Male to Gay Male Emotional Communication and Erich Fromm's Notions of Being "Centrally Related" to the Patient and "Mature Love"

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Abstract: This paper presents a brief reflection of some aspects of previous qualitative research, carried out by the author, on an exploratory study of the negotiation of male to gay male emotional needs within a Frommian clinical approach. In particular, Erich Fromm's notions of "central relatedness" as well "mature love" are also discussed in an attempt to link the role of such notions as part of a developing clinical analytic work with gay men. Part of the research findings showed that whilst for gay men issues of central relatedness and love are of paramount importance, in practice, their most common practical approach to negotiate their emotional needs was actually through "friendships" and "friendliness" as a key relational paradigm that enabled them negotiate their emotional needs with other men. The implications of the salience of connecting Fromm's contributions to clinical analytic work to further develop clinical work with gay men and sexual diversity in general are also emphasized.

"Center to Center Relatedness"

When I did my psychoanalytic training in Fromm's approach to psychoanalysis, I soon became aware of Fromm's relational notion of "center to center relatedness" (Fromm 1992g) as a key relational paradigm for conducting effective analytic work. This notion, which is part of Fromm's few published attempts at systematically describing his clinical "technical" ap-

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proach with patients, and which he also admitted it was difficult for him to put into words (ibid., p. 24), conveys a sense of being related to the patient from "center to center" (...) that is "to be interested. (...) We are interested in another person, we listen attentively, we listen with interest, we think about the person and yet the other person remains outside" (...) Fromm also noted:

> Just as hard as it is to actually put into words the difference between experiencing my 'I' as an Ego, as an object, and the experience of 'I' as an active subject of my powers, in which I forget about myself, although I am most fully myself in the process of expressing myself (ibid., p. 24).

In these lines, Fromm seems to be trying to emphasize that such form of relatedness is quite specific but cannot be simply put into words because, as he also stated: " either you experience it or you do not". Fromm also noted that "the most convincing and natural symbol of what I am talking about is actually sexual love, because in the act of sexual love, whether you are a man or a woman, you forget yourself" (Fromm 1992g, p. 24).

Fromm then further clarified that he was only referring to the sexual act in its symbolic form, only as a symbol, given that he did not believe there is a one to one relationship between sexual behavior and the general characterological pattern. In other words, Fromm is emphasizing the difficulty in neatly describing this process-experience: "So I would say there is no description, which is adequate, there is only a description of certain aspects" (Fromm 1992g, p. 24).

Fromm also stressed that such approach to clinical work with clients needed to be practiced: "For me personally, Zen Buddhism has been a very effective way to overcome an attitude of judging, which stems from my own biblical background" (Fromm 1992g, p. 25), for, as he also noted: "This is one of the most important therapeutic experiences which we can give to the patient, because at that moment the patient does not feel isolated anymore (ibid., p. 26).

Similarly, Fromm also connected his notions of center to center relatedness with his notions of love and mature love. For instance, as Kellner (1992, p. 122) also observed, in *The Art of Loving* (Fromm 1956a, pp. 27ff.) the phenomenon of love essentially manifests a desire for union with one's

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opposite gender and, taking up a rather essentialist position on love and gender, he claims that love best fulfills the need for union between the masculine and feminine poles. Continuing in the essentialist mold, Fromm describes the masculine character

> as having the qualities of penetration, guidance, activity, discipline, and adventurousness; the feminine character [is defined] by the qualities of productive receptiveness, protection, realism, endurance, motherliness" (Fromm 1956a, p. 31).

Fromm does qualify this by indicating that: "It must always be kept in mind that in each individual both characteristics are blended but with the preponderance of those appertaining to 'his' or 'her' sex" (ibid.).

Furthermore, in *The Art of Loving* (1956a), Fromm's depiction of mature love further explained that:

> The homosexual deviation from the norm comes about because the polarized union does not take place, and as a result the homosexual suffers from the pain of his unresolved dividedness, which moreover reveals an inability he shares with the average heterosexual who cannot love. (Fromm 1956a, p. 31)

As Kellner (1992, p. 122) has also observed in relation to Fromm's views on mature love there is something of a naturalistic essentialism in his views of men and women, for he indicates that homosexuals can never attain the profound union of masculine and feminine in love because they are bonded to the same sex (Fromm 1956a, p. 28). Such views indicate that Fromm's perspectives on men and women were deeply shaped by the prejudices of his cultural milieu and that like other male Critical Theorists he tends to take a heterosexual male point of view in analyzing gender and sexuality.

When, as a psychoanalytic trainee, I was trying to find my way in developing my clinical approach, in particular to work with issues of male to gay male emotional communication, I would then read these very important technical observations from Fromm, and, also noticed that, to me, his notion of central relatedness, one way or other (e.g., conceptually, metaphorically, rhetorically, clinically) were also closely and continuously linked to his other key notions about "love" and "mature love" as he would

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describe these in *The Art of Loving* (Fromm 1956a). In this sense, I kept wondering how Fromm could simultaneously sustain an idea of the analytic encounter as "core to core" relatedness, while at the same time proposing an idea of love that seemed to refer to all but that actually does not really include a gendered perspective that allows the differentiation between various types of desire and forms of love. For example, in his essay "Sex and Character" (Fromm 1948a) which Fromm wrote in response to the Kinsey report on sexual behavior, he frames his notion of "core to core relatedness" in the context of connecting sexual behavior and feeling toward our fellow men as an important subject matter of ethical judgment. Taking as an example the incest taboo, as symbolizing in our culture the inability to "love the stranger", that is, a person with whom we are not "familiar" and not related by ties of blood and early intimacy, Fromm observed that:

> Only if one can love "the stranger", only if one can recognize and relate oneself to the human core of another person can one experience oneself as a human being, and only if one can experience oneself as a human individuality can one love "the stranger". We have overcome incest in the narrow sense of the word, as sexual relations between members of the same family, but we still practice incest not in a sexual but in a characterological sense, in as much as we are not capable of loving "the stranger". Race and nationalistic prejudices are symptoms of incestuous elements in our contemporary culture (Fromm 1956a, p. 142).

In this paper therefore, I will describe some of my attempts at trying to understand and use Fromm's work as part of my clinical work with male and gay male clients. Some of these efforts led me, years later, to write an empirical PhD thesis on these issues (Jimenez 2002). This work involved an average of fifteen hours of in depth face-to face interviews per research participant, with a group of young gay men in Spain. My research findings showed that for most of these gay men, "friendship and friendliness" (as opposed to "center to center relatedness") was actually a more common and key relational/survival paradigm. This realization became more apparent to these men once they became more aware that a "center to center" type of emotional connection with others, whilst indeed very needed and important, was often not that easy to achieve both in their interpersonal relations with their families and with other key significant persons as well as

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in therapy. Such difficulties in trying to maintain some form of meaningful relatedness with others was in part linked to all sorts of cultural, social and political issues, beliefs and prejudices surrounding their work and lives as gay men at the time.

However, for the purposes of this paper and in the context of this first International Erich Fromm Research Conference, I will only reflect on a few elements of this process, namely some of my attempts to also try to connect Fromm's notions of central relatedness with notions of male friendship and friendliness as a way to also reframe and develop further some of the application of Fromm's notions in clinical work with heterosexual and gay men.

Abstinence, Empathy and Friendship in the Analytic Session

The way in which the analytic setting is structured usually gives issues of friendship and friendliness a somehow frustrated character. There are two individuals, the patient and the unknown "other"; the latter has to forego self-revelation, and exclusively focus on the patient's intimate experiences.

In this setting, a partnership of two develops where the common focus of each is the "other", the phantom construct of the patient undergoing therapeutic exploration and, eventually, some understanding and healthy progression.

From the standpoint of friendship (cf. Nardi 1999, 2000; Price 1999) the analytic partnership is usually seen as an asymmetrical, frustrated friendship, given that the therapist role is not aimed at becoming a "friend" of the patient (Rangell 1963). The "proper" analytic attitude is aimed primarily at eliciting, in a "friendly" manner, the accessing of profound emotional experiences, thoughts and other repressed memories in the patient, which later will also become manifest in transferential reactions. However, this seemingly friendly attitude on behalf of the analyst also retains a rationalized authority-like fashion, which is usually not part of an ordinary friendship between two equals (Grotstein 1989).

Within Erich Fromm's work, the issue of friendship-friendliness as such and as part of a relational communication paradigm with gay male clients is not mentioned as comprising an essential element of the analytic setting,

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but rather, the friendly attitude of the analyst toward the patient is framed in terms of the quality of the relatedness that is established between the analyst and the patient, where issues of empathy are central.

Fromm's early accounts on theory and technique, in which he compares his position on these issues to Freud's and Ferenczi's, are contained in his article "The Social Determinants of Psychoanalytic Therapy" (Fromm 1935a).

Marco Bacciagaluppi, in his article "Fromm's views on psychoanalytic technique", comments on the issues raised by Fromm in his 1935 paper:

> In this essay Fromm discusses the attitude of tolerance towards the patient recommended by Freud. Fromm maintains that, in contrast to this conscious attitude, Freud and his followers had judgmental attitudes at an unconscious level which confirmed the social taboos in bourgeois society. (...) Fromm points out that although Freud did see the analytic situation as characterized by truthfulness, he also considered it as 'a medical therapeutic procedure, as it had actually developed out of hypnosis.' (...) Through detailed references to Freud's papers on technique, Fromm stresses that Freud recommended that the analyst should maintain an attitude of 'coldness' and 'indifference', using the surgeon as a model. Tolerance is 'actually the only positive recommendation Freud gives for the analyst's attitude' (...) Fromm also criticized the aim of the analysis, as defined by Freud, of winning back a part of the patient's capacity for work and enjoyment. Fromm points out that Freud presents this capacity as a biological entity, although it is actually a social requirement. 'The analyst in this sense represents a model' (...) What Freud is really doing according to Fromm, is to present the capitalistic character as a norm and to define as neurotic anything which deviates from this. Towards the end of his discussion, Fromm views Freud's disapproval of deviant followers as indirect evidence of his basic identification with social norms. Fromm also discusses at length Ferenczi's half-hearted opposition to Freud. He quotes approvingly Ferenczi's recommendations to show the patient 'unshakable goodwill', to acknowledge the analyst's mistakes and to avoid replacing one super-ego with another. He point out that Ferenczi substituted the 'principle of indulgence' in place of the 'principle of frustration' (Bacciagaluppi 1989, pp. 228–9).

In fact, as Bacciagaluppi comments, in Fromm's first published paper in English in 1939 he contended that the detached attitude, in his opinion, was the most serious defect in Freud's technique. For Freud's model of the sur-

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geon and his coldness in feeling confirmed that he not only recommended analysts not to express emotions, but also not to feel them. Fromm in contrast wrote:

> The basic rule for practicing this art is the complete concentration of the listener. (...) He must be endowed with a capacity for empathy. (...) The condition for such empathy is the capacity for love. (...) Understanding and loving are inseparable (quoted from Bacciagaluppi 1989, p 232).

In his later work, Fromm also based this capacity for empathy on his favorite Terence humanistic premise: "There is nothing human which is alien to me". Fromm applied this premise as particularly applicable to the analytic setting by stating that: "The analyst understands the patient only inasmuch as he experiences in himself all that the patient experiences" (Fromm 1960a, pp. 332–333).

Furthermore, Fromm wrote on the "productive relatedness between analyst and patient", of being "fully engaged with the patient, fully open and responsive to him/her" and of "center to center relatedness". Thus, while Fromm agreed with Freud that the aim of psychoanalysis is that of making the unconscious conscious, he also widened the aim of psychoanalysis. Fromm actually differentiated between the medical or therapeutic goal of psychoanalysis and the goal of "well-being", and later he stated that the aim of psychoanalysis is "to know oneself". According to Fromm, this would involve undergoing psychoanalysis not as a therapy but as an instrument for self-understanding, that is to say, an instrument for self-liberation, an instrument in the art of living.

These Frommian notions, in terms of the relational qualities of the analyst and the role of the patient, also included a more direct and active approach for both partners of the analytic relationship. Thus, when Fromm spoke about the complete concentration of the listener which requires his capacity for empathy, he suggested that the analyst should not merely adopt and conform to Freud's rationalistic attitude of "evenly hovering attention" whereby the analyst "must bend his own unconscious like a receptive organ towards the emerging unconscious of the patient."

In this Freudian setting, the analyst's unconscious becomes, according to Fromm, a mere rational instrument, which formulates responses primarily

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using the language of ideas, not of feelings. Fromm, in contrast, suggested that the analyst should respond with his/her whole self. He contended that Freud's concept of the detached observer was fortunately modified by Ferenczi, who postulated that it was not enough for the analyst to observe and to interpret, and that he also had to be able to love the patient with the very love which the patient had needed as a child.

Fromm also acknowledged the contribution of Sullivan's idea comparing analyst's work to doing "participant observation", but he suggested a different name for what analysts do and who they are -"observant participants." Fromm later developed this idea further and ended up with a notion of the empathic analyst who "understands the patient only inasmuch as he experiences in himself all that the patient experiences" (Fromm 1960a, p. 112).

This notion, which draws initially on Ferenczi's empathic notion, was framed by Fromm as a non-erotic loving attitude, that is the result of "brotherly love" and which is the most appropriate attitude for the analyst.

Fromm considered that the analytic relationship takes place on two separate levels; the analyst not only must offer him/herself as an object for transference and analysis, but he must also offer him/herself as a real person, for the analyst is not only the detached observer of transferential and countertransferential exchanges, but also participates in the relationship as a real person. The emphasis on the real relationship, together with the discouragement of dependency, further supports Fromm's preference for the real relationship with the patient rather than one mostly mediated by transference.

Similarly, Fromm considered that, among the basic elements in the personality of the analyst, should be the necessity of being a good companion to the patient, in the sense that he/she has to be able to do what a good mountain guide does, who does not carry the patient up the mountain but sometimes tells him/her "this is a better road" and sometimes uses his hand to give him a little push, but "that is all he can do" (Fromm 1960a, p. 113).

In his article "Causes for the Patient's Change in Analytic Treatment" (originated in 1964) Fromm observed:

> Regarding the personality of the analyst I just want to make a few points. I think Freud already made one very important point, namely the absence of sham and deception. There should be something in the analytic attitude and

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> in the analytic atmosphere by which from the very first moment the patient experience that this is a world which is different from the one he usually experiences: it is a world of reality, and that means a world of truth, truthfulness without sham – that's all that reality is. Secondly, he (the patient) should experience that he is not supposed to talk about banalities, and the analyst will call his attention to it, and that the analyst does not talk banalities either. In order to do this, of course, the analyst must know the difference between banality and non-banality, and that is rather difficult, especially in the world in which we live. (...) I think another very important condition for the analyst is the absence of sentimentality: one does not cure a sick person by being kind either in medicine or in psychotherapy. Now that may sound harsh to some of you, and I am sure I will be quoted for ruthlessness towards the patient, for lack of compassion and authoritarianism and what not. Well, that may be so. It's not my own experience of what I am doing or my own experience with a patient, because there is something quite different from sentimentality, and that is one of the essential conditions to analyze: to experience in oneself what the patient is talking about. If I cannot experience in myself what it means to be schizophrenic, or depressed or sadistic or narcissistic or frightened to death, even though I can experience that in smaller doses than the patient, then I just don't know what the patient is talking about. And if I don't make that attempt, then I think I'm not in touch with the patient. (...) I think the result of this attitude is that indeed one is not sentimental with a patient but one is not lacking in compassion, because one has a deep feeling that nothing that happens to the patient is not also happening in oneself. There is no capacity to be judgmental or to be moralistic or to be indignant about the patient once one experiences what is happening to the patient as one's own. And if one doesn't experience this as one's own, then I don't think one understands it. In the natural sciences you can put the material on the table and there it is and you can see it and you can measure it. In the analytic situation it is not enough that the patient puts it on the table, because for me it's not a fact as long as I cannot see it in myself as something which is real (Fromm 1991c, pp. 599–600).

But, when I worked with gay male patients and also when I was doing my research on their negotiation of their emotional needs with other men (gay or heterosexual) these seemingly useful notions of empathy, friendliness and even "brotherly love" as part of a more comprehensive analytic setting did not always seem to quite fit Fromm's own published work with gay patients, especially in relation to voicing the specific emotional needs and the

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importance of friendship for gay men in a less heterosexually framed and non-pathologizing analytic framework.

In Fromm's own published work there are very few references to issues of friendship and its relevance in working with gay male emotional experiences and so during my training it was unclear to me what Fromm's actual emotional attitude was in dealing with gay male patients. However, when I was writing up my PhD research work on gay male emotional communication, Rainer Funk – Erich Fromm's literary executor – who very kindly provided bibliographic support throughout my thesis, also gave me access to a letter written by Fromm himself in 1970 to an American gay male scholar who was seeking his advice in relation to his dealing with him being gay, which shows at least part of Fromm's attitude towards these issues:

> Dear Mr. X,
> Thank you for your letter, which clarifies your previous communication considerably. I think that one must distinguish between two or three problems, one of your tendency to relapse into conformity, one of the obsession to think "what if..." and thirdly, your being homosexual.
>
> Let me begin with the last point. Whether one can call homosexuality a sickness is questionable. This form of sexual behavior is so stigmatized by society, or at least has been until recently, that many people suffer from this stigmatization rather than from the fact of being homosexual.
>
> One has to consider also whether you feel unhappy with your homosexuality and want very much to change it (and not for the reason of public opinion) or whether you feel more or less well with it.
>
> So many different factors can cause homosexuality that it takes many pages to enumerate them. Sometimes it cures itself in the growth of a personality and sometimes it is almost impossible to change. In between there are many gradations but all I can recommend at this point is to get over your apparent shame or embarrassment about this and to ask yourself and to analyze how you really feel about it and to get rid of the fear of what other people feel or might think.
>
> Even provided homosexuality is to be considered neurotic, it is certainly not a malignant symptom. There are many heterosexual people who are more unloving and remote than many homosexuals are. Don't misunderstand me please, in the sense that I am praising homosexuality. I happen to think that it is somewhat of a handicap in living, all I am suggesting is that you analyze your own horror of it and with it your own feelings of guilt, of dependency,

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> or lack of standing on your own feet not only physically but psychologically and morally. (...)
>
> As to your obsessional symptom, you can look at it in two ways: (a) what is the reason that you torture yourself by turning on these obsessional doubts. Is it escape, a kind of masochistic performance, self-hate or what else, and (b) how does this obsessional mechanism comes into existence? That is something one could analyze and a skilled analyst might possibly deal with that in a few weeks. But one cannot do it by letter.
>
> As to the problem of your danger of conforming, what can I say? To swim against the stream is exceedingly difficult and if you do suffer, as most people do today, from a lack of experience of yourself as your own center, then the course of the temptation is very great. If you have the possibility of seeing an analyst in the X area then I would suggest Dr. X.
>
> Now about reading, I recommend to get a book which I edited together with a philosopher, The Nature of Man, published in a paperback by the Macmillan Co. I suggest you read it as a whole and then you see what kind of philosopher interests you, and perhaps after you have read it you write me something about your response.
>
> With best wishes,
> Sincerely Yours,
> Erich Fromm

One of the things that struck me while reading this letter is how Fromm acknowledges that, in his experience, there are many heterosexuals who are more remote and unloving than many homosexuals are. Yet as has been previously mentioned, in *The Art of Loving* Fromm contended that

> the homosexual deviation is a failure to attain a polarized union, [by which he meant the biological union between the sperm and the ovum as being the basis for interpersonal creativity] (...) and "thus the homosexual suffers from the pain of never resolved separateness, a failure, however, which he shares with the average heterosexual who cannot love (Fromm 1956a, p. 34).

Thus, throughout my psychoanalytic training (Frommian orientation), it was very unclear to me why Fromm would actually state that only the biological union between sperm and ovum is the only valid basis for interpersonal creativity, and how a pregnancy involving a man and a woman does in itself guarantee a creative relationship also in the psychological sense.

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Similarly, it was also unclear to me how the love between two men either straight or gay would be depicted by Fromm as conveying merely a failure of heterosexuality as well as their "pain of never resolved separateness". Why is a heterosexual man who cannot or does not want to get involved in a pregnancy with a female partner be considered by Fromm as a failure, and as suffering in the same way as gay men also from never resolved separateness? Why is the emotional and sexual union between two men depicted by Fromm as only conveying a failed reproductive heterosexual union and not as one capable of being a creative relationship in a psychic sense? What is the "handicap in living" that he sees in being a homosexual man?

On the one hand, in this letter, Fromm states that the idea of homosexuality as a sickness is questionable, but at the same time, by telling this gay man that, in his perspective, homosexuality is somewhat of a "handicap in living", I wondered: what part of Fromm's "whole self" (to use Fromm's own terminology) is actually responding to this gay man in the way he does? This, for me, seemed to be inconsistent with his often quoted Terence principle that "nothing human is alien to me" and that we all, as human beings in Western society, have not overcome our xenophobic and incestuous prejudices, for we have not learned to accept the other and the different in us as ours.

I was also aware that some therapists, especially male ones, possibly still feared adopting a friendly open attitude with a gay patient, because doing that could directly point to and question taken for granted assumptions about masculinity, emotional intimacy and homophobia; and so some analysts may still tend to refrain from becoming more relaxed and friendly. They could also be very self-conscious and repress their own countertransferential homophobic and/or heterosexist reactions towards issues dealing with male desire and intimacy. Adopting a genuinely open and friendly stance could be experienced by some almost as a compromise formation, i.e. a compromise between voice and silence that is often enacted through the deployment of merely "tolerant" or "politically correct" attitudes in order to appear as an "open" analyst, which really only highlights the obscurity with which these crucial issues used to be dealt with in Fromm's times (and perhaps still are dealt with this way nowadays?) in some analytic settings.

These anxieties and ambivalence during my psychoanalytic training remained key topics for further detailed reflection in clinical and supervision

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sessions, which may have further contributed to the perpetuation of contradictory and "pseudo-empathic," "analytic" attitudes, that often ensued when analysts expressed either Fromm's or other similar notions – mainly through biased/partly digested countertransference reactions – while working with gay patients; although obviously these aspects of our clinical practice are not ordinarily researched and published.

These type of questions were not addressed in Fromm's written work and since there are not, for the moment -so far as I am aware- published papers detailing Fromm's own work with gay men, and given also that there is not a reply by the gay man of the letter in reply to Fromm's own views on the "handicap in life quality" that he saw in being a homosexual man, these issues remained as unclear during my training as a psychoanalyst. Consequently, I felt a mix of ambiguity and sense of oddness in trying to integrate and incorporate all the very insightful views on Fromm's central relatedness and how to position myself in relation to Fromm's views on this matter, and what to do in my analytic practice with gay men.

I never met Fromm in person nor could I have ever met him to ask him all these questions, since he died way before I even started my psychoanalytic training. Given I am also a gay person, such issues remain important for my clinical and my psychoanalytic teaching and research work. When I would share these questions with my professors, my supervisors, my work colleagues and in my own analysis at my training institute (IMPAC) which was funded by Fromm himself, the answers I would get ranged from sympathetic acknowledgement of the issues I was raising, to the need to also be more proactive and further develop and incorporate into our training these same issues by developing ad-hoc seminars and specific training as part of the training program. I am also aware that, before and after the official declassification of homosexuality as a pathological entity from the older versions of the DSM and later also from the ICD back in 1974 and later on since 1990, although it still retained several purported mental disorders (Hoffman et al. 2000) there has been a whole range of clinical and research efforts to address some of these issues ever since (American Psychoanalytic Association, 1992, 2000; American Psychological Association 2005; Glassgold & Iasenza 2004; King et al 2007; Levounis et al 2012; Savin-Williams et al 2004; Szymanski & Kashubeck-West 2008; Russell 2006). I am also aware of more recent efforts to further revise the International Classifica-

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tion of Diseases so that there is finally a removal of sexual orientation-related disorders from the health care classification system. If successful, this move will contribute to the improvement of healthcare in the LGBT community, as The World Health Organization is currently revising the 10th edition of the ICD for the new edition due in 2017.

Finally, I am also aware of a range of very useful research and clinical work has been developed worldwide ever since, and hopefully, I would like to think work with gay male clients nowadays using a Frommian approach may have a clearer reframing and focus.

In my work with gay and straight men on how they negotiate their emotional needs as men, I still find myself very influenced by Fromm's very insightful notion of central relatedness, and I can see clearly how understanding and loving go hand in hand in professional clinical work not only with men but also with any patient in general. However, the difference for me is that nowadays I simply do not equate the notion of central relatedness with Fromm's notion of mature love in an exclusive heterosexual sense. In this way, I manage to also incorporate Fromm's insightful ideas into my clinical and teaching work. Therefore, the occasion of this first Fromm International Research Conference seems to me the perfect place to still highlight these issues in the collegial spirit to continue researching and developing Fromm's valuable work in contemporary clinical analytic work.

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