



Clinical Implications of Fromm's Concepts

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Abstract: In this paper I examine the clinical implications of three of Fromm's key concepts: social character, love, and the sane society. I compare his thinking with the beliefs of H. S. Sullivan, another important contributor to the Interpersonal analytic tradition.

Keywords: Erich Fromm, sanity, social character, love, sane society.

In his witty, seemingly casual but deeply thoughtful way, Adam Phillips pinpoints a problem in our era. We don't have a widely agreed upon conception of psychological health, or sanity. How can the clinician and patient conceive of the treatment's goals without it? Or, in Phillips' (2005, p. xix) words, »sanity—if it is something we aim at—has to be aimed at without a target.« But, perhaps more than any other writer, I think Erich Fromm gives us worthy goals, which I see as enhancing the clinician's sense of purpose, courage, and capacity for dedicated practice.

In this paper I address the thorny issue of conceptions of health implicit in Erich Fromm's writing. I am aware of the dangers of this way of thinking. Can any standard of health be universal? Don't cultural and temporal factors, and individual variability, make it impossible to broadly define health? Historically, haven't psychiatry and psychoanalysis fallen into quagmires trying to dictate universal standards for healthy sexuality, blinded by prejudices of which they were unaware? Haven't we learned from H.S. Sullivan, and all the Interpersonalists, among so many others, that the observer affects the observation, making applying standards unrealistic? Haven't I heard of the post-modern turn? Most significantly, isn't it against the very spirit of Fromm, himself, to create a Procrustean bed for human beings to fit ourselves into?

And yet, over the years I have been persuaded that Phillips is right. As a clinician, my choice is whether or not to be *aware* of my underlying concep-



tions of health, and not whether or not to have them. I can't help operating with beliefs, however unformulated they may be, about healthy and unhealthy ways of life. Can I listen to the patient who spends three hours every morning washing his hands and body without envisioning a better future? Can I hear the woman whose young adulthood was consumed in eating and vomiting without hoping for change? Can I witness ongoing, sleepless suffering without, on some level, envisioning something better? Can I partner people addicted to alcohol or sunk in depression without picturing other possibilities?

My heart says »no,« and I need my heart to be engaged in my work. Also, I am aware that if I refuse to bring to light my conceptions of health they will not dissolve. They will just go underground, but, in sessions with patients, they will still shape what I choose to focus on, take for granted as ordinary and fail to notice, remember next session, quickly comment on, tense bodily and frown about, and so on.

When I am looking for a way to understand health it is natural for me to turn to Fromm. I am confident he will not sway me to ignore cultural and individual factors, but, rather, he will help me integrate the social with the idiosyncratic, the universal with the gloriously particular. Time and space limit me to considering how just three of Fromm's concepts guide me: the social character, love, and the sane society.

Social Character

»That part of their character structure that is common to most members of the group [...] we can call [...] *social character*« (Fromm 1941a, pp. 277). »By adapting himself to social conditions man develops those traits that make him *desire* to act as he *has* to act« (l.c., p. 283).

I find it interesting to compare this with Sullivan's concept of sublimation. His definition is »unwitting substitution of a partial satisfaction with social approval for the pursuit of a direct satisfaction which would be contrary to one's ideals or to the judgment of the social censors and other important people who surround one.« (Sullivan 1956, p. 14). The contrast between Fromm's concept of social character and Sullivan's concept of sublimation is extremely interesting to me. Both describe ways that society influences our motives and shapes our behavior. Although Sullivan groups sublimation in the category of defenses, he is clearly describing a necessary piece of our equipment for living. Fromm's social character is also an inevitability, but with significant differences. Sullivan is saying that sublimation won't work if it is made conscious. It is as though,



if we were aware of the bargain we were making, we would not make it. But I think Fromm's message is different. He very much wants us to know about the bargains that society has influenced us to make.

In my own language, both sublimation and social character may allow us to avoid some obsessive conflicts between what we are supposed to do and what we want to do. The classic expression of this conflict is something like, »I should do my homework but I want to play baseball. I don't know what to do.« Much energy can be wasted in deciding whether to go to the right or the left, in countless variations of this dilemma. Both sublimation and social character, it seems to me, describe how we conform to society's needs without feeling we are sacrificing our own. But I think Fromm worries more about the price of the blind adaptation that can result. Perhaps another way to say this is that Sullivan sees conformity in a more positive light than Fromm does. His work with schizophrenics and others who couldn't fit into society may play a role in this attitude.

Fromm's work is valuable to me when I think about one of my patients, who conforms to my society's prizing of consumerism. She is on a mission to travel to every part of the world. She must see it all. She is the most ardent consumer, needing to swallow the globe. She has to see the countries farthest away now, for fear she won't be able to reach them if she becomes less mobile with age. She needs to tick them off her list, as though, if she sees them all, she will have lived a fulfilled life. Her value, to herself, is measured by her list of tours completed. When she travels she must take so many pictures, to show where she has been, that she has little time for actual experiences. Fromm has given me a context for thinking about her inner emptiness, alienation, and the individual and cultural factors that contribute to her way of life.

Fromm wrote of our individual character, a product of personal experiences, and our social character, which is created by experiences shared by a social group. Both of these are internalized. Conflict can occur between the dictates of conscious vs. unconscious individual character, or conscious vs. unconscious social character. Conflict can also develop between the dictates of the individual vs. social character. Thus, if, from our culture, we internalize values that radically oppose the values we learn from our individual interpersonal experiences, profound conflicts will develop. In other words, if our society inculcates, let's say, prejudices that we internalize, but in personal relationships, we internalize values that are diametrically opposed to prejudice, we will be in conflict with ourselves. To me, this means that the analyst can't afford to look aside from the dictates of society, since they are likely to be a significant aspect of our patients' conflicts.



Love

»This desire for interpersonal fusion is the most powerful striving in man. It is the most fundamental passion, it is the force which keeps the human race together, the clan, the family, the society. The failure to achieve it means insanity or destruction-self-destruction or destruction of others. Without love, humanity could not exist for a day.« (Fromm 1956a, p. 18.)

For Fromm, we can't truly love another person without loving all of humanity. As he put it in *The Art of Loving*: »If I truly love one person, I love all persons, I love the world, I love life. If I can say to somebody else, ›I love you,‹ I must be able to say ›I love in you everybody, I love through you the world, I love in you also myself.« (Fromm 1956a, p. 46.)

One of Fromm's definitions of love from this book is »the active concern for the life and growth of that which we love« (Fromm 1956a, p. 26). In my opinion this does not differ in spirit from Sullivan's definition (Sullivan 1940, pp. 42–43): »When the satisfaction or security of another person becomes as significant to one as is one's own satisfaction or security, then the state of love exists.« Much later Harold Davis (1988, p. 163) defined love as »the relatedness of two selves, which allows each to grow.« Unlike early Freudian theory, in which it was assumed that we each have a limited supply of cathexis, so that the quantity of self-love takes away from the quantity of love of another, Fromm, Sullivan, and Davis see love of the self as compatible with love for another.

This has enormous clinical implications. For example, as we listen to a patient describing his relationship with his partner, what assumptions guide our focus? When he complains that his selfish wife doesn't love him, I believe that how we understand love will affect what we don't notice, because we take it for granted, and what we question, associate, remember later, and so on. Love is, literally, at the heart of our own lives and our patients' lives, and how we understand it will affect how we hear a session. What do we readily engage as problematic and worthy of clinical exploration? What do we easily see as therapeutic progress? How do we each think about love?

The Sane Society

»[In the sane society] no man is a means toward another's ends but always and without exception an end in himself; where nobody is used,



nor uses himself, for purposes which are not those of the unfolding of his own human powers; where man is the center, and where all economic and political activities are subordinated to the goal of his growth.« (Fromm 1955a, p. 276.)

Fromm's dream for society was reflected in what he called the »messianic idea:«

»It was to establish a new peace that was more than just the absence of war; it was to establish a state of solidarity and harmony among individuals, among nations, between the sexes, between man and nature, a state in which, as the prophets say, man is not taught to be afraid. [...] In their eyes, that would be a time of abundance—not of luxury, but of abundance in the sense that for the first time the table would be set for everyone who wanted to eat at it, for everyone who, as a human being, had the right to sit at that table and join in the shared meal with all other human beings.« (Fromm 1975d, pp. 137 f.)

In his paper on »Psychoanalysis and Human Values« Funk (2000, p. 6) said that for Fromm »it is axiomatic that the good is what is good for human beings (and this may differ from what is good for society or for being successful in an economic sense.« Further on, he says that for Fromm:

»Whatever furthers the growth of our own powers by means of which we relate to the outside world and to ourselves in a loving, sane and creative way—that is morally good. Morally bad, on the contrary, is whatever hinders or thwarts this primary tendency toward growth and individuation.« (Funk 2000, pp. 6–7.)

In »On My Psychoanalytic Approach,« Fromm stated that,

»When the social structure is too contradictory of human needs, or if new technical or socio-economical possibilities emerge at the same time, the previously repressed character elements will arise in the most advanced individuals and groups and help transform society into one more humanly satisfactory.« (Fromm 1990d, p. 5.)

This gives me hope that change will come and, some day, my own country (among others) will stand for decency, for the truth, and freedom, and all the human values that, to a tragic degree, at this point in our history, we have abandoned.



Does Fromm tell me what to say to my 8AM patient? Fortunately he does not, although I think some of my students wish Fromm, or Buechler, would give them more explicit directions. But, does Fromm reinforce my motivation to see that 8AM patient? Absolutely! When I need a reminder that I am here to promote life passionately, I have only to pick up one of his books. When I am tempted to slide through an hour without fully living it, my inner Fromm tells me that won't do. When my patient and I seem to be going nowhere, I can almost hear Fromm saying »it is the paradox of hope to expect the Messiah every day, yet not to lose heart when he has not come at the appointed hour.« (Cf. Fromm 1968a, pp. 9–13.)

Bibliography

- Davis, H. B. (1988): »The self and loving,« in: J. F. Lasky and H. W. Silverman (Eds.), *Love*, New York (New York University Press), pp. 159–172.
- Fromm, E. (1941a): *Escape from Freedom*, New York: Farrar & Rinehart.
- (1956a): *The Art of Loving*, New York (Harper & Row).
- (1955a): *The Sane Society*, New York (Rinehart and Co.)
- (1968a): *The Revolution of Hope. Toward a Humanized Technology*, New York (Harper and Row).
- (1973a): *The Anatomy of Human Destructiveness*, New York (Holt, Rinehart, & Winston).
- (1975d): »The Relevance of the Prophets For Us Today,« in: E. Fromm: *For the Love of Life*, New York (Free Press) 1986, pp. 134–140.
- (1990d): »On my psychoanalytic approach,« in: E. Fromm, *The Revision of Psychoanalysis*, Boulder (Westview Press), 1992, pp. 1–9.
- Funk, R. (2000): *Psychoanalysis and Human Values*. Paper presented at the IFPS XI International Forum in New York, May 4–7, 2000.
- Phillips, A. (2005): *Going Sane: Maps of Happiness*, New York (HarperCollins).
- Sullivan, H. S. (1940): *Conceptions of Modern Psychiatry*, New York (Norton).
- (1956), *Clinical Studies in Psychiatry*, New York (Norton).

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