Seminar on Fromm's Understanding of Psychotherapy

E R I C H F R O M M

PSYCHOANALYST AND SUPERVISOR

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Fromm's Therapeutic Approach: A Modern Model for an Empathic and Authentic Relationship

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Speaking at this seminar in the presence of people who had direct contact with Erich Fromm and whose contributions are therefore based on first hand knowledge, I realise how inadequate my own contribution must be. As I never met Fromm personally, my paper can only be based on what he wrote. However, I have always taken every opportunity to listen closely to the reports of those who met and worked with him, both as analysands and in supervision, so as to learn as much as possible about Fromm's personality and the way he related to his patients. The descriptions I have heard conform without exception to everything that can be found in his books and in the transcriptions of lessons and seminars he held. My impression is, therefore, that not only is there consistency of thought in Fromm's writings, but the same consistency is to be found between these writings and his way of being and of interacting with the analysand. So I would like to start with some opinions that I have heard about Fromm. Jorge Silva Garcia, who worked with Fromm for many years, has always spoken of him as a truly authentic person, deep, empathic and rational. In a seminar held in Florence last year, Rainer Funk reported that when he interacted with Fromm, the contact with such a rich and biophilic personality, with such depth of thought, was so stimulating that it left him full of energy and he could not sleep at night. Boris Luban Plozza, speaking at a congress of psychoanalysis in Parma in 1989, reported "That man [Fromm] knew how to penetrate the human soul, he understood me, he could read me like a book" (translation mine).

Fromm, as we know, trained as an orthodox analyst and for some years he adopted a classical approach. It was not long, however, before he started to distance himself from Freudian psychoanalysis, rejecting instinctivism, especially when he emigrated to the United States (1934) and came into contact with the psychology of Sullivan. It was during his collaboration with Horkheimer on *Studien über Autorität und Familie* (1936) that Fromm began to revise Freudian thought, criticising some of its theoretical underpinnings, such as the universal validity of the Oedipal complex and the contents of the super ego.
In *Escape from Freedom* (1941) Fromm's idea of human beings is already rather different from Freud's. According to Fromm, it is the need of human beings for relationships, intrinsic in their very essence, that drives their actions. Frommian anthropology, unlike Freudian psychoanalysis, is thus not based on biological explanations, but on a model that can be defined as existential, in which it is not libidinal drives that underlie behaviour but the needs inherent to the human condition (1947).

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Fromm did not think of the psyche in terms of libido structure but in terms of social character structure. Although human beings can be understood by taking into account the natural existential conditions which are a common denominator of the whole human race, more important is the consideration of the socio-economic and cultural environment in which they live and socialise. Fromm maintained that the socio-cultural environment was fundamental in determining needs and in prescribing the behavioural models necessary to satisfy them. The socio-economic structure of contemporary society leads its members astray. Social character contains values and norms which create objectives that often go against an individual's real interests and well-being. People are directed towards imaginary needs and passions which distance them from themselves, from nature and from their fellow human beings.

Fromm's psychoanalytic thought, with its ethical-humanistic orientation, is part of the humanistic tradition that believes all human beings, no matter what their race or culture, share basically the same psychological and physical characteristics and must therefore have the same basic needs. In fact, Fromm maintains that human beings have more things in common than they do differences. But he also believes (1962, pp. 110-117) there are cultural institutions which do not allow human beings to become conscious of certain needs and of the resources they possess to satisfy them (the social unconscious). The awareness of these needs must pass through the triple filter of language, logic and taboos, all of which are expressions of social character. In addition, there is a repression of all those conflicts that are incompatible with:

> [...] the principle of structure and growth of the whole human being, incompatible with the "humanistic conscience", that voice which speaks in the name of the full development of our person. (1960, p.55)

Thus Fromm believed that psychoanalysis cannot be separated from the idea of the universality of the human race; if the analyst can reach another person's unconscious then he or she must presume that this unconscious contains what is present in his or her own. Moreover:

> Making the unconscious conscious transforms the mere idea of the universality of man into the living experience of this universality; it is the experiential realization of humanism. (ibid. p.59)

It is not enough for patients to become aware of their individual unconscious; during the psychoanalytic process they must see the society and culture to which they belong in a critical light. They must also discover the social unconscious, the repression of which, compared to that of the individual unconscious, is far more significant. According to Fromm (1962, p. 49), modern society is a source of alienation, which is considered as the real nucleus of the pathology of modern man, insofar as it does not allow self-awareness and thereby obstructs the integration of the whole personality of a human being. Fromm even goes so far as to state that alienation is, in a certain sense, responsible for all neuroses. He also sees the phenomenon of transference in the same light (ibid. p.50). The more an individual is alienated, the stronger the need to transfer parental qualities onto the analyst, in order to relive the feeling of security and protection that the condition of alienation does not allow him or her to feel.

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Given his constant concern for the limits to the emancipation of human beings and for the risk that they may lose the chance to realise their own humanity, Fromm can be considered as the champion and custodian of the humanity of the human race. He realises, however, how difficult it can be to eliminate, at a social level, all those obstacles that limit and paralyse human freedom, because of the extensive conditioning by the social and cultural structure. The analyst has the advantage of having already been analysed and is presumably aware of his or her own individual and social unconscious. Consequently, in the setting, in the relationship with the patient, he or she has to avoid using modes of behaviour or communication that are alienated or not authentic, so as not to offer pathogenic social models.

All Fromm's advice, suggestions and considerations concerning the analytic relationship, as well as his own therapeutic practice, constitute a proof and a declaration of his faith in humanism. It is from this faith that he derives his perception of the analysand as person who, although different, is emotionally and psychically the same as he is. Humanism is the framework for Fromm's thought and clinical practice and:

> His therapeutic method is characterized not by verbose theories and abstractions [...] but rather by his capacity for individual and independent perception of the basic problems of man (Funk 1994, p.9)

It is with the well-being of the patient that Fromm is constantly concerned, to the extent that he worries, for example, that no analytic session should be wasted in useless chatter. Every session should be important and effective for the patient, who must perceive that what the analyst has said really helps with his or her problem (seminar on clinical practice held in Mexico City, 1968). Fromm says that the analyst should strive to create an atmosphere of humanity, spontaneity and authenticity, so that the patient can perceive that the relationship with the analyst is different from others experienced outside the setting, that it is "a world of truth, truthfulness, without sham" (1994, p.38).
From what has been said it is clear that Fromm did not put aside classical psychoanalysis only because of conceptual, theoretical issues, because of his alternative vision of human beings and the motives underlying their behaviour. This change also occurred because he no longer agreed with the role - inconsistent with his humanism - of *detached observer,* that Freudian psychoanalysis prescribed for the analyst in the relationship with the patient.
The theoretical justification for this type of relationship - which can in part be attributed to the cold and reserved personality of the father of psychoanalysis - is historical and can be found in Freud's epistemological position. In spite of his brilliant and revolutionary discoveries, Freud was unable to free his thought from the philosophy of mechanical materialism, which was very popular at the time. This limitation had repercussions not only on his conception of the psyche, but also on the behaviour of the analyst towards the patient. This was because, following the example of the natural sciences, Freud believed that human behaviour was the result of intrapsychic forces, subject to the laws of the transformation and conservation of energy (libido theory). Consequently, there was a conformity to the behaviour of natural scientists in the approach to the "object of study", even when psychic phenomena were involved. On this subject, Freud's recommendation (1912) is

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significant. He advocated that, in their approach to the patient, analysts should take the surgeon's emotionally cold and detached attitude as a model[1].
Obviously, the relationship in the analytic dyad is more complex and has more psycho-emotive implications than Freud's surgeon metaphor leads us to believe. The purpose of the surgeon, the conditions in which he or she works, are clearly different from those of the analyst. Working on an anaesthetised, unconscious organism is not the same as the live interaction between analyst and patient where, as we well know, it is not just words that matter, but above all the exchange of explicit and implicit emotions which can be neither concealed nor feigned (see Ferenczi, 1932).
Fromm could not fail to realise all this, so much so that, practicing as an orthodox analyst, sitting behind the couch and listening to his patients in silence, he found that he was increasingly bored and dissatisfied (1994, p.97). He could not accept as therapeutically functional Freud's advice that "The doctor should be opaque to his patients and, like a mirror, should show them nothing but what is shown to him" (Freud 1912).
It therefore became necessary to carry out a revision of psychoanalytic therapy (1990) and Fromm identified the focal point of this revision as the need for a transformation of the therapeutic relationship, abandoning the unfruitful role of detached observer for a more useful, authentic, spontaneous and empathic relationship of interpersonal communication. Thus Fromm followed the ideas of Ferenczi (1932) who was the first to realise that the analyst's detachment, far from giving positive results in therapy, was in fact re-traumatising, harmful and anti-therapeutic for the patient.
Ferenczi's insight implied that the analyst's role should no longer be limited to observation and interpretation, but that the patient should be assured of the attention, care and parental love that he or she had needed as a child but had been deprived of. It was Sullivan (1940) who introduced the concept of *participant observer* to describe this new behaviour on the part of the therapist. Fromm (who in the history of psychoanalysis is one of the pioneers of the interpersonal approach - together with, Sullivan, Horney, Thompson and Fromm-Reichman, amongst others) also put into practice this idea that therapy should give more importance to the quality of the relationship with the patient. In this way, the relationship with the therapist represents, for the analysand a new and authentic emotional encounter through which he or she can recover an affective experience, vital for his or her mental well being. The path that the patient takes with the analyst should be what Alexander, French et al. (1946) call a "corrective emotional experience".
It seems clear that an analyst who follows Freud's suggestion and puts aside his or her own emotions cannot hope to understand or enter into profound contact with the analysand. The repression of our emotions inevitably leads to the non-recognition of both our own reality and that of the person sitting opposite us. As a result, the patient cannot feel a profound contact with the analyst, cannot feel understood.
Fromm gives us an example of how the expression of his emotions during a session gave the patient an opportunity for insight (seminar held in Mexico City, 1968). The patient had done something morally reprehensible and Fromm felt sad at the thought that this must mean the patient's situation was really tragic. By reading the sadness on

[1] "I cannot advise my colleagues too urgently to model themselves during psycho-analytic treatment on the surgeon, who puts aside all his feelings, even his human sympathy, and concentrates his mental forces on the single aim of performing the operation as skilfully as possible [...]. The justification for requiring this emotional coldness in the analyst is that it creates the most advantageous conditions for both parties: for the doctor, a desirable protection for his own emotional life and for the patient, the largest amount of help that we can give him today" (Freud, 1912)

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Fromm's face, the sadness of another person who felt the same emotions as he did, the patient started to realise himself how tragic his situation was. Fromm noted that this proved to be of great help.

According to Fromm, the analyst must not hide behind a technique - a technique is applied to things that are not alive - but rather, must show him or herself to the patient as a *living being*. Almost all so-called technical problems concern the person of the analyst, in the sense that, I believe he meant, they underline the analyst's own problems (seminar in Mexico City, 1968). The relationship between the analyst and analysand must not be of the type that he calls *societas leonina* (Lion Society), borrowing the name of a type of contract from Roman law. It is a relationship weighted against the patient, in which the interaction is between unequal parties, insofar as the analyst has control over the analysand. Technique can in fact be used to control and manipulate.

It seems to me that when Fromm speaks of his mode of interaction with the patient, which is to respond to the patient's associations with associations of his own, he is putting into practice the type of behaviour that he sees as typical of Zen Buddhism. This means "emptying oneself", giving up one's own will in order to be available to receive and, at the same time, to respond in an alive manner (1960, p. 41).
This mode of listening reminds me of Kohut's (1984) empathic immersion, the analyst's abandonment of his or her pre-determined ideas about the patient, putting him or herself in the patient's shoes.
Fromm is convinced that the analyst must go beyond the role of participant observer. A relationship which goes no further than participation is inadequate for a complete understanding of the patient. Even the idea of *participating* limits the possibility of a fully empathic relationship as participation still implies placing oneself outside the other person while:

> The knowledge of another person requires being inside of him, to be him. [...] in this centre-to-centre relatedness, lies one of the essential conditions for psychoanalytic understanding and cure. (1960, p.66)

So that a fruitful solidarity is established between analyst and patient, the analyst must place him or herself in a dimension that Fromm defines as paradoxical. The analyst must become the patient while at the same time remaining him or herself. In this profound and particular mode of communication the analyst and the patient analyse and treat each other (ibid., p. 67)
This is a modern concept that classical psychoanalysis could not even conceive of, since what many analysts today take for granted was once absolutely inadmissible (see for example Searls, 1975; Sandler, 1976; Langs, 1978). Through the patient's behaviour in the analytic process, we can reach our countertransference, and so the patient becomes our analyst and supervisor. But let us see what Fromm had to say on this subject:

> Yet my patient analyzes me all the time. The best analysis I ever had is as an analyst and not as a patient, because inasmuch as I try to respond to the patient and to understand, to feel what goes on in this man or woman, I have to look into

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> myself and to mobilize those very irrational things which the patient is talking about (1994, p.101)

Fromm believed that understanding the patient is of fundamental importance if the patient is to trust the analyst. In the seminar held in Mexico City (1968), he maintained that, generally speaking, before a patient knocks at the analyst's door, he or she has already tried unsuccessfully to solve his or her problems. Consequently, the patient is often desperate, considering the analyst as his or her last chance and it is up to the analyst to decide how best to restore trust and hope; the best way is for the patient to perceive that the analyst really does understand him or her.
All this implies that the analyst cannot see the patient as "sick" and him or herself as "healthy", but he or she must see the patient as another human being who is suffering (1990, p. 100)
In my opinion, this interactive situation represents the highest level of identification and affective communion that it is possible for two individuals to reach, the highest level of empathy. Only from a situation such as this can patients identify with the analyst and consider him or her a *safe base* (Bowlby, 1986) in order to change their *frame of orientation and devotion* (Fromm, 1955, pp. 68-71) This is a long way from the position of those who see the patient as an object of study, a position that can be useful to the therapist who wants to defend him or herself from the patient's problems and suffering "putting up the barrier of knowledge and technique between oneself and the other, becoming solely an instrument of investigation" (Vegetti Finzi, 1986, p.5) (translation mine)

It may not seem easy to put the deep empathy that Fromm refers to into practice, but I believe that it is possible if one internalises Terence's phrase (163ac), so beloved of Fromm: "Homo sum: humani nihil a me alienum puto" (I am a man: nothing human is alien to me). Fromm holds up this concept not only as the motto of humanism, but also as the desirable and fully human dimension that every analyst should reach in the relationship with the analysand. This is what he calls "the humanistic premise" of his therapeutic work (1994, p.100), as a consequence of which:

> If I cannot experience in myself what it means to be schizophrenic or depressed or sadistic or narcissistic or frightened to death, even though I can experience that in smaller doses than the patients, then I just don't know what the patient is talking about. And if I don't make that attempt, then I think I'm not in touch with the patient (1994, p.38)

It seems to me that, thanks to Fromm, the analytic relationship took an enormous step forward from the Freudian concept of the analyst as an opaque mirror to the Frommian idea of the analyst who is simply a person with the tools to see his or her reflection in the suffering humanity of another human being. According to this idea, empathic understanding is also necessary so as not to be judgmental towards the patient, since once the patient's experience is shared, it is no longer possible to take a moralistic attitude. The patient must be seen as "the hero of a drama" and not as someone who is "a summation of complexes" (ibid., p.39). Fromm believed that this is the necessary condition of the analytic process.

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Fromm maintained that the possibility the patient has of getting better depends both on the new and empathic relationship with the analyst and on self-awareness which creates the following conditions: more individual freedom as a result of having seen one's own conflicts; an increase in psychic energy following de-repression; liberation of the innate forces that strive for well-being (ibid., p.90). All this is possible if the patient is able to mobilise his or her sense of responsibility. The patient cannot get better if he or she does not become responsible and actively participate in the analytic process (ibid. pp.74-75)

Fromm's insights have been confirmed by studies carried out by Parloff (1985) and Luborsky et al. (1988) (reported in Migone, 1995, p.118) with the aim of identifying the effectiveness of the factors therapeutic treatment. These studies showed that one of the variables most closely linked to the successful outcome of therapy is that of a relationship of trust between analyst and patient, together with the awareness that the patient has to co-operate in harmony with the analyst in seeking a solution to his or her problems.

Another aspect of Fromm's authenticity is the fact that he advises keeping sentimentality, conventional kindness, out of the analytic relationship, even if this means being accused of ruthlessness. For example, when, during the first session a patient was telling lies and Fromm felt nauseated by this, he told the patient what he felt (seminar in Mexico City, 1968). For the good of the patient, Fromm told him he was a liar, an intervention that later proved therapeutic. Another example is when Fromm (1994, p.117) complains about the fact that a patient's free associations frequently do not reveal anything significant and turn into "free chatter". He suggests that the analyst should stop the patient by pointing out clearly that he or she is trying to fill the session with chatter that is boring for the analyst and that no fee can justify having to listen to such nonsense.

It is clear, however, that Fromm's point of view is not conventional. His vision is on a different and deeper level, it is the vision of someone who is fully aware of addressing the real human interests of a person, the healthy part. He thus turns away from any form of conventionality. Let us not forget that we are talking about a man who criticises 'healthy common sentiment' as perverse (Funk, 1987, p.11).

Finally, I would like to say a few words about Fromm's position on the question of the analyst's fees, as I feel this to has implications for an empathic analytic relationship. As is well-known, Freud was the first to believe that if the patient cannot pay, or can only pay a little, then he or she cannot be cured and, unfortunately, many analysts still share this view. However, it must be remembered that even Freud himself was not always consistent with his own writings. In the case of the "Wolf Man" (Brunswick ,1928, p.235) he not only helped his patient to find a job, and analysed him free of charge for a period of time, but he also gave him large sums of money over a six-year period so that the patient could pay for his wife's hospital treatment and convalescence, as well as the odd holiday for himself.

Fromm is somewhat ironic about this:

> The idea that the patient must pay for the treatment, otherwise he can't get well, is like the opposite of what the Gospel says, the rich will never go to Heaven. I think it's plain nonsense. Because the real question is what effort somebody makes [...] (1994, p.106)

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Personally, I have worked with patients who either could not pay at all or who paid what they were able to. I must say that I have found no significant differences in the analytic process which could be attributed to this variable.

I would like to conclude with a short anecdote that was reported to me by a colleague with whom I collaborated in the supervision of a case. Towards the end of the first session, the patient asked if the analyst could help in solving his problem. When the session was over the patient asked how much he had to pay. Not being able to pay the full amount, he asked the analyst if it were possible to reduce the fee. When the analyst agreed, the patient said "you're already helping me, because you're human. This is a great help to me"
I believe that Erich Fromm's clinical legacy is that this should be the perception every patient has of his or her analyst.

Translation by Susan Garton

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