



Character processes as Synonymous with Transference¹

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Transference. A Fundamental Key for therapeutic success.

Freud's earliest views of psychoanalytic treatment were premised on developing a "positive transference" in the form of an almost complete faith of the patient in the authority of the psychoanalyst. This transference was seen as the basis for a successful treatment outcome. Patients who revealed doubts about the treatment or the competence of the analyst were deemed poor candidates for treatment.

It is true this strategy had a historical function and facilitated the early practice of psychoanalysis among Freud's closest followers. Nonetheless, the treatment had strong authoritarian and paternalistic overtones. In his writing on technique Freud recommended great care in the selection of cases. He believed that only neuroses in which the patient was able to "transfer the conflict and deposit it into the figure of the therapist" were appropriate for psychoanalytic treatment. (Freud 1912 p.322) The therapist would then "became the father figure" (Freud 1912 p.332). The concept of transference became a fundamental key to therapeutic success with "hope in the therapist in order to guarantee the cure". (Freud 1913 p.342)

This technical strategy originated the division of the neuroses in two categories. The transference neuroses, hysterias and obsessions and the ego neurosis. The latter neuroses were thought of as incapable of transferring the conflict. Hence the leverage obtained by transferring this hope of a cure onto the figure of the therapist was lost. Freud reaffirmed this principle many times and warned therapists that trying to treat neuroses in which there was a failure to deposit this conflict into the figure of the therapist was "contrary to the foundation stone, the most powerful lever of success: the transference". (Freud 1912 p.312)

This lack of transference in the ego neuroses was explained by libido theory as a problem with "transit of the libido" (Freud 1912 p.323) Freud credited Carl Jung as introducing the term "introversion of the libido" (Freud 1912 p.323) to explain the inability of the ego neuroses to externalize or project the neuroses unto the therapist. Ego neuroses were characterized by "diminished libido incapable of consciousness an orientation to reality" and a libido only to "feed the subject's fantasies" (Freud 1912 p.323). In contrast, the transference neuroses seen as "a burden to the libido" leaving a "partially unsatisfied individual who remains hopeful and orients the libido to the person of the therapist". (Freud 1912 p.323)

It was not until the 1930's that theoretical discussions began to appear in psychoanalytic circles that questioned some premises of Freud's libido theory under the heading of ego psychology (Hartmann 1939, quoted by Phyllis and Robert Tyson). More recently

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Greenberg and Mitchell (1983) have made the distinction between drive theories, that remain basically consistent with Freud's tension reduction model and relational theories, that to a greater or lesser extent revise Freud's drive model with relational constructs. Freud's original distinction between ego neuroses and transference neuroses can be seen as an early precursor of the difference between drive theories (ego neurosis) and relational theories (transference neurosis).

The Medicalization of Transference.

Otto Fenichel's (1938) classical work synthesized the debate between T. Reink, Glover, Ferenczi and others (Fenichel p.165) over issues of transference. Fenichel's view of transference became the cornerstone on matters of psychoanalytic treatment. He maintained Freud's hierarchical superior-subordinate model of transference as well as the paternalistic role of the therapist as a father figure.

Fenichel formulates a series of prerequisites that he considers necessary for effective therapy. First, he defines the clinical setting as requiring the patient to be in a horizontal position with the analyst out of the patient's eyesight. These arrangements are justified so, as to maintain the transference from becoming contaminated. (Fenichel p.43) This "aseptic" view of therapy conjures up the image of the clinical setting as a surgical room. The therapist-surgeon with his knowledge, preparation and pristine technique, coldly and impartially, carries out therapeutic interventions leading to a cure. The patient acquiesces to the therapist's expertise in hope of becoming free from his illness.

Fenichel in effect transforms psychoanalysis into a medical procedure requiring an aseptic clinical setting. The therapist waits passively (Fenichel p.115-116) for the transference to make its appearance before he can act. Analytic work, according to Fenichel, should aspire to a relationship of strict neutrality with the patient. (Fenichel p.124) With the medicalization of psychoanalysis the view of the patient becomes extraneous from social reality.

The Fundamental Key: The Patients Social Reality.

Fromm questioned and criticized this view of transference. He frequently pointed that positive transference, apparently so necessary for the cure, seemed strange to him and especially when inferred from practical and unavoidable facts. For example, in the Cuernavaca seminars that I attended he commented on his analysis with Dr. Hans Sacks. When in one session of analysis he hung his own coat next to Dr. Sacks. The gesture was interpreted as evidence of a "positive transference". In Fact, Fromm commented "there was no other place to hang it" (personal communication, 1970).

In *Escape From Freedom* (1941) Fromm analyzed the myriad factors that led to stunted development. Among the factors mentioned were individual limitations, experiences of rejection, the types of alliances and bonds that were established, the nature of relationships, sado-masochism, struggles for power, the war between the sexes etc. All these schemes that led to dependence on authority figures were analyzed by Fromm from a very different



theoretical perspective than Freud's.

In Fromm's analysis fear played a central role, particularly the fear of taking charge of one's life. Dependence on an authority figure with expert knowledge made it easier to believe that some other person could solve the problems of living. This dependence on authority and fear of freedom were played out in the analytic setting as part of a paternal transference. Fromm tried to avoid replicating the experience of oppressive conditions in analysis by creating a less structure relationship with the patient. He believed analysis should be a process of common apprenticeship for both participants. Fromm's view of analysis emphasized the mutuality of the analytic relationship. (Gojman 1983)

This relational model is at the heart of Fromm's concepts of human nature (Fromm 1955, 1968, 1973). Fromm's view of human nature is dialectical and saw human needs as dichotomous. Each human need could be satisfied progressively or regressively, and was rooted in the conditions of human existence, in life itself. By contrast, Freud saw man as predestined, hence incapable of changing in any fundamental way. (Freud 1927) Freud's metapsychology was physicalistic and mechanistic, reducing human passions to energy concepts (Freud 1925). Had Fromm completed his work on clinical psychoanalysis, his approach would be more consistent with a more egalitarian and human view of the therapeutic relation. Freud's clinical approach unconsciously perpetuates power schemes of hierarchical and bureaucratic society (Funk 1992).

I will refer to the need for human relatedness as the fundamental problem of human growth. The dichotomy of isolation versus relatedness captures the tension of this vital need. Transference is best understood within the context of this dynamic. For Fromm the fundamental issue in transference reflects the more general need of humans to adapt to society. According to Fromm (Fromm 1947) this adaptation takes place through a process of assimilation- the way in which society affect the individual- and socialization- the way in which he or she relates to others. This twin processes are the basis for the development of character. For Fromm "the subjective function of character for the normal person is to lead him to act according to what is necessary for him from a practical standpoint.." (Fromm 1941 p.310) "the result is a citizenry of individuals wanting to act as they have to act" (Fromm 1955 p.77 quoted by Greemberg and Mitchell, 1983). It is through the analysis of these processes we can understand human adaptation and the human relations that are established as a result of these processes.

According to Fromm, the basis of hope and what makes the therapy an adventure is the face to face encounter with another human being. In this analytic encounter adaptive processes are studied with the faith that we all have within us the capacity to grow and change. (Millan 1983)

To summarize, Fromm's theory of character (Fromm 1947, Fromm and Maccoby 1970) gives a better understanding of human relations than Freud's theories. The processes of assimilation an



socialization are the means through which humans are incorporated into society.

Fromm's theory of character originated from the experience with clinical populations and used Freud's clinical descriptions of character based on psychosexual development-oral, anal and genital stages-as a starting point (Freud 1908, Fromm 1970, Millan 1985).

This limitation has been overcome by recent empirical studies that have enriched our understanding of social character (Gojman 1989, Lenkerd 1992, Maccoby 1976, 1990, Millan 1989, Tauscher 1993). These new studies, conducted with participant research methodologies, have amplified the descriptions of social character by involving the people who are studied as co-participants in the process as described by Lenkerd (1993) and Maccoby (Maccoby and Duckles 1978). Theoretical reflection has expanded from descriptions of character based on clinical settings to the study of normal populations. In other words, the field of study expanded to the process of human integration to society and not just the projection of the father-son relationship onto the figure of the analyst in the consulting room.

These studies observe and assess how people are adapted to their social world by means of an interpretative questionnaire and ethnographic observation (Gojman 1989, Lenkerd 1992, Millan 1993). Some of these studies have evolved into participative research projects (Barroso 1993, Gojman 1993, Sanchez 1993) based on the theoretical framework of social character-an integration of psychoanalysis and social sciences-. These projects powerfully show us the profound contradictions that exist in the human need to adapt to society, and how this adaptation can lead to further isolation and alienation or to the development of stronger communities and human ties.

The Cuernavaca Seminars.

Fromm found it hard to leave a formal legacy concerning psychoanalytic technique. Nonetheless, in his supervision of cases and in his seminars in Cuernavaca he transmitted his ideas about technique to candidates of the Mexican Psychoanalytic Institute (Fromm 1968, unpublished text). In these seminars we find clear principles that allow us to understand his concept of transference and situate it historically in its proper place.

Fromm's point of departure is based on Freud. He emphasized that "transference has to do with the experience of infancy" (Fromm 1968 p.5), which is repeated in the presence of the therapist. He agrees with Freud "that the interpretation of this transference is the classic method of psychoanalytic technique" and that in many ways it (transference) is the repetition of infancy into the present. (Fromm 1968 p.2) Yet Fromm thought that "this phenomena is a limited concept, since it only takes in consideration one irrational aspect" (Fromm 1968 p.2). However. when other "irrational aspects of the transference are taken into consideration, the definition of transference expands". If, Fromm observes, we look at transference as "an experience in which the patient deposits in the person of the analyst the origins of all of his expectations and fears, these can also not have anything to do



with the parents" (Fromm 1968 p.2) For example:

"If the individual is full of fear, it implies that the other person has more power, which is the same as believing that the analyst and the world are more powerful... In this conditions the individual tend to bind himself to other people (neurotically). So if we add fear to the other affects, wishes or anxieties of the patients, (irrational fear) the analyst can understand them more broadly from this perspective, and not just as a repetition of infancy to the present" (Fromm 1968 p.2-3).

This second definition of transference transcends Freud's since it insists that fears go beyond a simple repetition of infantile experience. It is from the broader perspective that Fromm defines the relation with the analyst as "the mirror from which we can observe the whole emotional structure that exists inside the patient, particularly the irrational one" (Fromm 1969 p.3). In other words, the phenomenon of transference is not just a repetition of experiences from childhood, but represents the whole experience of the patients life.

In still a third definition of transference, Fromm points out that transference can be

"converted into a microscopic observation of the patients relation with the world, with the advantage that in the analytic session one can observe with greater detail the relationship one has with the world in its entirety". (Fromm 1968 p,3)

In the seminars Fromm said that "this was the definition which gave him most satisfaction".(Fromm 1968 p.3)

Fromm's concepts mark a clear difference from the more orthodox concepts of transference, where the affects projected onto the analyst are not taken as real, but rather a repetition from childhood that is being projected and has nothing to do with the analyst as a person. The extreme case of this position is taken by Fenichel and his aseptic technique that prescribes a strict neutrality for the analyst.

Fromm believed that the concept of neutrality was at best naive, and at worst an attempt to hide behind psychoanalytic technique to avoid confronting painful emotional realities for the patient and the analyst. Just as the patient is reacting as a total human being in his relationship with the analyst, so the analyst reacts to the patient as a whole person. The fact that the patient is on a couch or can not see the analyst does not prevent him or her from being able to seize up and test the personality of the analyst. For Fromm transference is "actually a conglomerate of all relations, including the irrational aspects, that the patient has toward the world". (Fromm 1968 p.4)

Fromm saw fear as the engine that motivates individuals to bind themselves to another person in a childish and dependent way. Fear of freedom and becoming oneself is the essence of Fromm's thesis. These fears depend on "social factors" (Fromm 1968 p.12) and force the analyst to understand the transference in "two senses" (Fromm 1968 p.9). In one sense the patient in relationship



with his analyst is actually projecting something from his infancy and transference has nothing with the analyst personally. In other sense, the patient projects all social aspect's onto him. That is to say, the person "projection" is his way of relating.

Faced with these two transferential reactions, Fromm recognized that "the therapist offers a countertransference response which determines the directions he takes and his ability to grasp these two situations" (Fromm 1968 p.12). The therapist cannot ignore the fact he has to respond to these two different functions of transference "as observer of reactions that are enacted by the patient and have nothing to do with the therapist (per se) and also as an observer of reactions to the analyst as a concrete person". And "the therapist should try to find a functional explanation" (Fromm 1968 p.12) for the phenomenon itself.

To sum up, psychoanalysis is the study of transference. However, transference has to be understood broadly as a phenomenon of interdependence that is being enacted within the context of a specific social reality that cannot be ignored.
The Social Context of Transference.

Fromm's contribution compels us to understand individual character within the context of the social dynamics to which the had to adapt. In other words, we need to understand social character. As analysts we need to pay attention not only to our countertransference, but we also need to situate the patient within the context of his social reality in order to gain the knowledge that will help us understand him.

We will not be able to detach ourselves from the influence of the predominant ideology and the emotional responses embodied in social character if we do not recognize them. This is a fundamental difference in our approach to transference and countertransference issues from the false ideal represented by the concept of neutrality. The influence exerted by the social context is pervasive as it becomes internalized as social character traits.

As the theory and research of social character demonstrate, one of the main forces that influence the development of social character is the economic factor. Economic forces have powerful repercussions in the members of any given society.

For example, in the so called First world, we find a high degree of technological development, a tendency toward a mechanized automation of society with robotics as a production ideal. Maccoby (1990) has found a series of character related traits in children of high-tech managers in transnational companies. These children often come from divorced families. These families have had to adapt frequently to new language, customs and schools. They are usually efficient and competent, can get things done on time and can make decisions quickly. However this adaptation has exerted a toll. These young adults are distrustful and have many difficulties in developing intimate relations. Maccoby has called this new generation "self developers". From a perspective of human development, this emerging social character is highly adaptable and successful but also narcissistic. It is not surprising that many



of these individuals are being described in the writings of many contemporary psychoanalytic authors.

Another interesting example comes from social character studies done in the former east and west Germanies. These studies are of particular interest given the enormous change that has to take place to integrate both Germanies and demonstrate clearly that change can not be imposed by decree. Several character types stand out in this transition process that are of great significance and doubtless are the legacy of forty-year-old socio-economic structures. These social structures are so different that they can not erase profound social character differences between individuals from east and west Germany. The contrast between a free market society of the west and an authoritarian state with feudal shadings in the east, is much too great to allow for any sudden change of social character types.

The social character studies from west Germans show people with marketing characters and significant narcissistic qualities. Data from German Democratic Republic show people with a typical dependence on authority that are adapted to a paternalistic society (Tausher, 1993).

In so called Third World countries there are certain similarities to the observed contrast between west and east Germanies, their rich-poor divide (Millan 1991). In traditional farming populations facing imminent industrialization, we found that historical and economic forces best explained peasants' receptivity. However in the same population there were individuals with productive hoarding traits (Fromm- Maccoby 1970), who were better able to adapt to changing circumstances. The absence of people with marketing traits was a remarkable finding that can only be explained by the fact that the free market economy has not yet made enough in-roads into peasant villages to require this adaptation.

Conclusion.

While these descriptions of the effects social conditions have on the development of character are sketchy. I hope they illustrate the importance these conditions have in shaping human beings. In pointing them out, my intention is to make us all more aware of how attitudes and beliefs shaped by these social forces can make themselves felt in the consulting room as transference and countertransference reactions. By becoming aware of these dimensions of transference and countertransference we can expand the purview of both. The main thesis of my article is that transference (and countertransference) are not a separate phenomenon from character development, but are synonymous with the process of character development. That is to say, transference is a manifestation of character development as it manifests itself toward the analyst. The same can be said of countertransference. The analytic setting is a microcosm from which we can see the effects of social adaptation. Seen from this perspective, I believe the analytic dialogue is at once exquisitely private and profoundly social.



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