. Q.'s reaction countertransference charged, but he made it very clear that we should be careful, pay attention to our tendencies to impulsively get an interpretation which confines the possibilities of deepening the investigation of symbolism instead of opening them up.⁵

⁵ We think that not only calling things „transference or countertransference“ is a way to point out these



The Clinical Seminar chaired by Fromm Revisited. Our Current Understanding.

The discussion, initiated by the function of the students as medical diagnostics, was an intellectual search for possibilities of disease classification. Later on, it was complemented by Fromm's view of the possible hope in enhancing infantile memories and his focus on the oneiric symbols, which denoted Ricardo as being compliantly dependent, paralyzed by the dread of becoming independent.

In characterological terms, Fromm's vision of the patient's profound dependency on women was implying a passive exploitative characterological orientation. This orientation was manifested in a strong transference linking to the analyst as opposed to the cold distant relatedness that could have been expected in the case of the accumulative hoarding orientation initially diagnosed by the students (Millan 1996).

Reconstructing the dynamics of these group discussions in the clinical sessions, it becomes apparent for us today that (even if they were intended to focus on the outstanding diagnostic importance of initial interviews) an important attention of these sessions was directed towards the therapist's reactions to the patient.⁶

We are now clearly aware of the anxiety a patient like Ricardo can provoke in his analyst as much as in the discussants of the supervising group. It was this anxiety which most likely caused the diagnostic interventions of most of us so far removed from the empathic responses which, on the other hand, might have caused us overwhelming pain.

Nevertheless, we can, at the same time, see that Dr. Q.'s interpretation of the hairpin as Ricardo himself was an aggressive, defensive, counterresistant response, as much as the fact that he told Ricardo that he was dirty and dead inside.

Very sick patients tend to make us feel so exposed to their insurmountable suffering that we quite often protect ourselves the best we can. A professional diagnosis used as a way of establishing a distance from the patient is then not so uncommon.

The above can be seen as an example of how a professional, during the initial phases of his or her training, can react to such a difficult patient if not sufficiently aware of the dynamic interaction between transference and countertransference (Gill 1982), of the subtle way in which this complex communication process is transmitted through the mechanisms of projective identification, of the fine superposition of transference and of what Sandler (1976) called „role responsiveness“. The risk encountered by offering one's honest reactions as a first hand resource to the patient, even if we could be mistaken (or temporarily misled by the interactional development), will later on be equaled out by the possibility of understanding the patient. These subtle and carefully perceived possibilities demand our cautious and deep attention.⁷

essential aspects of analytic technique. By talking of the need to be careful with our tendencies to do „impulsive“ interpretations Fromm was teaching us to be aware of our unconscious reactions to the material. We agree with Fromm in his statement (Fromm 1968) that making a frequent reference to the words „transference, resistance“ etc... is not necessarily a way of working analytically, if you do not get the unconscious meaning of the process itself.

⁶ See Gojman „A Socio-economic Dimension of the Therapeutic Relation. A Contribution Derived from Erich Fromm's Thought“ paper presented in Therapeia Society in Helsinki, September 1995 and accepted for publishing in the *International Forum of Psychoanalysis*.

⁷ As an example Gojman (1996) described the Process of Efrain in „The Voice of Sentiopil, Ancient Nahuatl Prophet for our Times“ presented in May 1996 IFPS Forum in Athens.



Some misunderstanding in the practice of Fromm's advice „to be direct“⁸ can sometimes lead exactly to this rationalization of countertransfereential enactments. Spontaneous and direct reactions on the part of the analyst should mean the deep understanding of the whole complex meaning of the treatment experience. The 26 years of psychoanalytic literature (Gill 1982, Casement 1985, Mitchell 1993 Hirsch 1994) focusing on the analyst's reactions during the treatment process have described and illustrated with cases that one should be especially careful at the initial phases of the treatment process to be able to cope with them in a fully respectful way.

Fromm expressed a completely different view of the patient from those held by the students. Pointing to the patient's suffering as the source of his need for treatment was, as we see today, a way of looking for the possibility of building a bridge to the patient's own experience. This approach sought a way of reaching him in a completely non-judgmental way. We consider that this was the therapeutical, emotional approach which was to be used. It might have overcome the undeniably great difficulties involved in the treatment of Ricardo, if and when the relation could have been established in the long term as required for a successful treatment.

The Clinical Seminars. A Socially-Oriented Psychoanalytic Perspective.

All the cases we saw during our training, and those presented to Fromm for the group supervision were seen in a clinic created for the specific purpose of allowing people from rudimentary economic conditions to attend a psychoanalytic treatment inaccessible to them in any other circumstance. Fromm himself had the opportunity to see not only people from a different cultural background but also an uncommonly vast socio-economic variety, which was complemented by his attention to and understanding of the study of peasants in a Mexican Village (Fromm & Maccoby 1996, Funk 1993).

The fact that this clinic was established near the University and that some of Fromm's first students - Davila, Gonzales Enriques and Millán - also did community work (because of their leftist orientation) (Millán & Gojman 1981), allowed University teachers, students and workers to be analyzed.

Fromm frequently insisted that one should take into account the social conditions of the patients.⁹ It cannot have been by chance that he persisted with this point in the clinical practice - as congruent as it can be with his theoretical Freudian-Marxist stance - because University is public in Mexico, almost free of charge and thus frequently performs a social mobility function which provides an otherwise unattainable professional training for very poor people. It was the time of Mexico's cultural and political hopes.

Fromm continually advised the students to pay attention to this socioeconomic aspect of the life of the patients - for instance, if the family came from a peasant background and had had to adapt to the worker's role in the big city. This seldom-seen transcultural, trans-socio-economic experience of encountering people in the psychoanalytic practice must have made Fromm - and later us, as consequence of his

⁸ Which during the Fromm's clinical Seminars, taped in Cuernavaca in 1968 (Fromm 1968) is referring to his advice to ask the patient directly and thus making the patient feel that it is something not so horrible since the analyst can talk about it so directly with a non-judgmental attitude.

⁹ A point of view he clearly maintained from at least 1965 until 1974.



teachings and the clinical experiences in this clinic - aware of the character traits and how they are interwoven with environmental conditions.

For Fromm, the patients' core problem was not to be investigated as a result of the libido stage, but in relation to the character structure as a developmental process of the interaction between the individual and his social environment.

Class Treason Guilt Feelings

In this case Ricardo's family wanted to climb socially, which is not at all rare in Third World countries. In Northern Mexico, this means getting educated and trained 'the American way'. This is not compatible with Mexican traditions. Ricardo's mother idealized American modern values and accomplished economic improvement with a large amount of work from home, in addition to her daughter's 'secret' income. Ricardo's father was not a 'provider', and alcoholism was the easiest way out of living up to the breadwinner role. Successful men, like Ricardo, who come out of extreme poverty quite often develop strong guilt feelings for having left behind these impoverished circumstances, as if it were treason to their class, culture, and relatives, to everyone who brought them up and gave them the opportunity of such an outstanding transformation.¹⁰ The dream images presented by Ricardo are alienated from any human contact. Placed in an undefined, unlimited, peculiar space, he may be manifesting this sense of being lost. His paralyzed condition can be seen as rooted in his guilt feelings for having intended to leave his family and at the same time remaining compliant with its guiding references that he profoundly introjected and now cannot discard. Perpetrated by intrusive objects, by the fluids and substances Ricardo can not accept, he is also incapable of discarding them in order to integrate himself, to grow and find his own place.

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¹⁰ We have an insight into these in „Class related experiences in children's dreams“. See Gojman 1990.



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