The Art of Listening

Erich Fromm

Edited and with a Foreword by Rainer Funk

Copyrighted material

Contents

Editor's Foreword

I. Factors Leading to Patient's Change in Analytic Treatment

1. Curing Factors According to Sigmund Freud and My Critique
2. Benign and Malignant Neuroses—with a Case History of Benign Neurosis
3. Constitutional and Other Factors for Cure

II. Therapeutic Aspects of Psychoanalysis

4. What is Psychoanalysis?
   - The Aim of Psychoanalysis
   - Sigmund Freud's Therapeutic Aim and My Critique on It
   - Freud's Concept of the Child and My Critique on It
   - The Relevance of Childhood Experiences for the Therapeutic Practice
   - Therapeutic Practice and the Relevance of Psychoanalysis
   - Harry Stuck Sullivan's Contribution to the Psychoanalytic Concept of Man
   - Diseases of Our Time as Challenge to Psychoanalysis
5. Preconditions for Therapeutic Cure
   - The Ability for Psychic Growth
   - The Individual's Responsibility for Psychic Growth
   - The Ability to Experience Reality by Oneself
   - The Molding Impact of Society and Culture
   - The Dynamics of Psychic Development and Man's

Copyrighted material

Freedom
6. Factors Leading to Therapeutic Effect
7. About the Therapeutic Relationship
The Relation between Analyst and Analysand
Preconditions of the Psychoanalyst
Dealing with The Patient
8. Functions and Methods of the Psychoanalytic Process
Mobilizing Unconscious Energies and Showing Alternatives
Sublimation, Satisfaction or Renunciation of Sexual Strivings
About the Recognition of Resistance
Transference, Counter-Transference and the Real Relation
Remarks on Working with Dreams
9. Christiane: A Case History with Remarks on Therapeutic Method and on Understanding Dreams
The First Three Sessions and the First Dream
The Second Month of Therapy and the Second Dream
The Following Months and the Third Dream
The Forth Dream and Some General Consideration about This Therapy
10. Specified Methods to Cure Modern Character Neuroses
Changing One's Own Action
Developing Interest in the World
Learning to Think Critically
To Know Oneself and to Get Aware of One's Unconscious
Becoming Aware of One's Body
Copyrighted material

To Concentrate and Meditate
To Discover One's Own Narcissism
Analyzing Oneself
11. Psychoanalytic "Technique"—or, the Art of Listening
Bibliography
Index

A Biography of Erich Fromm

Copyrighted material

Editor's Foreword

Erich Fromm became known to many people as a therapist. For more than 50 years, he practiced psychoanalysis; for more than 40 years, he was active in New York and Mexico City as a teacher, supervisor, and university lecturer at institutes for psychoanalytic teaching and training. Anyone who was in psychoanalysis with him sensed his relentlessness as a seeker of truth and as a critical companion as well as his extraordinary capacity for empathy, his closeness, and the immediacy of his relationship to others.

Although Fromm time and again had plans to write and publish about his particular therapeutic method, those plans were never realized. Thus, reports about Fromm's manner of interacting with patients who sat across from him and with analysts or colleagues in training are of lasting value. One should mention, above all, the works of R. U. Akeret (1975), G. Chrzanowski (1977, 1993), R. M. Crowley (1981), D. Elkin (1981), L. Epstein (1975), A. H. Feiner (1975), A. Gourevitch (1981), A. Grey (1992, 1993), M. Horney Eckardt (1975, 1982, 1983, 1992), J. S. Kwawer (1975, 1991), B. Landis (1975, 1981, 1981a), R. M. Lesser (1992), B. Luban-Plozza and U. Egles (1982), M. Norell (1975, 1981), D. E. Schecter (1971, 1981, 1981a, 1981b), J. Silva Garcia (1984, 1990), R. Spiegel (1981, 1983), E. S. Tauber (1959, 1979, 1980, 1981, 1981x, 1982, 1988), E. S. Tauber and B. Landis (1971), E. G. Witenberg (1981), B. Wolstein (1981), as well as contributions by Fromm's Mexican students that appeared

Copyrighted material

in the journal *Revista de Psicoanálisis, Psiquiatría y Psicología* from 1965 to 1975 and in subsequent publications (*Memoria, Anuario*) of the Psychoanalytic Institute in Mexico, which Fromm founded. The contributions by M. Bacciagaluppi (1989, 1991, 1991a, 1993, 1993a), M. Bacciagaluppi and R. Biancoli (1993), R. Biancoli (1987,1992), D. Burston (1991), M. Cortina (1992), R. Funk (1993), and L. von Werder (1990) draw on the works mentioned above and, in part, upon previously unpublished manuscripts by Fromm.

One can quickly list what Fromm himself published on questions pertaining to psychoanalytic therapy: a chapter concerning his understanding of dreams (in E. Fromm, 1951a), a piece concerning Freud's "The Case of Little Hans" (E. Fromm, 1966k), and reflections concerning therapeutic-technical questions (scattered throughout E. Fromm, 1979a, as well as in the section "The Revision of Psychoanalytic Therapy" in E. Fromm, 1990a, pp. 70-80). Richard I. Evans' 1963 interview with Fromm concerning questions about Fromm's concept of therapy, which appeared in English, Italian, and several other languages and which Evans published against Fromm's will (E. Fromm, 1966f), cannot serve as a source, since it "in my [Fromm's] judgment does not give any useful insight into my work" and represents "neither an introduction nor an 'overview' into the work." Some statements concerning therapeutic method that Fromm made in this interview were transcribed from tape word for word and included in the present volume.

The posthumously published texts in this volume are not a textbook about psychoanalytic therapy; nor are they a substitute for Fromm's nonexistent exposition of so-called psychoanalytic

Copyrighted material

technique. It is no coincidence that Fromm did not write a textbook about psychoanalytic therapy and did not establish his own school of therapy. The special aspect of his therapeutic method cannot be encompassed in a "psychoanalytic technique" and the psychoanalyst cannot hide behind the "know how" of providing therapy.

The present Volume does not inform about psychoanalytic technique; indeed, in Fromm's opinion, and against the claim of textbooks about psychoanalytic technique, there can be no such thing. However, the texts in this Volume provide information about Fromm the therapist and his way of dealing with the psychological sufferings of people of our time. His therapeutic method is characterized not by verbose theories and abstractions, nor by differential diagnostic "rapes" of the "patient material," but rather by his capacity for individual and independent perception of the basic problems of man. Fromm's humanistic view permeates his ideas about patients and how to deal with them. The patient is not seen as being opposite; the patient is not a fundamentally different person. A profound solidarity is discernible between the analyzer and the analyzed. It assumes that the analyst has learned how to deal with him or herself and is still ready to learn rather than to hide behind a "psychoanalytic technique." The analyst is his own next patient, and, for him, his patient becomes his analyst. Fromm can take the patient seriously because he takes himself seriously. He can analyze the patient because he analyzes himself by the counter-transference reactions the patient arouses in him.

None of the texts published in this volume existed in

Copyrighted material

manuscript form, but rather only as English-language transcripts of recordings of lectures, interviews, and seminars. I have attempted to preserve the character of the spoken word of texts that, published here for the first time, were usually delivered without lecture notes. With the exception of the last section, the division and the sequence of the texts and headings were chosen, i.e., added, by me. Otherwise, I have indicated important additions in the text by brackets. The English transcripts are available in the Erich Fromm Archives (Ursrainer Ring 24, D-72076, Tübingen, Germany).

The first part of the present volume bears the title "Factors Leading to Patient's Change in Analytic Treatment" and constitutes the text of a lecture that Fromm held on September 25, 1964, on "The Causes for the Patient's Change in Analytic Treatment" at the Harry Stack Sullivan Society on the occasion of the dedication of the new building of the William Alanson White Institute in New York. This lecture is particularly outstanding because Fromm distinguishes between benevolent and malevolent neurosis and very clearly shows the limits of psychoanalytic treatment. (See also E. Fromm, 1991c, in which this was previously published in part.)

The second part ("Therapeutic Aspects of Psychoanalysis") contains excerpts from a seminar that Fromm, together with Bernard Landis, gave for American psychology students during a three-week seminar in Locarno in 1974. In subsequent years, the transcript of this seminar, which weighed in at 400 pages, was prepared by his secretary, Joan Hughes, on the basis of recordings and was then partially revised by Fromm. Fromm originally

Copyrighted material

intended to incorporate parts of this transcript in a book about psychoanalytic therapy. The first part of this book was supposed to deal with the limitations of Freudian understanding. Fromm wrote the manuscript for this after he finished *To Have or to Be?* in 1976 and 1977. The second part, for which he revised the transcript of the 1974 seminar, was supposed to deal with questions about therapeutic method. However, a severe heart attack in the autumn of 1977 thwarted his continued work on this, such that the first part, the discussion of Freud's psychoanalysis, was finally published independently of the planned second part in 1979 (see E. Fromm, 1979a).

The portions of the transcript of the 1974 seminar published here provide firsthand information not only about the therapist Fromm (information that is enriched especially by his remarks about a case report brought up in the seminar by Bernard Landis), but also about his perception of modern character neuroses and of the necessity of special requirements in their treatment. Some sections of the 1974 seminar were expanded by statements that Fromm made in 1963 in the interview already mentioned. The final section, which bears the title formulated by Fromm himself; "Psychoanalytic 'Technique'—or the Art of Listening," was written by him shortly before his death in 1980 and was supposed to introduce the publication of portions of the 1974 seminar.

Tübingen, January 1994

Rainer Funk

(Translated by Lance W Garmer)

Copyrighted material

Part I.

Factors Leading to Patient's Change in Analytic Treatment

Copyrighted material

1.

Curing Factors According to Sigmund Freud and My Critique

When speaking about factors leading to analytic cure, I think the most important work written on the subject was Freud's paper *Analysis, Terminable and Interminable* (1937c), which is one of his most brilliant papers, and, if one could put it that way, one of his most courageous papers, although Freud never lacked in courage in any of his other work. It was written not long before his death, and in a way it is Freud's own last summarizing word about the effect of analytic cure. I first shall summarize briefly the main ideas of this paper and then, in the main part of this lecture, try to comment on it and possibly make some suggestions in connection with it.

First of all, what is interesting in this paper is that Freud presents in it a theory of psychoanalysis which had not really changed since the early days. His concept of neurosis is that neurosis is a conflict between instinct and the Ego: either the Ego is not strong enough, or the instincts are too strong, but at any rate, the Ego is a dam; it is not capable of resisting the onrush of instinctual forces, and for this reason neurosis occurs. This is in

Copyrighted material

line and consequent with his early theory, and he presented it also in its essence without trying to embellish or modify it. What follows from that is that analytic cure consists essentially in strengthening the Ego which in infancy was too weak, enabling it to cope now with instinctual forces, in a period in which the Ego would be strong enough.

Secondly, what according to Freud is cure? He makes it very clear, and I may quote here from *Analysis, Terminable and Interminable* (1937c, S. E., Vol. 23, p. 219): "First the patient"—provided we speak of cure—"shall no longer be suffering from his [former] symptoms and shall have overcome his anxieties and his inhibitions. There is another very important condition. Freud does not assume that cure of the symptoms, disappearance of the symptoms per se constitutes cure. Only if the analyst is convinced that enough unconscious material has been brought to the surface which would explain why the symptoms have disappeared [naturally in terms of the theory]—only then can the analyst be convinced that the patient is cured, and is not likely to have repetitions of his former symptoms. Actually, Freud speaks here of a "taming of the instincts" (cf. *loc. cit.*, p. 220). The analytic process is a taming of the instincts or, as he also says, making the instincts more "accessible to all the influences of the other trends in the Ego" (*loc. cit.*, p. 225). First, the instincts are brought to awareness because how can you tame them otherwise?—and then in the analytic process the Ego becomes stronger and gains the strength which it failed to acquire in childhood.

Thirdly, what are the factors which Freud mentioned in this paper as determining the results of analysis—either cure or

Copyrighted material

failure? He mentions three factors: first, “the influence of traumas”; secondly, “the constitutional strength of the instincts”; and thirdly, “the alterations of the Ego” in the process of defense against the onrush of the instincts (cf. *loc. cit.*, p. 225).

An unfavorable prognosis, according to Freud, lies in the constitutional strength of the instincts, plus or combined with a modification, an unfavorable modification of the Ego in the defense conflict. It is well known that for Freud the constitutional factor of the strength of instinct was a most important factor in his prognosis for a patient’s cure in an illness. It is a strange thing that Freud throughout his work, from the early writings on until this very latest of his writings, emphasized the significance of constitutional factors, and that neither the Freudians nor the non-Freudians have done more than paying lip service at the very most to this idea which for Freud was very important.

So, Freud says one unfavorable factor for cure is the constitutional strength of the instincts, even, he adds, if the Ego is normally strong. Secondly, even the Ego modification, he says, can be constitutional. In other words, he has a constitutional factor on two sides: on the side of the instincts and on the side of the Ego. He has a further factor which is unfavorable, and that is that part of the resistance which is rooted in the death instinct. That, of course, is an addition which comes from his later theory. But naturally, in 1937, Freud would consider also that as one factor unfavorable to cure.

What is the favorable condition for cure according to Freud? This is something which many people are not aware of when they think of Freud’s theory, namely, that according to this paper of

Copyrighted material

Freud's, the stronger the trauma the better are the chances for cure. I shall go into the question why this is so and why I think this was so in Freud's own mind, although he does not talk too much about it.

The person of the psychoanalyst is the other factor which hopefully is favorable to the cure. Freud makes here, in this last paper, a very interesting remark on the analytic situation which is worthwhile mentioning: The analyst, he says, "must possess some kind of superiority so that in certain analytic situations he can act as a model for his patient, and in others as a teacher. And, finally, we must not forget that the analytic relationship is based on a love of truth—that is, on a recognition of reality—and that it precludes any kind of sham and deceit." (S. Freud, 1937c, S. E. Vol. 23, p. 248.) I think that is a very important statement Freud made here very clearly.

One last word about Freud's concept here, which he does not put explicitly but which is implicit and which goes through his whole work if I understand it correctly. Freud always had a somewhat mechanistic view of the process of cure. Originally the view was, if one uncovers or discovers the repressed affects then the affect by becoming conscious gets out of the system, so to speak; this was called abreacting, and the model was a very mechanical one, like getting pus out of an inflamed spot and so on, and it was supposed to be quite natural, quite automatic, that this happened.

Freud and many other analysts saw that this wasn't true because, if it were true, then the people who act out most their irrationality would be the healthiest ones because they would get

Copyrighted material

the stuff out of their system—and they don't. So, Freud and other analysts gave up the theory. But this was replaced by the less explicit idea that the patient has insight, or, if you use another word, becomes aware of his unconscious reality, then his symptoms simply disappear. One does not really have to make a special effort, except the one to come, to free associate, and to go through the anxieties which this necessarily involves. But it is not a question of the patient's particular effort, particular will—he will get well provided one succeeds in overcoming the resistances, and the repressed material comes to the fore. This is by no means as mechanistic as Freud's original abreacting theory was. But it is still somewhat mechanistic, as I see it. It contains the implication that the process is a smooth one, in the sense that, if one uncovers the material, then the patient will get well in this process.

Now I want to make some further comments on, some additions to and some revisions of these views of Freud on the causes which effect cure. First of all, I want to say that, if one asks what is analytic cure, then I think that what unites, or what is common to all psychoanalysts, is Freud's basic concept that *psychoanalysis can be defined as a method which tries to uncover the unconscious reality of a person* and which assumes that in this process of uncovering the person has a chance to get well. As long as we have this aim in mind, then a good deal of fighting among various schools would be somewhat reduced in importance. If one really has that in mind, one knows how very difficult and treacherous it is to find the unconscious reality in the person, and then one does not get so excited about the different ways in which one tries to do that, but one asks which way, which method, which

Copyrighted material

approach is more conducive to this aim, which is the aim of all that can be called psychoanalysis. I would say that any therapeutic method which does not have that aim may be therapeutically very valuable, however it has nothing to do with psychoanalysis, and I would make a clear-cut division right at this point.

As to Freud's concept that analytic work is like reinforcing a dam against the onrush of the instincts, I don't want to argue against this point, because I think many things can be said in favor of it. Especially, I believe, if we deal with the question of psychosis as against neurosis, then we really deal with the brittleness of the Ego and the strange thing that one person does and another person does not collapse under the impact of certain impulses. So I'm not denying the validity of the general concept that Ego strength has something to do with the process. But nevertheless, with this qualification, it seems to me that the main problem of neurosis and cure is precisely not that of here come the irrational passions and there is the Ego which protects the person from becoming sick.

There is another contradiction, and that is the battle between two kinds of passion, namely, the archaic, irrational regressive passions as against other passions within the personality. I shall be a little more explicit to make myself understood. I mean by the archaic passions: intense destructiveness, intense fixation to the mother, and extreme narcissism.

By *intense fixation* I mean the fixation which I would call a symbiotic fixation, or which in Freudian terms one would call the pre-genital fixation to the mother. I mean that deep fixation in which the aim is really to return to the mother's womb or even

Copyrighted material

return to death. I should like to remind you that Freud himself in his later writings stated that he underestimated the significance of the pre-genital fixation. Because in his whole work he put so much emphasis on the genital fixation, he therefore underestimated the problem of the girl. While for the boy it is plausible that all this should start with the erotic genital fixation to the mother, with a girl it doesn't really make sense. Freud saw that there is a great deal of pre-genital—that is to say, not sexual in the narrower sense of the word—fixation to the mother, which exists both in boys and girls and which he had not paid sufficient attention to in his work in general. But this remark of Freud's also got lost somewhat in the analytic literature, and when analysts speak about the Oedipal phase and the Oedipal conflict and the whole business, they usually think in terms of the genital, not of the pre-genital fixation or attachment to the mother.

By *destructiveness* I mean not destructiveness which is essentially defensive, in the service of life, or even secondarily in the defense of life, like envy, but destructiveness in which the wish to destroy is its own aim. I have called that necrophilia.[1] [Strong mother fixation, necrophilic destructiveness and extreme narcissism are malignant passions]—malignant because they are related to, they are causative of severe illness. Against these malignant passions you have also the opposite passions in man: the passion for love, the passion for the interest in the world—all that which is called Eros, the interest not only in people, but also the interest in nature, the interest in reality, the pleasure in thinking, all artistic interest.

Copyrighted material

It is fashionable today to talk about what the Freudians call Ego functions—which I think is a poor retreat and the discovery of America after it has been discovered for a long time, because nobody ever doubted outside of Freudian orthodoxy that there are many functions of the mind which are not the result of instincts in the sexual sense. I think by this new emphasis on the Ego, one has done some retreat from that which was the most valuable part in Freud's thinking, namely, the emphasis on the passions. While Ego strength in a certain sense is a meaningful concept, the Ego is essentially the executor of the passions; it's either the executor of malignant passions or of benign passions. But what matters in man, that determines his action, what makes his personality, is what kind of passions move him. To give an example: It all depends on the question whether a person has a passionate interest in death, destruction and all that is not alive, which I called necrophilia, or a passionate interest in all that is alive, which I call biophilia. Both are passions, both are not logical products, both are not in the Ego. They are part of the whole personality. These are not Ego functions. These are two kinds of passion.

This is a revision I would suggest with regard to Freud's theory: that *the main problem is not the fight of Ego versus passions, but the fight of one type of passion against another type of passion.*

----

1. Cf. E., Fromm, *The Heart of Man. Its Genius for Good and Evil*, 1964a, which deals precisely with this problem of what are the sources of, and what is really severe pathology.)

Copyrighted material

2.

Benign and Malignant Neuroses—with a Case History of a Benign Neurosis

Before I go on to the question: what is analytic cure or what are the factors leading to analytic cure, naturally one has to consider and to think about the question: what kinds of neurosis are there? There are many classifications of neurosis and many changes in the classification. Dr. Menninger has recently suggested that most of these classifications have no particular value, without really suggesting a new one which has one and which he recommends as an essential classifying concept. I would like to suggest the following classification—this is a very simple one in a way—and that is the difference between benign neurosis and malignant neurosis.

A person suffers of a benign or light neurosis, if he or she is not essentially seized by one of these malignant passions, but whose neurosis is due to severe traumata. Here I am entirely in agreement with what Freud said, namely, that the best chances for cure lie precisely in those neuroses where the patient suffers from the most severe trauma. The logic is that if a patient survives a severe trauma without becoming psychotic or showing forms of

Copyrighted material

sickness which are exceedingly alarming, then indeed he or she shows that from a constitutional standpoint he or she has a lot of strength. In those cases of neurosis in which what I like to call the nucleus of the character structure is not severely damaged, that is to say, is not characterized by these severs regressions, these severe forms of malignant passions, I think there analysis has its best chances. Naturally, it requires work in which whatever the patient has repressed has to be clarified, has to come to consciousness; that is to say: the nature of the traumatic factors, the reactions of the patient to these traumatic factors—which have, as is very frequent, denied the real nature of the traumatic factor.

I want to illustrate a *benign neurosis* with a short case history of a Mexican woman. She is unmarried, about twenty five years old, her symptom is homosexuality. Since the age of eighteen she has only had homosexual relationships with other girls. At the point where she comes to the analyst she has a homosexual relationship with a cabaret singer, goes every night to hear her friend, gets drunk, is depressed, tries to get out of this vicious circle, and yet submits to this friend, who treats her abominably. Nevertheless, she is so frightened to leave her, she is so intimidated by the threat of the other woman to leave her, that she stays on.

Now, that's rather a bad picture: a case of homosexuality, but very much characterized by this constant anxiety, light depression, aimlessness of life, and so on. What is the history of this girl? Her mother was a woman who has been the mistress of a rich man for a long time. All the time she was the mistress of the

Copyrighted material

same man, and this was the offspring of the relationship, the little daughter. The man was quite faithful in a way, always supporting the woman and the little girl, but he was not a father in evidence, there was no presence of a father. The mother, however, was an utterly scheming mother who only used this little girl to get money out of the father. She sent the girl to the father to get money out of him, she blackmailed the father through the girl, she undermined the girl in every way she could. The mother's sister was the owner of a brothel. She tried to induce the little girl into prostitution, and actually the little girl did, twice—she wasn't so little then—appear naked in front of men to be paid for it. It probably took a lot of stamina not to do more. But she was terribly embarrassed because, you can imagine, the children of the block, what names they called her, being quite openly not only a girl without a father, but also the niece of the owner of the brothel.

So the girl developed until the age of fifteen into a frightened, withdrawn girl, with no confidence in life whatsoever. Then the father, in one of his whims, sent her to school, to college in the United States. One can imagine the sudden change of scenery for this little girl, coming to a rather elegant college in the United States, and there was a girl who kind of liked her and was affectionate to her, and they started a homosexual affair. Now there is nothing amazing in that. I think it's quite normal that a girl so frightened, with a past like that, would start a sexual affair with anyone, man, woman or animal, who shows real affection; it's the first time that she gets out of a hell. Then she has other homosexual affairs and she goes back to Mexico, goes back into that same misery, always with uncertainty, always with a feeling of

Copyrighted material

shame. Then she hits on this woman I have spoken about who kept her in a state of obedience—and that's when she comes to the analyst.

What happened in analysis was—I think in the course of two years—that she first left this homosexual friend, she then stayed alone for awhile, then she began to date men, then she fell in love with a man, and then she married him and she isn't even frigid. Obviously this was not a case of homosexuality in any genuine sense. I say "obviously"—some may disagree with me—but in my own opinion this is as much homosexuality as probably most people have as potential.

This was actually a girl who—and one can see that from her dreams—was simply frightened to death by life; she was like a girl who comes from a concentration camp, and her expectations, her fears, were all conditioned by this experience. And in a relatively short time, considering the time usually required for analysis, this patient develops into a perfectly normal girl, with normal reactions.

I give this example just to indicate what I mean by, and what I think Freud means by, the strong role of trauma in the genesis of neurosis as against the constitutional factors. Of course I am aware of the fact that when Freud talks of trauma he means by this something different from what I would mean: he would look for a trauma essentially of a sexual nature; he would look for the trauma happening in an earlier age. I believe that very often the trauma is a prolonged process in which one experience follows another and where, really, you eventually have a summation, and more than a summation, a piling up of experiences—sometimes in a way which

Copyrighted material

I think is not too different from war neurosis, where there comes a breaking point when the patient gets sick.

Nevertheless, the trauma is something which happens in the environment, which is a life experience, a real-life experience. This holds true for this girl and of these kinds of patients with traumas, where the nucleus of character structure is not basically destroyed. Although the picture can be quite severe on the outside, they have a very good chance to get well and to overcome the reactive neurosis in a relatively short time because constitutionally they are sound.

In this connection I want to emphasize that in the case of a benign or reactive neurosis the traumatic experience has to be quite massive to be an explanation for the genesis of neurotic illness. Is the trauma seen in a weak father and a strong mother? Then this "trauma" does not explain why a person suffers of a neurosis because there are many who have a weak father and a strong mother and don't become neurotic. In other words, if I want to explain neurosis by a traumatic event then I have to assume that the traumatic events are of such an extraordinary nature that it is unthinkable that there are cases with the same traumatic background who are perfectly well. Therefore I think in those cases, when one hasn't more to show than a weak father and a strong mother, one has to think of the probability that there are constitutional factors which are at work; that is to say, factors which make this person prone to neurosis and in which the role of the weak father and the role of the strong mother could become traumatic only because the constitutional factor tended to neurosis. Under ideal conditions such a person might not have

Copyrighted material

become ill.

I'm not willing to accept the assumption that one person becomes very sick and that all my explanation is one which holds true for so many others who didn't become very sick. You find a family of eight children and one is sick and the rest aren't. Usually the rationale is: "Yes, but he was the first one, the second one, the middle one, God knows what..."—that's why his experience was different from the experience of all others. That is very nice for those who like to comfort themselves that they have discovered the trauma, but to me it is very loose thinking.

Naturally, it can be that there is a traumatic experience which we don't know, that is to say, which hasn't come up in the analysis. And if the analyst will have the skill to find that truly and extraordinarily strong traumatic experience and can show how this was essential for the development of neurosis, I am very happy. But I cannot simply call that a traumatic experience which in many other cases turns out not to be a traumatic experience. There are quite a number of traumatic experiences which are really extraordinary. That's why I gave this example.

There is one other instance which I just want to mention, which is a very modern phenomenon, and a very hard question to answer. How sick, really, is modern organization man: alienated, narcissistic, without relatedness, without real interest for life, with interest only for gadgets, for whom a sports car is much more exciting than a woman. Now, how sick is he then?

In one sense one could say he's quite sick, and therefore certain symptoms would follow: he is frightened, he is insecure, he needs constant confirmation of his narcissism. At the same time,

Copyrighted material

however, one might say a whole society is not sick in that sense: people function. I think for these people the problem arises how they succeed in adapting themselves to the general sickness, or to what you might call the "pathology of normalcy." The therapeutic problem is very difficult in these cases. This man indeed suffers from a "nuclear" conflict, that is to say, from a deep disturbance in the nucleus of his personality: he shows an extreme form of narcissism and a lack of love of life. And yet to cure him he would in the first place have to change his whole personality. Besides that he would have almost the whole society against him, because the whole society is in favor of his neurosis. Here you have the paradox of having in a way a sick person theoretically, but who is, however, not sick in another sense. It's very difficult to determine what analysis could do in this case, and I really find this a tough problem.

To speak of what I call the benign neurosis, there the task is relatively simple, because you deal with intact nuclear energy structure, character structure; you deal with traumatic events which explain the somewhat pathological deformation. In the atmosphere of analysis, both in the sense of bringing out the unconscious plus the help which the therapeutic relation to the analyst is, these people have a very good chance to get well.

What I mean by the idea of *malignant neurosis* I have already said. These are neuroses where the nucleus of the character structure is damaged, where you have people with either extreme necrophilic, narcissistic or mother-fixated trends, and usually, in the extreme cases, all three go together and tend to converge. Here, the job of cure would be to change the energy charge within

Copyrighted material

the nuclear structure. It would be necessary for cure that the narcissism, the necrophilia, all the incestuous fixations change. Even if they do not change completely, even if there is a small energy charge in what the Freudians call the *cathexis* of these various forms, this would indeed make a great difference to the person. If this person were to succeed in reducing his narcissism, or in developing more of his biophilia, or in developing an interest in life and so on, then this person has a certain chance to get well.

If we speak of analytic cure, in my opinion one should be very aware of the difference of the chances for cure in the malignant cases and in the benign cases. One might say that is really the difference between psychosis and neurosis, but it isn't, really, because many of what I call here malignant character neuroses are not psychotic. I am talking here about a phenomenon which you find in neurotic patients with or without symptoms, who are not psychotic, who are not even near psychotic, who probably would never become psychotic, and yet where the problem of cure is an entirely different one.

What is different is also the nature of the resistance. You will find in a benign neurosis—after all the resistance born out of hesitancy, some fear and so on—that, since the nucleus of the personality is really normal, the resistance is relatively easy to overcome. If you take, however, the resistance of what I call the malignant, the severe neuroses, then the resistances are deeply rooted, because this person would have to confess to himself and to a lot of human beings that he or she is really a completely narcissistic person, that he really cares for nobody. In other words, he has to fight against insight with a vigor which is much greater

Copyrighted material

than that of the person who suffers from a benign neurosis.

What is the method of cure in severe neurosis? I do not believe that the problem is essentially the strengthening of the Ego. I believe the problem of cure lies in the following: that the patient confronts the irrational archaic part of his personality with his own sane, adult, normal part and that this very confrontation creates conflict. This conflict activates forces which one has to assume if one has the theory that there exists in a person—more or less strongly and, I think, again that is a constitutional factor—a striving for health, a striving for a better balance between the person and the world. *For me the essence of analytic cure lies in the very conflict engendered by the meeting of the irrational and the rational part of the personality.*

One consequence for analytic technique is that the patient must travel on two tracks in the analysis: he must experience himself as the little child, let us say, of two or three he is unconsciously, but he must at the same time also be an adult responsible person who faces this part in himself, because in this very confrontation he acquires the sense of shock and the sense of conflict and the sense of movement which is necessary for analytic cure.

From this standpoint the Freudian method would not do. I think we find here two extremes: the Freudian extreme is that the patient is artificially infantilized by the situation of the couch, the analyst sitting behind and so on, the whole ritualism of the situation. Freud expected, and René Spitz explained this in an article, that this is the real purpose of the analytic situation, to artificially infantilize the patient so that more of the unconscious

Copyrighted material

material comes up. I think this method suffers from the fact that in this way the patient never confronts himself with this archaic or infantile material; he becomes his unconscious, he becomes a child. What happens is, in a way, a dream, but in a waking state. All this comes out, all this appears, but the patient isn't there.

But it is not true that the patient is a little child. The patient (let us assume for the moment he is not a severe psychotic) is at the same time a normal, grown-up being, with sense, with intelligence, with all sorts of reactions which fit a normal being. Therefore he can react to this infantile being in him. If this confrontation doesn't take place, as it usually doesn't in the Freudian method, then indeed this conflict doesn't appear, this conflict isn't set in motion. In my opinion one of the main conditions for analytic cure is lacking.

The other extreme from Freud is that method of psychotherapy which is sometimes also called analysis and in which the whole thing degenerates into a psychological conversation between the analyst and the grown-up patient, where the child doesn't appear at all, where the patient is addressed as if there were none of these archaic forces in him, and where one hopes by a kind of persuasion, by being nice to the patient and telling him: "Your mother was bad, your father was bad, but I'm going to help you, you'll find yourself secure," that this will cure him. A neurosis which is very light may be cured that way, but I think there are shorter methods than five years. I think a severe neurosis is never cured unless you have, as Freud said, unearthed or uncovered sufficient unconscious and relevant material.

Copyrighted material

What I am proposing here is simply that the analytic situations both of the patient and in a sense of the analyst, is a paradoxical one, that the patient is neither only the child and the irrational person with all sorts of crazy fantasies, nor is he only the grown-up person with whom one can converse intelligently about his symptoms. The patient must in the same hour and at the same time be able to experience himself as both, and therefore experience the very confrontation which sets something going.

The main point as far as cure is concerned is for me the real conflict which is engendered in the patient by this confrontation. And this cannot be done in theory and this is not done just by words. Even if one takes a simple thing, as when a patient says: “I was afraid of my mother,” what does that mean? That is the kind of fear we are all accustomed to; we are afraid of the schoolteacher, of a policeman, we are afraid that somebody might hurt us—that is nothing so world-shaking. But maybe what the patient means when he says he was afraid of his mother can be described, let us say, in these terms: “I am put into a cage. There is a lion in that cage. And somebody puts me in and closes the door, and what do I feel?” In dreams, this is exactly what comes up, namely, the alligator or the lion or the tiger trying to attack the dreamer. But to use words, “I was afraid of my mother,” that falls short of the necessity to cope with the patient’s real fear.

Copyrighted material

3.

Constitutional and Other Factors for Cure

I come now to some other factors, some favorable, some unfavorable. First of all, the constitutional factors. I indicated already that I believe the constitutional factors are terribly important. In fact, if you had asked me 30 years ago about the constitutional factors and I had heard something I am saying I would have been very indignant; I would have called this a reactionary or Fascist kind of pessimism which doesn't permit changes and what not. But in quite a few years of analytic practice I have convinced myself—not on any theoretical basis, because I don't even know anything about the theory of heredity, but by my experience—that it just isn't true to assume that we can account for the degree of neurosis as simply proportional to the traumatic and environmental circumstances.

It's all very nice if you have homosexual patients and you find out that the patient has a very strong mother and a very weak father, and then you have the theory that explains homosexuality. But then you have ten other patients who have just the same weak father and strong mother, and they don't turn out to be homosexual. You have similar environmental factors which have very different effects. And therefore I really do believe that, unless

Copyrighted material

you deal with extraordinarily traumatic factors in the sense I was talking about before, you cannot really understand the development of a neurosis if you do not think of constitutional factors, in the sense that, either alone, because they are so strong, or at least in cooperation with certain conditions, certain constitutional factors make environmental factors highly traumatic and others do not.

The difference, of course, between the Freudian view and my own is that Freud thinks, when he talks about constitutional factors, essentially about instinctual factors, in terms of libido theory. I believe that constitutional factors go much further. I cannot try here to explain this any further right now, I think constitutional factors cover not only factors, which are usually defined as temperament—be it in the sense of the Greek temperaments or in the sense of Sheldon, but also factors such as vitality, love of life, courage, and many other things which I don't even want to mention. In other words, I think a person, in the lottery of the chromosomes, is already conceived as a very definite being. The problem of a person's life, really, is what life does to that particular person who is already born in a certain way. Actually, I think it's a very good exercise for an analyst to consider what would this person be if life conditions had been favorable to that kind of being he was conceived as, and what are the particular distortions and damages which life and circumstances have done to that particular person.

Among the favorable constitutional factors belong the degree of vitality, especially the degree of love of life. I personally think that one can have a rather severe neurosis, with a good deal of

Copyrighted material

narcissism, even with a good deal of incestuous fixation, but if one has love of life then one has an entirely different picture. To give two examples: One is Roosevelt and the other is Hitler. Both were rather narcissistic, Roosevelt certainly less than Hitler but sufficiently so. Both were rather mother-fixated, probably Hitler in a more malignant and profound way than Roosevelt. But the decisive difference was that Roosevelt was a man full of love of life, and Hitler was a man full of love of death, whose aim was destruction—an aim which wasn't even conscious, because for many years he believed that his aim was salvation. But his aim was really destruction, and everything that led to destruction attracted him.—Here you see two personalities where you might say the factor of narcissism and the factor of mother fixation, while different, were markedly present. But what was entirely different was the relative amount of biophilia and necrophilia. If I see a patient who might be quite sick, but I see lots of biophilia, I am quite optimistic. If I see in addition to everything else very little biophilia but a good deal of necrophilia, I am prognostically quite pessimistic.

There are other factors which make for success or failure which I just want to mention briefly. They are not constitutional factors, and I think they can be tested pretty much in the first five or ten sessions of the analysis.

(a) One is whether *a patient has really reached the bottom of his suffering*. I know of one psychotherapist who only takes patients who have gone through every method of therapy which it is possible to find in the United States, and if no other method has worked, he accepts the patient. That, of course, could be a very

Copyrighted material

nice alibi for his own failure—but in this case it is really a test, namely, that the patient has gone to the bottom of his suffering. I think it's very important to find that out. Sullivan used to stress this point very much, although in slightly different terms: the patient has to prove why he needs treatment. And by that he didn't mean the patient has to give a theory of his illness, or anything like that. Obviously he didn't mean that. He meant, the patient must not come with the idea: "Well, I'm sick. You are a professional who promises to cure sick people, here I am." If I were to put anything on the wall of my office, I would put a statement which says: BEING HERE IS NOT ENOUGH.

Thus the first task of analysis is very important: to help the patient be unhappy rather than to encourage him. In fact, any encouragement which tries to mitigate, to soften his suffering, is definitely not indicated; it is definitely bad for the further progress of the analysis. I don't think anyone has really enough initiative, enough impulse, to make the tremendous effort required by analysis—if we really mean analysis—unless he is aware of the maximum suffering which is in him. And that is not at all a bad state to be in. It's a much better state than to be in a shadowy land where one neither suffers nor is happy. Suffering is at least a very real feeling, and is a part of life. Not to be aware of suffering and to watch television or something is neither here nor there.

(b) Secondly, another condition is that the patient acquires or has *some idea of what his life ought to be*, or could be—some vision of what he wants. I have heard of patients who have come to an analyst because they couldn't write poetry. That's a little exceptional, although not so rare as one might think. But many

Copyrighted material

music of all kinds but she doesn't play an instrument. However at this time she felt she wanted to give some expression to music. She has always liked the guitar and began taking guitar lessons—not so much popular guitar but to learn guitar as an instrument perhaps with a classical or opera guitar.

Fromm: "When she says she has very much interest in music—let's forget about the guitar for a moment—what does she really mean? How is that evidenced?

Reporter: It is evidenced in the fact that she does go to the opera, and can get tickets to the Frankfurt Opera. I think it is not really out of status feeling or things to do. She genuinely enjoys opera. And she knows something about opera, the stories, the composers. Although this is not something I know much about, nevertheless I felt from the remarks she made she is more than a pure amateur.

Fromm: I must say that data doesn't impress me at all. Whether "one goes to the opera" in itself is the expression of a great interest in music, seems to me questionable, especially in Frankfurt where it's definitely a status thing. That's not very convincing to me. When somebody tells me he is very much interested in music my next question is: "Please, tell me one piece that you like best?" It's an obvious question because only then can I have any idea what this means, and if the answer is "Well, I like everything" then I know: this statement about interest in music is just a cliché. Besides that, we know how many people go to listen to music and go to museums. I'm sure quite a few are really interested but you know today, everybody tries to kill time in the most decent way, if he belongs to certain educated classes. So you

Copyrighted material