Fromm's Socio-Psychoanalytic Conceptualization of the Clinical Encounter in Relation to the Social Third

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Abstract: In this paper, I discuss Fromm's theories of individual and social change within the therapeutic context. I don't know of any psychoanalyst who was able to integrate sociological thinking with clinical practice and conceptualization the way Fromm did in the early part of the century. On the surface, these two approaches seem incompatible – at least in their methodologies – yet they complemented each other, as Erich Fromm (1929a; 1944a) and Rainer Funk (2018) have demonstrated so clearly. My presentation today is an exercise in microanalysis rather than a broad theoretical discussion about psychic and social change. I want to show how Fromm's theoretical framework and clinical experience have shaped my own work. First, I explore Fromm's originality and discuss ways in which he has been personally marginalized and intellectually isolated as a pseudo-psychoanalyst. Then, I examine the overlap of psychoanalytic approaches as they related to the concept of social Third. Finally, I present fragments of a case to show how Fromm's theoretical and clinical ideas have influenced my own work.

1. Introduction

The originality and scope of Erich Fromm's clinical approach can be assessed by comparing the goals of treatment within various psychoanalytic approaches.

The goals of psychoanalytic treatment:

(1)   Addressing the symptoms, combined with the use of medication (Charcot)

(2) Making the unconscious conscious and bringing patients to accept a normal level of misery; valorization of work and love (Freud)

(3) Enabling the emergence of a sense of attunement (Beebe)

(4) Repairing emotional damage due to the lack of a »good enough mothering« (Winnicott)

(5) Transforming the self through the co-creation of an inter-subjective Third (Benjamin)

(6) Helping the patient to dream himself/herself into existence (Bion)

(7) Turning the subject of suffering into the subject of speech through the use of language and symbolization (Lacan)

(8) Sustaining one's power of growth by creatively transforming unproductive into productive lives.

Using Fromm's words:

> »Psychoanalysis is not only a therapy, but an instrument for self-understanding. That is an instrument for self-liberation, an instrument in the art of living […] providing a spiritual change of a personality, and not to cure symptoms.« (E. Fromm, 1991a, pp. 45–47.)

Or as Funk put it:

> »The goal of psychoanalysis is to overcome alienation and alleviate neurotic symptoms by establishing contact with unconscious and repressed aspects of the self.« (R. Funk, 1996, p. 353.*)*

This list of therapeutic goals is partial and reflects my own theoretical interests as a clinician. They are not exclusive of each other and are often combined which I do myself. Fromm's vision of going beyond the individual self entails transforming the whole personality, stressing a sense of liberation and spiritual change, and searching for freedom at the individual and the collective levels.

2. Fromm's marginalization as a »pseudo-psychoanalyst«

Fromm mentions clinical issues throughout his writings but he never published a full-length book on the subject with his own case studies. Intellectualizing intimate experiences by writing them down for publication erases the complex-

ities of interpersonal[1] and emotional experiences, thus betraying the essence of the clinical encounter. When reading about Fromm's clinical practices, as reported by supervisees and colleagues in The Clinical Erich Fromm: Personal Accounts and Papers on Therapeutic Technique (ed. by R. Funk, 2009), I am struck by the dialectic tension between universalistic and particularistic orientations. They reflect different, complementary, and sometimes contradictory values stemming from a rare combination of orthodox Jewish upbringing and Talmudic knowledge, socio-psychoanalytic training, radical humanist philosophy, and search for spirituality through the study and practice of Zen Buddhism. This grouping of inspirations, beautifully described in Funk's new book, Life Itself Is an Art (2019), makes him an original and controversial psychoanalytic thinker.

First it is important to first remember that Fromm was trained as a classical psychoanalyst and analyzed by Freudian therapists before becoming a sociologist. One of his earliest publications, *Being Centrally Related to The Patient* (E. Fromm, 1992g [1959]), discusses clinical processes and lays down his fundamental principles about the importance of being engaged with the patient, being direct, sometimes confrontational, but above all alive. Fromm's »Psychoanalytic ›Technique‹« (see E. Fromm, 1991a, pp. 192–195) provides guidelines for understanding how to recognize patients' conflicts and paradoxes – in their unconscious dynamics. Not unlike poetry, Fromm defines psychoanalysis as an art form with its own rules and norms (ibid., pp. 192–193).

Fromm questioned and modified some of Freud's bedrock psychoanalytic concepts, such as transference, counter-transference, resistance, and sublimation (E. Fromm, 1932a). In doing so, he was well ahead of his time, together with other psychoanalytic »rebels« – Karen Horney, Carl Jung and Sándor Ferenczi, for example – in showing the limitations of an individualistic approach to the self and the dangers of a clinical encounter framed around narcissistic goals and hierarchical/bureaucratic structures. Fromm provided alternative conceptualizations by moving away from simple drive theories toward linking the personal with the social through an analysis of power relations at all levels starting with the family as the psychological agency of society and reaching across all levels of organizational structures, especially class formation, in shaping the individual's character structure. Fromm's re-interpretation of the *Oedipus Complex* (E. Fromm, 1966k, pp. 69–78), by going beyond libidinal drives, sexual competition, jealousy, and lack of maternal care, emphasizes the dynamics of power and authority in family dynamics and in society at large.

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1   Even though there are subtle differences between interpersonal and relational orientations, these terms in this paper are interchangeable.

Members of the Frankfurt School labeled Fromm a »pseudo-analyst«. Ortho-dox Freudians and orthodox Marxists marginalized him for his revisionist views in both fields of knowledge (N. McLaughlin, 2000). In addition to theoretical differences, there were power struggles and ideological arguments over quali-fications for psychoanalytic training, control over the content of teaching, and the centralization of bureaucratic structures – all of which Fromm opposed. These ideological debates contributed to Fromm's isolation and his rejection from academic and psychoanalytic institutional settings (L. Friedman, 2013).

Fromm's intellectual isolation as a psychoanalyst cannot be understood without also taking into account the struggles for legitimacy and the consol-idation of psychoanalysis as a new positivistic social science discipline (G. Cavalletto and C. Silver, 2014). The 1950s, and 60s were a time of increasing specialization, segmentation, and competition among academic disciplines and psychoanalytic training institutes. In such an intellectual climate, Fromm's cross-cultural and cross-disciplinary approach, combined with his commitment to spirituality, did not easily fit in.[2]

The contrast between the wide acceptance – even celebration – of Fromm's books by the general public (he sold millions of books at the time) and his isolation from psychoanalytic circles is striking. He was defined as a popularizer and left out of regular teaching positions, academic debates, and psychoana-lytic conferences. Fromm became a »forgotten intellectual,« rejected by both orthodox Freudians and orthodox Marxists to use McLaughlin's formulation (1998). These views about Fromm were reinforced by his interest in the rela-tionship between religion and psychoanalysis. He was active in the study and practice of Zen Buddhism, which culminated in a co-authored book (E. Fromm, 1960a). After many years of avoidance and denigration the convergence of psychoanalytic thinking with the search for spirituality is now taking place in a number of training institutes (A. Roland, 2017).

In summary, the political and ideological struggles as well as personality clashes around the emergence of a new discipline in the U.S. contributed to Fromm's exclusion from inner intellectual circles and institutional support from training institutes (P. Rudnytsky, 2019). Today, these struggles are still taking place over the qualification for acceptance into training institutes, the specifications around licensing and the support of hierarchical and centralized organizational structures (D. Kirsner, 2000; A. Richards, 2015). Despite Rainer Funk's (2009) important collection of personal accounts from supervisees and

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2   This is striking, knowing that Fromm was engaged in empirical work, putting forward hypo-theses and testing them based on empirical and historical data (E. Fromm, 1929; 1941a) as well as employing questionnaires and projective tests (E. Fromm and M. Maccoby, 1970b).

colleagues and papers on his therapeutic techniques, the number of references to Fromm's clinical work in psychoanalytic journals is small compared to Sullivan for example. This lack of Fromm's visibility restricts our ability as clinicians to discuss and transmit his ideas to trainees through teaching and supervision. Based on my own clinical and teaching experience, I have witnessed the power of Fromm's formulations in shaping the therapeutic encounter in ways that humanizes the therapeutic alliance while increasing a feeling of social responsibility. Today, when I teach and supervise trainees, I witness how their work with patients can be informed by Fromm's radical humanism, giving attention to the social and ethical goals of psychoanalysis (K. Durkin, 2014).

A second factor that contributed to psychoanalytic circles overlooking Fromm's model was the perception – fueled by critiques and commentators – that his work was a rejection of the Freudian model. Reading Fromm's interpretation of Freud's work, I am struck by the discontinuities and the continuities between them. Fromm is often pictured as opposing Freud's biologically based drive models, rejecting Freud's analysis of the Oedipus complex, and challenging the neutral, »mirror like« view of the analyst-patient relationship. All of these observations are correct, but there is another side to this story that is too often overlooked. Fromm studied Freud's texts carefully in a Talmudic like fashion (E. Fromm, 1962a). Freud's and Fromm's personalities and ideas overlapped in many ways. They were both radical thinkers and social activists.[3] Fromm deeply admired Freud's creative mind, especially his focus on the unconscious. They shared ideas about »social instincts« rooted in socio-biology, the role of the social unconscious, and the internalization of social values. They shared an interest in the study of religion, civilization, dream analysis, and the use of anthropology. They both used an inter-disciplinary and historical approach in their analyses of social and psychic change. The overlooking of their similarities led to the segmentation rather than the integration between different psychoanalytic discourses.

A third factor that contributed to the lack of recognition of Fromm's clinical work has been the trend in psychoanalytic thinking toward delinking the individual psyche from normative structures (L. Layton, 2006; C. Silver, 2017). Over the years, the larger social issues that were addressed by Freud disappeared from the psychoanalytic discourse and clinical practice. This trend,

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3 Freud supported free clinics and was open to the idea of accepting trainees outside of the traditional disciplines of medicine and psychiatry. He created a Torah commune with Frieda Fromm-Reichmann to serve individuals' emotional, social, and spiritual needs within the framework of Jewish values and rituals (cf. Ronen Pinkas' presentation at the seminar, organized by the Erich Fromm Study Center at the Erich Fromm Institute in Tübingen 2019).

which started with ego psychology, continues today among self-psychologists and inter-subjective practitioners. The theoretical focus has shifted from Oedipal considerations to Pre-Oedipal ones; from larger societal issues – war, religion, civilization, the environment etc., – to narrower relational concerns around the »therapeutic couple,« with a focus on theories of attachment since infancy. This avoidance of social issues in psychoanalytic theorizing has affected the therapy encounter. This theoretical narrowing of the fields of inquiry provided a ground for malignant narcissistic gratification, symbiotic merging, and social isolation to emerge (N. Chodorow, 2010). These pitfalls were of concern to Fromm's clinical work early on (R. Funk, 2019). In the last decade or so there has been an interest in larger issues such as the impact of normative structures and cultural norms on the clinical process, that we now explore by discussing the concept of the »Third« and the »Social Third«.

3. The »Third« and the »Social Third«

Fromm's writings anticipated the relational turn in psychoanalysis (S. Mitchell, 1988; S. Mitchell and M. Black, 1995) that shifted the focus from a two-person to a three-person model, from a hierarchical unidirectional relationship model, to stressing the importance of relational issues. This shift in focus, from an isolated self to a relational one, was accompanied by theorizing about the role of the social unconscious in co-creating a shared psychic space – the Third – that provides an arena for the therapist and patient to face psychic and social reality together.

The concept of the »Third« has been central in the writings of relational psychoanalysts. It can be defined as the co-creation of shared conscious and unconscious emotional spaces grounded in a process of recognition and differentiation between two interacting subjects in the therapeutic process (J. Benjamin, 2011; 2018). Relational and inter-subjective psychoanalysts provide insights into attachment processes through bonding starting in early infancy, stressing the dynamic role of self-other dialectic moves experienced through enactment and a focus on the »here and now« of the therapeutic dyad. The central role given to connectedness, mutuality and identification overlaps with Fromm's conceptualizations. One key difference is Fromm's focus on the dialectic interactions between self, others and the social structure as they affect the clinical dyad through the unconscious internalization of social values. We discuss these differences further in the later part of the paper.

The relational theoretical paradigm has been taught in major training institutes, shared in psychoanalytic journals and conferences, and has been central

to the NYU Post Doctoral Psychology Program. By contrast, the teaching of Fromm's clinical approach has been limited except in his early participation in the William Alanson White Psychoanalytic Institute, where he conducted his own seminars, and at the Mexican Psychoanalytic Institute, where he trained the first Mexican Frommian psychoanalysts (S. Gojman, 1996).[4] Despite the overlap between Fromm's and Relational psychoanalysts' theoretical orientations there has not been a productive collaboration. Strikingly there is little acknowledgment of Fromm's pioneering work that preceded theirs by decades. Fromm's ideas are only acknowledged in passing without any real intellectual engagement, or not mentioned at all.5 How do we explain this lack of interest and acknowledgment of an important forerunner? Political and theoretical differences play a role yet this blindness/denial of a Frommian tradition reflects, in my opinion, attempts to claim uniqueness and originality in order to assure greater recognition among training institutes in a competitive psychoanalytic field.

Psychoanalysis as a discipline has been increasingly acknowledged in universities and integrated in a number of fields such as gender studies, literature, history, art, and literary criticism. Fromm's approach provides a broad cross-cultural and cross-disciplinary vision, yet it has not been integrated in training institutes due in part to their sect-like structures that isolate them from larger social organizations and intellectual currents. As a result of the increasing diversity of individuals looking for therapy as well as the greater awareness and questioning concepts of such as gender, sexual orientation, ethnicity, class, etc., there has been a growing theoretical interest in socio-political questions as they affect identity issues. Psychoanalysts like Lewis Aron, Adrienne Harris, Neil Altman, Sue Grand, Muriel Dimen, and Jessica Benjamin have addressed these issues in their books. The study of social factors is centered on how they impact the »therapy couple«, without much reference to larger socio-psycho-analytic ideas.

Compared to these approaches, Fromm's conceptualization goes beyond the dyad in order to reconnect the self with larger societal forces and provide a critical assessment of society's »pathology of normalcy« (E. Fromm, 1955a). The

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4   In recent years, Fromm's approach is witnessing a renewal of interest. It has been taught in training institutes (S. Buechler, K. Durkin, R. Frie, C. Silver and others) and discussed in conferences (M. McLaughlin, L. Chancer, M. Maccoby, R. Funk, Th. Kühn). The Erich Fromm Institute in Tübingen houses the complete legacy of Fromm's work under the direction of Rainer Funk the Literary Executor.

5   Neither Jessica Benjamin's Beyond Doer and Done to: Recognition Theory, Intersubjectivity, and the Third (2018) nor Muriel Dimen's With Culture in Mind (2011) mention Fromm's work despite their acquaintance with his work.

internalization of normative expectations, starting with the values transmitted by the family, shapes the construction of an individual's character structure that reflects the particular society or group(s) that an individual belongs to (E. Fromm, 1962a; R. Funk, 1996; S. Gojman and S. Millán, 2008). In clinical work both patients and therapists need to be aware of how their own character structure reflects societal forces – around sexuality, gender, class, ethnicity, religion etc. – and how it impacts their work.

In Fromm's words:

>»I do believe that one cannot understand a person, an individual, unless one is critical and understands the forces of society which have molded the person, which have made this person what he or she is.« (E. Fromm, 1991a, p. 102)

Or as Funk puts it:

>» […] becoming aware of one's own social character is a sine qua non for all therapists participating in psychoanalysis, the goal of which is to overcome alienation and alleviate neurotic symptoms by establishing contacts with unconscious and repressed aspects of the self.« (R. Funk, 1996a, pp. 352–353.)

By taking into account the internalization of social norms embodied in social language, patients and therapists can join in a common awareness of the alienating condition of unconsciously adapting to group expectations and societal demands including in training institutes (D. Kirsner, 2000). In therapy, enactment of these expectations can bring a widening awareness of the impact of normative structures on the self. Such awareness reduces the patient's dependency on the analyst as a »helper/savior«, and alleviates a sense of guilt for one's shortcomings and inadequacies. An important goal of Frommian psychoanalysis is to acquire the sense of belonging to a greater social whole and to acquire a sense of connectedness and oneness where individuals' agency can help bring about a more equal and human society.

There are clear clinical similarities between Frommian and interpersonal approaches as we mentioned before. There are also key differences in the meaning of the word »social«. Let me illustrate this point by analyzing the concept of connectedness: in an interpersonal approach, the focus is on the process of interaction and sharing in the here and now of the therapeutic relationship as we mentioned. In a Frommian perspective, connectedness touches different levels of conscious and unconscious levels of the self. It involves the

interrelated interaction of feelings – positive and negative – toward oneself, toward others, and toward the physical and spiritual world. Connectedness is experienced in a time-space matrix where the past, present, and future overlap and change constantly. The dialectic tension between these levels touches on a moral and ethical dimension around remembering the past and looking with hope toward the future. Fromm argued that psychic change couldn't only occur at the personal level; it must involve our interacting with each other as subjects and with the socio/cultural/physical environment if we hope to contribute to social change (I. Philipson, 2017).

I now want to discuss the concept of a »social Third« that goes beyond the previous analysis. The social Third provides additional tools to connect performative action in the dyad to larger social units and historical contexts. The social Third goes beyond the processes of identification with individuals rather it emphasizes the internalization of societal values especially the internalization of power relations and normative expectations starting in the family. By using data that exhibits forms of collective thinking and feelings such as historical and anthropological data as well as cultural, mythical and artistic expressions, Fromm could access the shared social unconscious with his patients. By combining Marxist and Freudian ideas, Fromm stresses that for change to take place, the unconscious social processes of internalization that brought about a sense of alienation and negativity – false consciousness – need to be identified and deconstructed by confronting denials, illusions, and misrecognition (E. Fromm, 1962a).

In the clinical setting this can be done by deconstructing individual and social character structures through awareness of the enactment of dissociative states in order to face the gaps between phantasies and reality (E. Fromm, 1949a; R. Funk, 1996). The use of techniques such as interpellation (L. Althusser, 1994), the redefinition of meaning (O. Guralnick, 2011), and the use of social filters bring about an awareness of shared alienation and our unconscious adaptation to and/or willing participation in oppressive social structures. Social filters are tools that support the sharing of collective experiences (E. Fromm, 1960a) around porous boundaries between the personal and the social. They create arenas where repressed thoughts, »unthought known« to use Bollas' formulation, and fears can be safely acknowledged. Access to the language—verbal and non-verbal, of others makes it easier for patients to express and share their own suffering and negativity in therapy, while recognizing systems of power relations that can corrupt freedom, individuality, and creativity, including in training institutes (O. Kernberg, 1998; A. Samuels, 2006). Furthermore, for Fromm, the process of bringing the internalization of values into awareness involves a sensitivity to intergenerational transmission

of individual and collective traumas and a shared sense of catastrophic feelings that sometimes can bring about social action (F. Davoine and J. M. Gaudilière, 2011). Let me turn now to a case to illustrate how I am using a Frommian approach in my clinical work.

4. Clinical Illustration: The case of Lydia, or the dynamics of negativity from a Frommian perspective.[6]

I now present vignettes from a case to illustrate how Fromm's approach guided my clinical work. Fromm's socio-psychoanalytic orientation gave me legitimacy as a practicing non-traditional therapist, shaped by my sociological and psychoanalytic background. It also gave me theoretical grounding and provided clinical tools to connect the self to the social. When I first meet a patient, I collect verbal and non-verbal data for a while by listening and observing with little questioning or interpretations. Only when I sense an emotional connection is made, do I explore a patient's fear and desire for change, an essential precondition for a successful analysis from a Frommian perspective.

Lydia is a woman in her mid forties, middle class, and educated; an intelligent person who has held a number of managerial positions in her life. She comes from a poor immigrant Irish family; an only child brought up by an extremely anxious, uneducated, and poor single mother whose husband left her soon after Lydia's birth and has since kept irregular contact with her. Paternal grandparents looked after Lydia when her mother was working or unavailable.

Lydia came to see me after her previous therapist retired.

This is how she described herself when we started working together:
– »I don't like myself« (low self-esteem)
– »I feel like shit« (victimization, devaluation)
– »My work will never be good enough« (societal expectations of achievement)
– »I feel like a failure, a fake« (pseudo-self/false-self)
– »I feel a sense of void and meaninglessness« (feelings of aloneness)
– »I feel there is a black hole in me« (catastrophic sensibility)
– »I feel damaged like a rotten fruit« (objectification, dehumanization)
– »I can't look at myself in a mirror. I see my father« (negative identification with father)
– »I don't feel entitled to enjoy my life« (guilt and self-punishment)

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6   The case of Lydia is an amalgam of my work with several patients. For confidentiality, I have altered basic information about ethnicity, age and family history.

–   »I feel trapped and powerless in my life« (alienation)

Fromm points out how difficult it is for patients to change (E. Fromm, 1991c [1964]). Unless there is a clear desire for change, therapy may not help much. The question for me became: How do I access a desire for transformation when attachments to negative feelings are so strong that they bring about a sense of alienation and the maintenance of a pseudo-self? (E. Fromm, 1955a).

Lydia's negative and self-derogatory views were repeated like a mantra during our sessions. I asked myself what functions do they play in her psychic/ affect economy? We are not talking here of a pathological condition. Rather I locate her on a depressive/anxiety continuum that reflects her traumatic childhood that is exacerbated by growing-up in a competitive, narcissistic, and consumer-oriented market economy (R. Funk, 2019). We all face times of self-doubt and questioning; I certainly do. Lydia's case is more severe, with manifestations of deep anxiety and depressive symptomatology. She also experiences acute dissociative states between a catastrophic sense of self and an ability to live a »normal life« (W. R. Bion, 1967).

Lydia often starts her bi-weekly sessions with a negative remark about herself or a complaint about me: she does not want to be here, she wants a different schedule, the room is too hot or too cold, the sofa is uncomfortable, she feels alone….etc. She complains of being tired of herself, depressed and miserable, with no family ties but she keeps seeking therapy. This widespread negativity is not a resistance. It is a defense against psychic pain due to a feeling of deep loneliness and a fear of abandonment. Soon after we started working together, I asked Lydia if she missed her previous therapist who worked with her for 15 years. She responded: »Yes, very much so. He was patient, very supportive and considerate.« After a long pause, she added: »But I am not sure that he helped me cope with my fears or got me to feel better about myself. I believe he thought that I could not change! He must have given-up on me as a hopeless case. He even suggested that I try another form of treatment (CBT) that might be more helpful!«

Lydia was deeply hurt by the therapist's statement. Her description of herself as a »hopeless case« verbalized her fear of abandonment that has been internalized and sustained in her adult life. Not unlike with her previous therapist, she was fearful that I also might give-up on her the way her mother did. Her previous therapist had provided attunement and empathy to compensate for the lack of caring and stable attachments when she was growing up. What Lydia did not realize was that she was repeating and enacting an old pattern of dependency using her negativity to elicit from her therapists a response to her feeling of being a child/victim. I also started by responding to her needi-

ness and negativity by providing a »good enough mothering« to quote Donald Winnicott. It was important but it was not enough to help Lydia change. I came to realize that Lydia was enacting with me and me with her an old pattern of dependency. Linked to her fear of abandonment, Lydia exhibited poor reality testing and identification with imaginary objects/subjects bringing about states of dissociation. What approach could be used to change these patterns? I tried to address the underlying psychic conflicts using a Frommian framework.

Fromm stated that there are dangers in adults developing malignant ties in their emotional attachment to family, community, and nation. Attachment to primary ties becomes malignant when it develops into victim/victimizer dynamics, acting-out power/powerlessness relationships. When sadomasochistic orientations are prevalent in daily life they are internalized and become sources of social control, especially strong in capitalistic market oriented socio-economic systems (l. Chancer, 1992). Thus parental figures, including the therapist, can be experienced as holding arbitrary power over the powerless children, or dutiful patients, able to take away their care, and recognition. Such fears of loss are likely to lead, Fromm argued, to surface conformity – automaton conformity (E. Fromm, 1941a, p. 183). These coping mechanisms reinforce a feeling of victimization in the hope of getting attention, or to appease or retain approval from powerful from real or imagined powerful figures. In therapy we need to bring such dynamics into awareness in order to avoid a compulsion to repeat. While *Escape from Freedom* (1941a) was written with a complex historical and sociological perspective, I used Fromm's simplified formulation of the »search for« and »fear of« freedom to explore Lydia's conflict between her desire to detach herself from her symbiotic ties to her mother, and at the same time her fears of loss and loneliness that would follow. She felt controlled and used for her mother's satisfaction of narcissistic needs. It made her feel empty and unrecognized, causing her to experience herself as a »fake« with a pseudo-personality stuck in a body and persona that she did not want, did not recognize. Yet she could not change her perception.

Lydia responded to the fear of abandonment by surrounding herself with circles of negativity that gave her power over others, including me. Attempts by her previous therapist to provide positive self-images increased her anxiety, thus making psychic change difficult. With me, whenever I suggested to Lydia that she had the ability to deal with her negativity, she became angry and resentful. It became clear that she was deeply attached to her negativity as a source of security and narcissistic gratification. Fromm warned us about the special danger of attachment in the therapeutic context, when emotional ties can fulfill narcissistic needs for patients and therapists leading to dissociative states (E. Fromm, 1991c [1964]).

Lydia's narcissistic attachment to her previous therapist was not malignant, but it might have blurred their ability to distinguish between emotional gratification and the constraints of social demands. It took me a long time to understand and deal with Lydia's complexities of negative emotional states that were mixed with feelings of resentment, guilt, and a deep sense of shame, especially around class issues. Class shame stemmed from the transgenerational transmission of her family history of traumas. In her daily life Lydia had been able to keep her shame repressed and hidden from others, but this way of coping induced in her a poisonous feeling of powerlessness and victimization. Shame is such a painful and powerful feeling, often kept hidden, that it cannot easily be expressed directly. Feelings of shame often need to first be explored through the words and the experience of others. Following Fromm's analysis of the impact of class structure on character formation (E. Fromm, 1932a, p. 121), I first discussed shame with Lydia from a socio-psychoanalytic point of view and explore with her its impact on individuals' lives using examples from novels on ethnicity and gender. I considered social material – history, novels, poetry, art, music, etc. – as social filters that mediate between repressed personal feelings and accessible emotional realities. Lydia needed to experience class shame through the words of others that she alone could not express. The social filters opened up for Lydia processes of identification with others who had expressed their feelings of shame. This process of identification allowed her to share her own with me. Our discussion opened-up a new space for a social Third where Lydia came to acknowledge her feelings of class shame without being overwhelmed, anxious and shameful of feeling ashamed. The social filters made her feel less alone and isolated. She started to think and see her past differently. By critically assessing the social expectations that she had internalized about success and performance, Lydia realized their impact of her views of herself. After sharing her feelings of shame Lydia felt less guilt, expressing gratitude to having been given »permission to be more honest with herself«. Gradually her negativity became less poisonous.

Lydia talks easily with soft bursts of tears throughout the sessions. Her feelings gyrate widely between fear/panic and a sense of adult self-control. She can regress for few minutes to be a small child right in front of my eyes then regain her composure as a »rational adult.« I asked myself: Why is Lydia expressing herself through this emotional rhythm between two drastically different psychic states? This is not a case of a mood disorder! She is expressing a desperate wish to be seen and taken care of, followed by an equally pressing need to feel in control of her own life. When there is an interruption in our twice-weekly sessions (vacations, professional commitments on either side), she panics but then recovers after the separation has occurred. A Frommian

framework stresses the importance of looking at all aspects of the personality. Fromm stated that while we may retain child-like needs and phantasies as part of our personality, our adult psychic and mental conditions are no longer that of children. Fromm points out the importance of not focusing only on childlike regression and fear of abandonment, but on the need to address the conflicted adult, afraid to make choices or take on responsibilities. For Lydia, there is an ongoing struggle between dependency as a result of childhood emotional and economic deprivation and her desire for independence and control over her own adult life.

Fromm's analysis of »Having« versus »Being« (1976a) provides a framework to explore Lydia's emotional rhythm that is pervasive in her life. Lydia emotional rhythm interacts with a social rhythm between conformity and independence. I pointed out that societal forces can affect us individually since we have internalized conflicting demands. A consumer society reinforces the pressures toward dependency and neediness based on our unending and unfulfilled desires for new objects, feeding an economy that requires constant growth (P. Cushman, 1900). These ideas resonated with Lydia as she went on in the session to explore her fears of aging alone and poor in a society that stresses »youth, fitness, and beauty« and where acceptance and support for older people is limited.

These emotional and intellectual exchanges with Lydia are examples of my use of social filters. They support connectedness without the dangers of narcissistic dependency. They created the conditions for the emergence of a new social awareness together with a lessening of self-blame, guilt and feelings of isolation. I am well aware of the danger of intellectualization in the therapy encounter. Intellectualization is usually seen as a resistance to treatment, or a defense to move away from expressing difficult feelings. This can often be the case but should not exclude other interpretations. Social filters bring about a connection between cognition and feelings, and allow identification with others beyond the therapeutic dyad. The co-creating of a social Third provides a space where the personal and the social, the universal and the particular interact, in the search for uniqueness and oneness.

Lydia, by recounting stories about her childhood and family history was able to diffuse her negativity. I encouraged her to share »symbolic stories,« following one of Fromm's techniques used to provide a language linking feelings and thoughts (D. Schecter, 2009): »a language in which inner experiences, feelings and thoughts are expressed as if they were sensory experiences, events in the outer world.« (E. Fromm, 1951a, p. 7). Lydia's need to tell family stories had an important function in our work. Repeating stories was a form of enactment that I did not understand at first. Lydia wanted to make sure that,

unlike her mother, I heard and saw her as a subject – not a possession. Fromm's way of looking at language made me aware of how the telling of phantasized stories played a significant role in expressing wishes and desires. For a long time Lydia could only express regrets and resentment at her real family. She started expressing desires of having been brought-up in a well-to-do, educated family with a sophisticated lifestyle, sharing joyful events with siblings, and having strong bonds with extended family members. For Lydia to express these desires for well-being and potential happiness rather than regrets suggested that something important in her view of herself was changing through our work. Gradually, Lydia's suffering and her attachment to circles of negativity were melting, filling-in the »black hole« in herself.

As mentioned before negativity for Lydia was an object of attachment to negative introjects that would never abandon her. They provided emotional security but stopped her from changing, thus sustaining her depression and anxiety. When the negative transferences abated and I felt confident that there was enough trust between us, I followed Fromm's injunction to take emotional risks with patients. I shared my thoughts directly with Lydia regarding the function of her negativity, telling her: »I think that you are obsessively attached to your negativity, which makes you feel secure, yet trapped, in yourself and in your life.« By being up-front with Lydia I was taking the risk of repeating the victim/victimizer dynamics of her past. I had tried all along to minimize the power differentials between us by sharing thoughts and ideas. I wanted to avoid seeing her as a vulnerable child but rather relate to her as a conflicted adult with child-like needs. When Lydia heard my interpretation about her negativity she stayed silent, put her head down, and cried. I was concerned and shared her silence. A few months later, she said: »I understand what you said. I have to put distance with my negativity toward my past and myself in order to move on with my life. It is going to be very difficult for me.« Lydia's recognition was a turning point in her analysis. She became aware of her psychic battles and was willing to gradually take the risk of letting go of layers of negativity, even transforming them into positive energies that led to meaningful changes in her life.

The most striking change for me was Lydia's ability to develop a capacity for empathy toward her family, especially her mother, that made her feel less isolated and alienated. She came to accept that her mother's traumatic history and socio-economic constraints had limited her ability to »love« her child as much as Lydia needed. As Lydia's anger and resentment diminished she came to develop an ethic of forgiveness toward her mother. It allowed her to reconnect with her before she passed away, lifting a heavy weight of guilt from her shoulders and allowing her to feel sadness and missing her. At the same time

that this change was happening, Lydia became less willing to »sacrifice« herself for others after realizing that she was using this mode of relatedness to hide her anxiety and depressed state. Another change that occurred in Lydia's life was her ability to access sources of »jouissance« and pleasure by rediscovering spaces for enjoyment through dancing, going to museums, and reconnecting with old friends.

Finally, I should mention that the nature of the transferential process changed. What had started as a tense and at times hostile relatedness (mother projection), that made me feel uncomfortable and unsure of my ability to help her (enactment on my part), changed into a feeling of mutual acceptance, even an appreciation of my trust in her ability to change.

The interpersonal approach used by her previous therapist that aimed at repairing the lack of connectedness and childhood care by providing secure attachments, attunement, empathy was important but not enough to promote change. Paradoxically addressing Lydia's »inner child« emotional needs also nourished her anxiety. Lydia's feelings of being stuck in a limbo state gradually evolved during the therapy, taking the form of small and temporary changes in her sense of self and relatedness. Lydia continues to struggle between opposite yet complimentary tendencies of hope and despair but with a diminished fear of being stuck. I am not sure how the changes from unproductive, self-punishing circles of negativity – self-doubt, self-criticism, guilt, and shame – to a small but growing acceptance of a unique sense of self and enjoyment of life emerged except to suggest that a Frommian approach made some difference in my work with Lydia. The concepts of a social Third and the use of social filters reflect Fromm's conceptualization. They are tools that could help clinicians bring back the socio-cultural into analytic thinking and practice.

5. Conclusion

Lydia's attachment to negativity and her sense of aloneness were deeply anchored in her character structure. It took years of treatment to see these features gradually being transformed and the dissociation between negative emotional needs and reality reduced. For me, Fromm's approach filled emotional and intellectual gaps by reconnecting the self with the social, catastrophe with faith, and psychological insights with a sense of social responsibility. The alternating rhythm between complementary emotional energies created a dynamic of change directed toward hope and oneness rather than fragmentation and despair. Fromm's recognition of shared – if not universal – ethical values expressed in his radical humanistic socialism (K. Durkin, 2014), together with

his sensitivity to socio-cultural differences, makes his socio-psychoanalytic approach truly unique.

Fromm was an innovative psychoanalyst with a large public appeal who anticipated major theoretical shifts. He was not a pseudo-analyst. It may be more meaningful to define Fromm as a public psychoanalyst (I. Philipson, 2017), willing to criticize the excesses of a market-oriented consumer society, actively engaged in promoting social change. Fromm's critical social theory reflects his »prophetic messianism« (J. Braune, 2014) in the hope of fostering a moral and equal world. Over years of practice, I integrated in my clinical practice more of a Frommian framework. I broadened it to include issues of gender, sexuality and ethnicity and specified the concept of character structure in the context of increasingly segmented societies. My hope is that psychoanalysts open-up a new intellectual discourse between different psychoanalytic traditions including a Frommian one in order to revitalize the field of psychoanalysis which is much needed today.

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