

The Work of Benign Aggression and Negativity Within a Frommian Framework. My Clinical Journey

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1. Introduction¹

There has been an impressive revival of research and writings on Fromm's life and ideas among social scientists², yet his impact on the psychoanalytic world is still lagging. Fromm became a major public intellectual (McLaughlin 1998; Philipson 2017), especially in the sixties, whose ideas were highly recognized, his books read by millions and praised in a variety of academic and intellectual circles. Today his clinical ideas have yet to be included in major training institutes, even in the Alanson White Institute that he co-created with Sullivan in 1943, and where he taught and supervised for a few years. My interest in Fromm's inter-disciplinary, socio-historical, and cross-cultural writings did not come during my training at The National Psychological Association for Psychoanalysis (NPAP) but from teaching psychoanalytic sociology at the City University of New York (CUNY) Graduate Center.

My psychoanalytic approach does not follow classical Freudian, Interactional or Relational models. It is a combination of several approaches around a Frommian core that stresses the role of a social unconscious in shaping the self

1 This paper was presented at the Fromm Doctoral Seminar organized by Dr. Rainer Funk and Dr. Thomas Kühn at the Erich Fromm Institute in Tübingen, Germany, September 14-17, 2022.

2 The most recent books are by Roger Frie and Pascal Sauvayre (2022), Neil McLaughlin (2021), Rainer Funk (2019a), Kieran Durkin and Joan Braune (Eds.) (2020), Kieran Durkin (2014), etc.

and a methodology of direct encounter with patients, stressing critical thinking, linking feelings and cognition, body, and mind, hearing the child voice behind the adult discourse, supporting patients' uniqueness rather than their normalization and rejecting the use of dichotomous thinking (Funk 2019a). Fromm's methodologies (1929), using clinical data together with Freudian and Marxist concepts within a sociological framework, have started by the Frankfurt School of Social Research (Fromm 1929a, 1932a, 1991a; Cortina and Maccoby 1996). The approach was unique, going against the trend in the US toward greater specialization among fields of knowledge and in the limited theoretical orientation of psychoanalytic Institutes. This paper examines how I have been guided and inspired by Fromm's socio-psychoanalytic approach to the self, by focusing on the functions of benign aggression and negativity. This paper is not a theoretical or historically based discussion of Fromm's analysis of «catastrophic» events such as wars, genocide, authoritarian regimes, or dictatorships, etc., that better exemplify forms of malignant aggression, as in *The Anatomy of Human Destructiveness* (1973a). Neither does it have a focus on annihilation anxiety, disintegration or fragmentation of the self as analyzed by André Green in *The Work of the Negative* (1998). It is closer to Bion's work that distinguishes between malignant destructiveness, based on the destruction of the object, the «no-thing,» versus benign destructiveness characterized by an absence or a disappearance of the object into «nothing» (1965). Micro-aggressions are not always benign: they can carry the hidden history of accumulated shame, humiliation, and guilt at the intersection of individual and collective memories. Repressed and suppressed negative emotions can be deeply damaging, able to provoke revolts, even wars (Scheff and Retzinger 1991). For Fromm «benign aggression» stems primarily from responses to an unlive life of unfulfilled needs. Acts of benign aggression are likely to come to the fore when individuals are faced with psychic conflicts between personal desires and social responsibilities (Fromm 1941a, p. 177, 182).³ In my private practice patients show tendencies to use benign aggression and negativity toward oneself and toward the «other» including me, as a defensive gesture when feeling abused and powerless, as well as a way to define a sense of self. Object Relations and Interactional psychoanalysts have paid little attention to the function of negativity as a productive response to a sense of economic or emotional danger. Fromm provides a framework based on sociological and psychoanalytic thinking in understanding these processes.

3 Studies on the interaction between the personal and the social using large samples being carried out by social psychologist John T. Jost (2004) who supports several of Fromm's theoretical and clinical theses.

This paper, using a socio-psychoanalytic approach, discusses the extent to which Erich Fromm's concepts of benign aggression and the work of negativity are instruments of change in the clinical encounter that can contribute to renewed efforts to bring back the social writ large in the analysis of the self (Harris 2011; Aron and Starr 2013; Benjamin 2011; Layton 2020). The de-linking of the psyche from the social started after Freud with Ego Psychology that focused on pre-Oedipal issues, the strengthening of ego functions and separation-individuation processes (Frosh 1997; Layton 2006,). The re-linking of the self to the social happened among interpersonal and relational psychoanalysts moving away from post-Freudian structural models of the self. They stressed a paradigm based on the interaction and inter-subjective linkages between therapist and patient in creating a shared unconscious «third» (Benjamin 2018; Dimen 2011; Silver 2019; Layton 2013). This paradigm was expanded to include socio-political factors and ethical concerns (Richards 2015; Samuels 2006 — these psychoanalysts are primarily affiliated with Post-Doc NYU Psychoanalytic Institute), as a part of the analysis of Relational fields (Aron and Starr 2013; Atlas and Aron 2017; Layton 2006, 2020). What was striking in reading these important and creative psychoanalytic works was the lack of recognition and engagement with Fromm's pioneering socio-political analysis of the therapeutic encounter (Fromm 1960a, 1962a, 1973a; Benjamin 2011). The insistence on looking at the historical, linguistic, political, and contextual dimensions of the self, overlaps greatly with Fromm's conceptualizations of the clinical encounter, especially studied in his early writing. The basic premise that the social shapes the self through the internalization of a social character structure (Fromm 1932a, 1992e; Funk 1996) was not discussed in detail or acknowledged with a very few exceptions (Layton 2020).

Fromm's analysis of a normative unconscious and the internalization of a social character structure points to the existence of a shared emotional space later named a «social third.» The view that there was a «turning point» in psychoanalytic thinking, codified in Greenberg and Mitchell's «Relational Turn» (1983), led to acrimonious debates. (The debate about these issues can be found in: Govrin 2017; Ullman 2017; Mills 2005; Perlman and Frankel 2009; Hirsh 2002; Kuchuck and Sopher 2017.) For some, the «Relational Turn» was a misnomer, certainly not a paradigm shift, since many of the ideas promoted were not new (Mills 2005). Concepts embedded in a social and political psychoanalysis go back to the work of the Frankfurt School of Social Research and the extensive conceptualization and research that emerged in the work of Erich Fromm (Funk 2019a; McLaughlin 2021). In stressing discontinuities rather than continuities between Fromm's ideas and later inter-subjective and relational thinkers, their important contributions promoted a distorted view of

the history of ideas in psychoanalysis. (This form of Frommian socio-cultural and political analysis is not yet taught in training institutes on a regular basis.)

Fromm's contribution to psychoanalytic thinking was and still is unique and strikingly different from Sullivanian thinkers. For Fromm, the development of the self occurs as a function of power relationships viewed as positive or negative forms of energy around the dynamics of conflicts and contradictions between individual needs and social expectations (Fromm 1932a, 1992e) or between contradictory needs within the self, taking the form of splitting. Libidinal forces are still present, but they are not purely sexual. The emphasis shifts from sexuality to the expression of love and joy, a part of the drive for life. The function of the super-ego is not only a censoring and a punishing force (Freud 1930a). It also supports social consciousness and solidarity (Carveth 2015). The classical Freudian structural model of the relationship between Id-Ego-Superego becomes replaced by overlapping tendencies, systems of psychic forces, and vital energies (Fromm 1941a). Such fluidity encompasses joyful and loving tendencies (the biophilous orientation) together with destructive forces (the necrophilous orientation) that are complementary and interdependent rather than binary opposites. In Fromm's words: «... the drive for life and the drive for destructiveness are not mutually independent factors but are in a reverse interdependence» (Fromm 1941a, p. 182).

The Frommian self is defined through dialectic relationships rather than dichotomies between inner/outer, self/other, and individual/social in the search for, or escape from Freedom. The following quote portrays these ideas:

«What is the self and what has it to do with Freedom? Trying to show how feelings and thoughts can be induced from the outside and yet be subjectively experienced as one's own, and how one's own feelings and thoughts can be repressed and thus cease to be part of one's self.» (Fromm 1941a, p. 184.)

The quote captures Fromm's thinking: how can we experience freedom when we are faced with identity confusion, not knowing who we are? How can we function when we are uncertain about the nature of our identity that is simultaneously social and personal, conscious and unconscious? How can psychoanalysis guide us out of these entanglements, conflicts, and contradictions? Do we need these confrontations as a source of dynamism and energy toward change? To answer these questions Fromm turned to cross-disciplinary approaches, especially between psychoanalysis and sociology (cf. Fromm 1929a, 1932a, 1980a, 1992e; Fromm and Maccoby 1970b; Funk 2020). Other attempts at integrating psychoanalytic ideas into sociological thinking and research happened

in the 1950s and 1960s but then disappeared from the field (Cavalletto and Silver 2014; Silver 2017, 2018). This shift reflected a long trend started with Anna Freud toward an ego-oriented theorizing, away from cross-disciplinary and socio-cultural thinking and from the role of libidinal and aggressive forces. Fromm provides a powerful and unique intellectual framework to understand conflict and the work of negativity, by combining psychoanalysis and sociological theory including Max Weber (1905) and Karl Marx (Fromm 1961b). His approach, so clearly stated in *Beyond the Chains of Illusions: My Encounter with Marx and Freud* (1962a), exemplifies how sociological and psychoanalytical methods complete each other by linking the social to the psyche through unconscious processes of internalization of memories of collective traumas, as well as the socio-historical contexts in which they occurred (Funk 2019). This mode of thinking influenced the work of sociologists Davoine and Gaudillière (2004). In Fromm's words:

«I do believe that one cannot understand a person, an individual, unless one is critical and understand the forces of society which have molded this person, which have made this person, what he or she is. To stop at the story of the family is just not enough. For the full understanding of the patient, it is not enough either. He will only be fully aware of who he is if he is aware of the whole social situation in which he lives, all the pressures and all the factors which have impacted on him.» (Fromm 1991a, p.102).

In this paper, I illustrate Fromm's approach by analyzing the functions of benign aggression and negativity experienced by my patients when confronted with feelings of powerlessness and alienation in and outside of treatment. I illustrate the conditions required to sustain the drive for life using their responses to the Covid-19 pandemic. Then, I discuss how the work of the negative and benign aggression can become factors of emotional growth. I end the paper by illustrating my use of a Frommian approach with fragments of clinical cases.⁴

2. The Impact of the Covid-19 Pandemic on the Self

The Covid-19 pandemic of 2020 provides a social arena to test the impact of socio-economic blockages on the individuals' fulfillment of personal needs.

4 Patient's names and basic personal information have been changed to protect their privacy.

The pandemic imposed greater physical separation and social isolation from family members, friends, co-workers, and therapists. Such isolation makes it difficult to sustain «*the drive for life*» that is the «fulfillment of one's capacity for sensual, emotional, and intellectual needs» (*Escape from Freedom*, 1941a, p. 139, 153). The fulfillment of these needs during the pandemic was clearly curtailed by economic constraints, socio-cultural values, and bureaucratic inefficiencies. *Loneliness* as a state of social isolation, and *aleness* as a feeling of abandonment and emptiness became widespread. The intensity of these feelings however, varied as a function of individual access to socio-economic, emotional and cultural resources.

Among my patients, feelings of aleness and loneliness were pervasive, but more destructive among women and minorities who lacked economic security and had little access to social support. Women's depressive and angry responses to feeling abandoned and sacrificed, once again, was extensive. The differential access to socio-economic and moral support from family and friends shaped these patients' reactions and guided my clinical interventions. Those who lacked any economic support felt the most trapped and turned the anger inward. Without economic resources, working less hours and/or working from home, especially with children, was not a source of freedom but an additional burden. These patients responded by turning their anger and destructiveness inward or projected onto family members as ways to gain a sense of control and to minimize their isolation. A few of these patients developed a compulsive need to punish themselves with guilt, shame, anger, regrets, and resentment in the hope of not being forgotten and abandoned. During the pandemic self-destructive acts like pulling hair, cutting oneself, vomiting would re-occur more often, combined with erotic dream-like phantasies of escape. Their feelings, especially blame and shame, further increased their social isolation. These patients could not see how their personal suffering and self-blame were in part the product of social inequality regarding access to resources. What I tried to do was to provide a framework for reconnecting the personal and the social through critical thinking about the pandemic as well as encouraging them to reach out to family and friends. Breaking their isolation took the form of discussing the meanings of being trapped socially and emotionally (as in Sartre's *No Exit!*, 1944) that provided a sense of sharing and care.

During the pandemic, many patients brought in memories of past traumatic experiences, their feelings of powerless growing up and during adulthood. For many, recollections of past losses and abandonments brought out paranoid fears that needed to be understood within a socio-psychoanalytic framework. Several patients blamed themselves and accused others while becoming angry at everything and at everyone without a clear focus. Self-blame and guilt were

used to minimize powerlessness, disassociating themselves from the roots of their own angry emotions. I pointed out that turning negative feelings inward was alienating and could impede their ability to connect with others. Trying to link the psyche to the social, I shared with them my views on how our socio-economic system had failed us. I do not know if my comments touched them or made any real difference in their lives. What they expressed was an appreciation for being treated as intelligent adults, rather than as needy children, or victimized adults. Such moments of sharing created a shared emotional space across socio-cultural divide.

Let me illustrate. Despite histories of verbal and physical abuse, separations, and desertions, the family unit around family members, especially mothers, continued to be an emotional anchor, especially among those women with little means. It provided a shield against emotional isolation. For example, Veronique, whose father deserted her alcoholic mother and five children when she was 14 years old, renewed contact with him and her estranged siblings during the pandemic. This impulse to reconnect with family and childhood friends was a relief but it also re-ignited past anger and resentment. Her desire to break-up her isolation and reconnect with her family also revived childhood symbiotic dependencies. She wanted to feel cared for and supported but was afraid of ending up being controlled and used as in the past. She wanted to be re-connected to her father but was already angry anticipating her «forced labor» and having to be responsible for his financial needs. What we worked on for a long time was the acknowledgment of her ambivalent feelings of anger and neediness that paralyzed her. Paradoxically, the painful recognition of her contradictory desires created emotional space and energy to move forward in therapy. She was able to acknowledge ambivalence and confusion rather than feeling safe but trapped. What I tried to do with Veronique, through an understanding of the work of the negative (Fromm 1991a), was to transform internalized, childlike symbiotic dependencies into forms of relatedness based on mutuality.

Facing her conflicts around the need for connectedness while pushing people away was another form of benign aggression that we needed to explore. I listened to her angry feelings at being trapped and empathized with her being scared and lonely in precarious socio-economic circumstances. However, providing emotional support and compassion were not enough to move Veronique to change. She had to confront her own contradictions between her need to relate and her fears of being trapped and controlled by family members and friends. Pushing people away was a form of benign aggression that provided a sense of control and some pleasure but that ultimately increased her isolation. Thus, when faced with loneliness during the pandemic, benign aggression

toward loved ones, including the therapist, provides a child-like emotional attachment that often brought back stronger negative feelings, yet the desire for relatedness and cooperation continued to the present.

«Privileged» patients with stable professional jobs who did not face economic insecurity during the pandemic were able to turn their physical and social isolation into sources of emotional discovery — a time for self-examination, even experimentation. They felt freer from bureaucratic demands, developing a more «authentic» sense of self, however elusive. They found ways to respond creatively to their isolation through painting, writing, making music, cooking, learning a new language and technological skills. They did not experience the same fears of loneliness or abandonment as the more vulnerable patients. With these «privileged» patients my focus shifted to exploring with them the issue of inequality and their unquestioned acceptance of their privileged social positions and roles in sustaining a system of stratification that clearly favored them. We reflected on the impact of easy access to socio-economic resources and stable employment on their social consciousness and social responsibilities toward other groups. Peter started questioning his social advantages that brought out a sense of «white guilt» making him angry at himself and at his family for having controlled him under the guise of protecting him. His memories of growing up led him to have insights into the dynamics of social control in his upper-middle class family and to explore his use of negativity in the form of both distancing (guilt) and outbursts (anger) to resist conforming to their expectations. For Henry, identifying the features of his social entitlement and his conflicts led him to recognize his narcissism and authoritarian demeanor in the way he blamed, judged, and pushed away family members, friends, and colleagues that disagreed with his positions. Such socio-psychoanalytic analysis based on clinical data is limited but essential for psychoanalytic interpretations. It assumes an active involvement of the therapist in the relational and inter-subjective processes of therapy. This clinical approach needs to be complemented with other research instruments: field research, historical, and large-scale empirical work (Jost 2004). Fromm's framework provides an unique guideline for clinicians in their ability to link the psyche to the social using a cross-disciplinary approach.

3. The Frommian Self in the Clinical Encounter

The Frommian clinical encounter provides an arena where it is possible to explore the concept of the «social» and compare different psychoanalytic traditions regarding the work of the negative in the emergence of a self. Among British

Object Relations traditions, the social tends to be limited to maternal bonding, intra-psychic relatedness and pre-oedipal issues. Clinical work is geared toward compensating for early maternal deprivation by providing emotional support, with an emphasis on pre-verbal emotional needs and stressing the importance of «good enough mothering» and «transitional objects» for psychic growth. This empirically oriented, narrow approach became widely taught in US psychoanalytical institutes. In part it was a reaction to the Freudian model of detachment and neutrality in the therapeutic encounter, but it also supports an overall approach stressing empirical work and evidence-based research. The study of social interaction including between therapist and patient becomes central to the work of analysis. The goal of therapy in this model is primarily oriented toward achieving an emotional equilibrium or harmony («The therapeutic couple») and a smooth adaptation to an existing social order.

In Fromm's model the social goes beyond interaction in family dynamics to include institutional structures, ideologies and normative expectations that shape an individual social character structure (Fromm 1941a, 1955a, 1962a; Fromm and Maccoby 1970b; Funk 2009). Therapy becomes primarily an instrument of engagement with the social around the recognition of conflicts and contradictions at the individual and collective levels. In this social context, negativity and benign aggression become critical instruments of change, fighting against the commodification of values and their reproduction in therapy. As a bourgeois practice, therapy has become a «gentleman's agreement» providing comfort through the patient-therapist relationship while rewarding therapist's emotional and financial needs (Fromm, 1970d, 1976a). For Fromm, the social in a marketing-oriented society commodifies the nature of the therapeutic process. Clinical work needs a different approach and conceptualization.

As a therapist dealing with unique individuals, my goal is not to compare large representative samples on the basis of behavioral and measurable social indicators. Rather it is to assess each patient's emotional capacity for change within given familial and socio-institutional structures, based on internalized values. However, while sociological methods using surveys may not be appropriate to psychoanalytic practice, sociological thinking provides theoretical frameworks to understand the links between the individual and the social. For example, it is essential to look at the context and functions of socially defined types of benign aggression and negativity yet explore further how they are experienced by each patient differently (Funk 1996). One way to analyze the impact of institutional norms and normative constraints on the self is to analyze the work of the negative in the context of therapy itself. Therapy represents an unacknowledged social context where issues of privilege, power

structure, payment, ethnic and racial identification, projection, and projective identification, etc., are experienced by both therapist and analysand and can be explored in their mutuality.

Using a socio-psychoanalytic approach with patients turned out to be more difficult than I expected.⁵ Many of my patients start their sessions with accusatory formulations against their self or therapy (me): «*I feel nervous/ sad/ angry,*» «*I am destroying myself, but I don't know why!*» «*I must have done something wrong,*» «*I am a fake,*» «*I can't trust myself,*» «*What's wrong with me,*» «*I am a failure,*» «*I don't feel comfortable talking today,*» «*I don't want to be here,*» «*I could as well be talking to a friend, it would be cheaper,*» etc. How can we understand these statements? What are they telling us? Are they cries for help, a need to be reassured? Seeing themselves as failures, are they expressing anger through benign aggression? I asked myself: what is the underlying thread that links all these statements? The patients have internalized a view of themselves as failing parental and societal expectations in a highly competitive and individualistic society that shaped their character structure. In therapy they want to change yet repeat the same pattern of adaptation and anger, being a «good patient» to please me and get rewarded by my care/love, yet resenting me at the same time. This inner conflict between adaptation and change becomes in therapy an entry to experiencing repressed anger and negativity as part of a larger pattern.

In my practice, I analyze each patient's responses by listening to myself listening to them (Fromm 1991a, 1992g). This mode of listening stresses the social nature of the transference and counter-transference manifestations that can protect the therapist against narcissistic tendencies (Millán 1996; Margolies, 1996). Especially significant is the therapist's control over parameters such as time, place, and money. Dealing within these contested social domains, especially around money, can feel awkward and not belonging to the realm of a psychoanalytic treatment. Yet, they are crucial because they bring the social into the therapeutic process. Analyzing the issue of power relations, social control and questioning the neutrality of the analytical process, as they are experienced in clinical work, not unlike what Ferenczi (1933) argued, threatens the therapeutic alliance with the expression of suppressed, dissociated thoughts and feelings. Therapists often avoid discussing these issues for fear of damaging their reputation or losing patients on issues that are not traditionally discussed in therapy.

5 I should emphasize that my observations are based on my ongoing work with a small group of 13 patients (10 women, 3 men). My analysis is in no way generalizable, but only used to illustrate how Fromm's theoretical ideas guided my clinical work.

Negativity turned inwards often tends to be self-destructive. Within Interactional and Relational perspectives, the focus is to compensate for emotional deficits, and childhood traumas, as they are re-experienced in therapy. These emotional deficits can be repaired through understanding, connectedness, and empathy. Providing support and empathy creates hope for the future: «things will be OK.» This logic of connectedness is re-assuring for everyone — patient and therapist — however, it can encourage regression to childhood dependencies that encourage narcissistic gratifications for making psychic change harder.

A Frommian perspective adds a dimension by identifying individuals' locations in a socio-economic societal matrix. The failure to succeed and the internalization of negative self-images due to societal pressures to conform and adapt in a competitive market-oriented society reinforces a system of exploitation and alienation (Fromm 1929a, 1932a; Funk 2019, 1996; Funk and McLaughlin 2015).

Fromm always stressed the importance of looking at social questions with a critical Hegelian eye. How can therapists provide patients with a framework for critical dialectic thinking? In my practice I explain in non-psychoanalytic jargon or a didactic style how lack of socio-economic support can shape negativity through projective identification with a hated object. A feeling of victimization, what Fromm called «*the worship of destructiveness*» is often used in the hope of getting ever more attention and care from the therapist, a process that leads to narcissistic attachments on both sides (Dimen 2011). I encourage patients to engage in a process of identification creating beyond the «therapeutic couple.» Seeing oneself through the eyes of an «other» fulfills dependency needs while minimizing the danger of adhesive bonds.

Looking at the functions of benign aggression led me to explore the interaction between individual's ability to detach from affective adhesiveness from family, communities, authoritarian figures, and ideologies, etc., as expressing the desire, real or phantasized, for new productive forms of connectedness (Fromm 1941a). For Fromm, the pull toward the negative is culturally and socially sanctioned in certain societies more than in others. How can a system based on the internalization of exploitation in a market economy provide the emotional energy needed to detach oneself enough from «ugly» emotions that are at work in us? For Fromm the work of the negative can help us identify and transform culturally sanctioned emotions — like love — as they get transformed through an engagement with the social starting with therapy (Ngai 2005) and self-analysis.

4. Working with Negativities and Conflicts as Factors of Emotional Growth

Fromm did not write a separate book purely on clinical issues, nor did he publish case studies in mainstream psychoanalytic journals.⁶ Fromm's clinical observations are scattered in chapters of his historical, theoretical, and methodological writings. Some of his «technical» writings were gathered in a volume edited by Rainer Funk, *The Art of Listening* (1991a), that provides key ideas around the functions and methods of the psychoanalytic process. We also have oral and written reports from colleagues and supervisees re-assembled in a crucial book, *The Clinical Erich Fromm*, edited by Rainer Funk (2009). Ruth Lesser, a Fromm supervisee, asserts that the lack of a separate book on clinical issues was a decision Fromm made that reflects his belief that the therapeutic process was not transferable to a written form.

Fromm's clinical approach follows unscripted modes of intense relatedness, a direct and personal encounter guided by his emphasis on spontaneity and creativity (Funk 2019a; Maccoby 1996; Bacciagaluppi 1989; Gojman 2015; Millán and Gojman de Millán 2009, etc.). His mode of working with patients was described by Maccoby (1996, p. 83) as direct, compassionate, but not particularly empathic. Such informal data about Fromm's style of work provides exceptional insights into the complexities of his personality and how his clinical interventions reflect the junction of his own needs with that of his patients. For him the sign of a successful analysis was the therapist's ability to change and learn about himself/herself together with his patients.

The underlying basis of a Frommian approach reflects the integration of elements from Marxist and Freudian theories around the concepts of power and social control, complemented by Fromm's benign aggression and negativity more generally, reflect the Marxist concept of an «alienated self» that emerges when individuals are treated as objects/commodities in a capitalist system of production together with their insertion into a bourgeois symbolic order through language. The better socialized we are, the more likely that we have internalized the values of the dominant culture, suppressing or hiding negative feelings of hate, mistrust, misrecognition, anger, rage, etc., that make up major parts of unconscious collective memories (Samuels 2006; Andrews 2014). Such suppressed negative feelings can become destabilizing factors that turn into a «*dynamite*» force when a lag occurs between individual de-

6 Among the psychoanalysts who continued Fromm's clinical tradition are Pablo Varela, director of the Mexican PSA Institute, Luciana La Stella, chief of the OPIFER group in Italy, Japanese therapist Ayumi Osagawa, Kazunao Morita and Dražen Šumiga.

sires and the existing social order that need to be contained (Fromm 1955a). Jewish Talmudic thoughts, Kabbala mystical incantations together with Hindu philosophies, and supplemented with yoga and meditation practices provide the bridge between alienation and salvation.

Can psychoanalysis, itself a product of a bourgeois society, become an instrument of social change? Fromm suggested that we can help patients «*to become the active bearer of their own power and richness rather than an impoverished thing, dependent on powers outside of themselves*» (1955a, p. 124). A complementary question: How can negativity, rather than being turned inward, become a creative refusal and opposition? Fromm believed that psychoanalysis could make us aware of embeddedness in a system of power relations, exemplified first by the power of the father and going all the way to the power of the «organization man» — including the power of the analyst. Therapy should be an instrument to reveal and counteract our tendencies to conform to marketing strategies, narcissistic consumerism, and ego-oriented ideologies (Funk 2019a, pp. 101–145). As discussed in *The Pathology of Normalcy* (1991b), bringing patients to consider how we have internalized normative structures and learned to adjust to societal demands has been playing a role in my work with patients. As mentioned before, Fromm's goal of psychoanalysis is the ability to learn to say «NO» to power, by resisting systems of alienation that stifle creative minds in families, organizations, as well as in psychoanalytic institutes (Fromm 2010a).

In this framework distrust and disobedience are not necessarily negative, rejecting, or aggressive. Rather, they reflect the ability to express openly what we feel, see, and doubt, making critical assessments and pointing out the dangers of dissociation between ideologies, language, and realities (Fromm 1976a; Kernberg 1998; Kirsner 2000).

Fromm made the insightful observation that many psychoanalysts postulate emotional security as their main goal rather than the ability to tolerate insecurities, irrationalities, and the anxiety that ensues: «For me the essence of analytic cure lies in the very conflict engendered by the meeting of the irrational and the rational parts of the personality.» (Fromm 1991c, p. 48).

Patients starting therapy have an image of what they believe to be a «good» patient. For example, when Isabelle first started therapy, she tried to hide the depth of her anger by a presentation of self as the «good» compliant girl/woman. She appeared with a façade of stability and «happiness.» She wanted to conform to her idealized image of «a good patient.» Sociologists have addressed the issues of creating a socially acceptable image to get the benefits of a market economy (Hochschild 1979). Psychoanalysis can add to that insightful observation. Isabelle needed my «permission» to face her negativity, especially

her anger toward her mother, and to reveal the depth of her murderous wishes and self-destructive behavior. The tendency to conform shapes therapist-patient relationships, too, as part of a structured environment of bureaucratic rules and theoretical «correctness» that patients and therapists have internalized (Fromm 1991b; Kernberg 1998; Kirsner 2000). Isabelle wanted above all what you cannot get in a market economy: attention, care, and love, away from the all competition, Yet she was always competing to be the best using acts of benign aggression as a protective device and her negativity as a means to success. In her sessions Isabelle resisted for a long time exploring the source and meaning of her aggression.

Many patients have a tendency to talk about their childhood with either an idealized view of their growing up: «A perfect childhood» or with feelings of anger and resentment for the lack of support, love and understanding they claim they never received — «a hell hole» as a patient expressed. When emotions are so extreme, they are manifestations of dissociations that need to be analyzed. The splits between phantasies and reality are so extreme they tend to hide deep feelings of anger, resentment, envy, that turn humans into dangerous machines (Fromm 1991c). The mechanisms of learning to see oneself and others in a more complex and humane way minimize aggressive tendencies and promote change. Over time dissociations become modified through patients' ability to see themselves as social actors that can accept both the positive and the negative sides of their childhood and adult life without hiding behind feelings of victimhood. Ambivalence becomes a tool of reflection rather than the manifestation of self-doubt and fear. Patients are often criticized for being ambivalent, not knowing what they want. In traditional therapies not expressing oneself is defined as a resistance. For Fromm, accepting a state of «not knowing» gives room for reflection leading to critical thinking, a first step in the process of psychic change. Repetition compulsion is often defined as a resistance. Not necessarily for Fromm! My patients who recount the same stories over and over again are trying to make sense of their past by gradually allowing dissociated memories to emerge without fear of being judged. They are not just repeating the past but learning about themselves from it; they are discovering themselves and willing to take emotional risks. Fromm, in lectures published by Rainer Funk in his book *The Art of Listening* (1991a), provides guidelines for listening to the archaic parts of a patient with a benign neurosis and equally important listening to oneself as a therapist to avoid infantilizing patients or increasing the risks of co-dependency and counter-transference, thereby not letting the patient experiencing the simultaneity of contradictory desires and conflicts analyzed in *Factors Leading to Patient's Change in Analytic Treatment* (1991c).

The centrality of mother-child bonding, and the role of social interactional models became increasingly central among Relational therapists, underlying a tendency to stress the need for attachment as a source of support rather than the analysis of conflicts as experienced in the clinical encounter. Fromm's model of change stresses the impact of socio-cultural values such as consumerism, technological knowledge, and the «marketing» orientation — amplified today by social media that contributes to further de-linking of the self from its socio-historical context. Simultaneously, we are witnessing the creation of new forms of relatedness in a polarized society, one in which social discourse, technological realities and phantasmagoric imagination overlap in a confusing way. Narcissism at the individual and collective level might become a refuge and provide safety at the expense of collective sharing. Let me give the example of Dorothy.

Dorothy has been engaged in a long process of denying her conflict around dependency and freedom by being very controlling and negative. She wanted to be taken care of, loved, and affirmed while pushing away those that wanted to help her. A single depressive mother raised her in poverty. She described her childhood deprivation as unending physical and emotional attacks by her «cruel» mother. For many years she would start the session by saying something negative to me like: «*I don't want to be here,*» «*I hesitated ... calling you to cancel,*» «*the office is too hot!*», «*too noisy,*» «*I am not in the mood for talking today,*» etc. She criticized me as a therapist for not caring and being empathic enough, a clear case of transference and projective identification. Dorothy kept coming regularly and attacking me in subtle ways, sustaining archaic attachments that trapped us together in a state of mutual dependency that reassured her.

I hoped that Dorothy would come to understand and accept how her feelings of childhood deprivation were still affecting her as an adult. I pointed out how the same pattern of negative attachments was being repeated with her many boyfriends and with me. I interpreted that by keeping boyfriends and friends at a distance, she might experience a sense of power, combined with the narcissistic enjoyment of a child's revenge. After years of therapy she confronted herself, having understood and accepted in part how her negativity was a form of archaic attachment reflecting her desire to punish the mother/me, while enjoying the illusion of power over her/me. We discussed how this process was happening in therapy. The realization that these incompatible and simultaneous demands between the gratification of childhood wishes and the acceptance of adult responsibilities produced an «emotional shock» that, following Fromm, is necessary for psychic change to occur. In Fromm's words:

«The patient must travel on two tracks in the analysis. He must experience himself as the little child, let us say of two or three years old,

but he must at the same time also be an adult responsible person who faces this part of himself.» (Fromm 1991c, p. 48).

A Frommian feature that influenced my clinical work was to locate a patient's family history and personal feelings about class identification within a larger historical and socio-cultural matrix (Fromm 1970d, 1973a). Sociologists have shown empirically how class identification (Socio Economic Status — SES) has an effect on life chances, lifestyles, life expectancy, social mobility, etc. (Today sophisticated methodologies permit looking beyond class (SES) to intersections with other variables including gender, sexual orientation, minority status, etc. Hence Socio Economic Status (SES) is a measure that provides a better understanding of differences in the level of education, income, and occupation.) Erich Fromm's paradigm stresses how class affects one's ability to fulfill sensuous, emotional, and intellectual capacities (1941a, 1976a). In my small practice, class (SES) makes a difference in self-perception and self-image as we discussed before. For my patients with middle class and upper middle class family backgrounds, class is taken for granted. They do not experience class as a source of entitlement unless challenged. However, when the same patients are confronted with downward mobility for example, they see themselves as losers, igniting feelings of self-hate, anger, resentment, and cynicism. In therapy we analyze the extent to which these feelings are laced with «bourgeois guilt» that can either restrict or promote their ability to relate and connect with others.

Among my patients who come from poor, working class backgrounds or are recent immigrants, they want above all to be heard. They tell and retell their stories of exploitation, suffering, disappointment, and hurt. It requires listening to them while detecting how their aggression is being displaced or projected. One striking feature is their reliance on family members as a source of emotional support despite histories of drug abuse and abandonment. Their socio-economic vulnerabilities to racism and discrimination make them vulnerable, but more connected to others who share similar histories. Class identity and its impact on the self is rarely analyzed among Relational psychoanalysts, leaving out an essential component of identity and the injuries that result from a highly status-oriented, competitive society. Therapists need to explore class issues in the early phases of treatment in order to discover the psychic injuries of class and explore the unconscious linkages between the social and the individual. With my patients I start therapy by asking them to tell me in detail the history of their family and share the feelings that emerge when recounting their lives. Usually, key struggles about class identification and trans-generational traumas come to the surface.

Another source of benign aggression that is stressed by Fromm and that

guided my own work is the impact of normative language on the self. Language is an instrument of social connectedness as well as an instrument of social control that unconsciously shapes our sense of self:

«Language, by its words, its grammar, its syntax, by the whole spirit which is frozen in it, determines how we experience, and which experience penetrate to our awareness.» (Fromm 1960a, p. 101.)

The «talking cure» — framed by the normative nature of psychoanalytical language around its filtering functions — is not a neutral instrument of communication. For Fromm, not unlike Lacan, language structures the working of the mind, controlling conscious and unconscious thinking and desires, thus becoming a means of social and political control in a capitalist bourgeois order that supports those in power or seeking power. The spread of misinformation that distorts and denies social reality is becoming an increasingly destructive force against the social fabric of society. Fromm raised the question as to whether or not neutrality and free association in therapy are possible due to the filtering function of language. The term «free association» is a misnomer since language is anchored in internalized bourgeois normative values. Fromm suggested ways to cope with the filtering and alienating functions of language by combining different modes of expression and resisting the use of bureaucratic language. I followed Fromm's suggestions of avoiding the use of jargon and diagnostic assessments, encouraging the expression of dissociated thoughts and feelings. In my clinical practice, I encourage patients to use a personal, even an idiosyncratic language in order to minimize its normative filtering function. I give attention to verbal and non-verbal components of relatedness by stressing the importance of expressing «visceral experiences» in the therapeutic relationship. We explore self-damaging and self-destructive language patterns, such as obsessive thoughts, self-doubts and a sense of victimization that sustain or even reward a negative expression of the self (Fromm 1958d, p. 11). While a «working alliance» is expected at the start of therapy, Fromm encourages therapists to define early on key repressed conflicts and contradictory needs. The tendency to conform («automaton») should be actively opposed through critical thinking, and the expression of benign aggression.

Fromm alerted me to the importance of visualization in linking self and others. When a patient cannot verbalize and/or share intense unconscious fears or desires, I suggest they select a fairy tale, poem, novel, film, painting, photograph, etc., that talks to their «inner self.» Their ability to identify with an image, a representation, or an idea, enables them to see and verbalize their own unconscious fears. Cultural artifacts provide a shared space to identify

with mythical representations and fictional characters in relative safety and freedom. States of shame, murderous rage, jealousy, excitement, or sexual desires can be seen and expressed with less fear of being judged and ostracized (Gaudillière 2020). I guide patients to see and recognize in themselves the emotions that they project onto fictional «Others.»⁷

When a patient with benign neuroses felt emotionally strangled by negativity, feeling unable to talk and afraid of destructive impulses, I suggested that s/he looks at a painting that touched her (the patient selected «The Scream» by E. Munch, 1893). With another patient, who is socially and sexually inhibited, I suggested wandering through museums and observing the mystery of artifacts with sexually explicit objects (the patient selected African artifacts). With yet another patient, always disappointed in love relationships, I suggested that he read parts of *The Art of Loving* (Fromm, 1956a). With each patient I discussed their feelings and their reactions to this form of relatedness (Fromm 1991d). With a few exceptions, the patients felt validated and emotionally reassured. Looking at art was the first step in re-connecting to their own emotions; seeing and recognizing «ugly» feelings in themselves without shame or guilt (Sedgwick 2003).

I end the paper illustrating the theoretical ideas discussed around the work of the negative, by providing fragments of patients' cases. Despite the real limitations of this approach it provides a sense of the interaction and inter-subjective dynamics between therapist and patient.

5. The Power of the Negative and Psychic Change: Fragments of Clinical Cases⁸

This last part of the paper illustrates with specific fragments of cases my use of negativity and benign aggression as a source of growth. Fromm mentioned how difficult psychic change can be. Only individuals willing to work on themselves can be helped (Fromm 1991a). My experience when working with benign aggression and negativity suggests that change is slow, incremental, never

7 Unlike the Lacanian mirror stage, the recognition of oneself through the sharing/mirror of the language of others does not create the illusion of wholeness, but rather it provides an image of the complexities and contradictions of the self. This is the usefulness of the Other as a projective screen.

8 Let me stress that I am not discussing full patients' cases because I have the same reservations as Fromm did about using that format that provides a limited view of the complexity of the work, spoken and non-spoken, with patients.

complete, but productive in its ability to challenge the status quo. The process of change, from adhesive attachments to past traumas and damaging psychic experiences toward experiencing productive forms of social relatedness, is surprisingly difficult yet doable and exciting, unlike working with malignant aggression (Fromm 1941a).

Patients' benign aggression toward the self and lack of empathy for others, including the therapist, gives rise to a false sense of power, often accompanied with pleasurable pain often of a sexual nature. Fromm observed that patients are more likely to remember and get attached to painful and traumatic memories than to joyful moments. In his discussion of the *worship of destructiveness* Fromm expresses such feelings through the words of a protagonist based on a novel by E. von Salomon (1930): «I want to load my whole life with the whole disgusting dirt, with this piled-up mass of disgusting memories. I do not want to forget: but the little good that happened to me that I want to forget.» (Fromm 1973, p. 311.)

The work of negativity as a source of personal power and control over others follows a different model from those used by Interpersonal theorists. For them, negativity is primarily a response to early maternal neglect and emotional deprivation. Those can be corrected in therapy by focusing on pre-oedipal issues and providing the emotional support and empathy that were lacking. Healing and identification become the primary mechanisms of attachment to «objects.» While important, they reinforce narcissistic gratification while making psychic change more difficult. Fromm understood the dangers of narcissistic dependencies at the individual and group level. He suggested analyzing defense mechanisms, especially denial and dissociation, to uncover patients' conflicts and contradictions. Fromm's ideas about the functions of benign aggression opened up for me the importance of looking at the role of negative attachment as a stabilizer that can create unconscious positive and negative linkages between the individual and societal forces. Families, communities, authoritarian figures, and ideologies can provide support to psychic change, as well as creating malignant dependencies.

Fromm's conceptualization led me to explore the conditions under which an individual has the ability to get detached from adhesive connectedness, and how the liberated energy that this produces, leads to a new experience of relatedness based on mutuality (Roland 1988; Akhtar 2021). Among my patients this process of detachment was slow and difficult and could only happen after letting go off the work of the negative, experienced as a loss of power. The experience of therapy introduced them to a more humane discourse based on a reciprocal sense of relatedness within a shared Social Third, making the transition away from negativity to productive thinking possible.

a) The Working of the Negative: The Case of Annette

Annette is a successful professional woman in her fifties with one child and no extended family. She has experienced deep anxieties with severe depression stemming from childhood traumas of abandonment and violence. Her memories are linked to violent events that she witnessed as a child, causing nightmares and paranoid dreads. She is on medication. Annette was brought up by a single mother with no money and no one else to take care of her. She blames herself for her mother's sufferings, for neglecting her and her inability to save her: «*Everything was my fault!*» she kept repeating. A clear role reversal had occurred: she became her mother's mother! This locked her into a «shameful» and «guilt-ridden» emotional circle of negativity that provided her with a sense of illusory control. Her negativity became part of her total personality that she was not willing to escape since it sustained a narcissistic character structure.

Annette previously had been in therapy for more than 10 years with a Relational therapist. She reported that he provided her with a great deal of empathy and emotional support that she needed and appreciated. She described the relationship as: «*It was like he put a warm blanket around me. It felt good and secure, but I could not breath freely.*» When the therapist retired, she observed that the level of her anxiety level and self-reproach had not changed. What I wanted to explore with her was her identity confusion («*who am I?*»). For a long time in sessions she would be crying, blaming me, and angry, asking constantly, «*Are you angry at me?*» After trying to reassure her for several months that this was not the case, I altered my approach by being direct with her following Fromm's suggestions (in «*Functions and Methods of the Psychoanalytic Process*», Fromm 1991d, pp. 108–124). I told her that it had become difficult to connect with her feelings, since her negativity was pushing me away. I asked her how my comments touched her. She responded that she felt abandoned by me and ignored. In her life negativity had given her the power to control others that made her more secure. My interpretation felt threatening, like I had taken away a source of security leaving with frightening emotions and social isolation. I reminded Annette about the «*black hole*» in herself that she often refers to like in a dream. I understood the «black hole» in symbolic, not sexual terms, as expressing a sense of total emptiness and death. Annette herself described her black hole as part of a bottomless feeling of aloneness where she could disappear and feel protected.

I was careful not to see Annette as a «victim» but understood her need for self-protection and security. I told Annette, «*You are attached to the memories of your early abandonment, and it is hard for you to move on.*» She agreed, looking at me with sadness, afraid that again I was going to take away something im-

portant. In her psychic economy, negativity had provided Annette with a sense of security but simultaneously entrapped her by limiting her ability to enjoy life with others. After several years, she understood her need to control others through negativity and her fears of loss and ultimately death. Emotionally she was hindering her ability to connect and be a social actor, «thwarting» her life (Fromm 1941a, p. 181). I suggested that she needed to detach herself from her fixations on her childhood memories, by re-directing her energies as an adult in a productive way. Annette heard me but did not react, suspended in her magnificent hostile and protective isolation.

After 3 years of intense, often difficult interaction between us, she announced, «*The ice block surrounding me is starting to melt.*» Annette's fears of abandonment were somewhat contained, she no longer needed to be so critical of me, and she stopped crying. She wanted to increase the number of sessions and started sending me material to look at in the form of poetry or paintings. I was willing to accept her «gifts,» a non-traditional technique, to create space for a social third. What she sent me mattered less than her trusting me, and our work together. Annette started to reach out to old friends across the country and to explore new activities like yoga and cooking that gave her pleasure.

b) The Working of the Negative: The Case of Lily

Lily was raised by a single mother in poverty surrounded by physical violence. As a patient she was angry and depressed, blaming herself for her mother's violent emotional state. After listening to her story many times and empathizing with her, I asked her to consider the larger socio-economic picture in which her poor immigrant mother lived and suffered without help and resources. How did poverty affect their relationships? Lily wanted to «kill» her mother, metaphorically. Her negative identification with the mother was so strong that it created in her a feeling of entrapment and aloneness. The neglect and abandonment that this patient had experienced as a child was being enacted today with me in therapy. As I tried to link up emotionally with her I realized that her extreme accusatory tone and resentment toward her mother, and sometimes towards me, also reflected a fear of being abandoned again. This conflict between a desire to destroy, and the fear of being abandoned trapped Lily into a rigid attachment to her suffering around self-reproach and self-dislike. I was puzzled when I observed that my emotional support strengthened her negativity rather than loosening it. I realized that her benign aggression was used as a tool of control. At that point, I decided to shift the focus from the child-mother relationship to the historical context in which her mother

grew-up. I suggested that we needed to understand how her mother had been affected by poverty and male violence and how it shaped their relationship.

Lily had internalized a view of herself as an aggressively vulnerable entrapped victim. What Lily needed in addition to emotional support and empathy was an understanding of the dynamics of poverty linking her mother's suffering and neglectful behavior to her own history of struggles. Lily's recognition of her mother as a victim of society changed our discourse and lowered Lily's guilt and self-punishment for her partly fantasized past neglect of her mother. What became clear to me was that an understanding of the socio-economic context of their past relationship led to greater acceptance of each other. Now that her negative attachment to her mother had weakened, Lily felt less trapped yet still anxious, having a fear of emptiness and isolation if she let go of her negative attachments. The next phase of our work in therapy was not a linear process of psychic change but a constant adjustment to different forms of negative and positive attachments including in the work of therapy. Her understanding of the functions of the negative as providing her with a sense of control and power at the price of loneliness and isolation led to a major shift in our work and new forms of reciprocal relatedness.

c) The Working of the Negative: The Case of Clara

Clara is single, a middle-level manager in her late forties. She presents herself as a calm person, yet she feels depressed and angry. She came into therapy wanting to understand her underlying depression and lack of emotional energy at work. Clara lives in two different worlds and experiences herself as having «a split personality.» In sessions, she rarely complains openly about her life, yet she felt overstressed at work, lonely and angry. I first explored her current state of mind and feelings around her conflicting needs and repressed wishes in the workplace: to be recognized yet to hide her commitment and productivity. Male supervisors in higher positions had abused her. She had been overlooked for promotion several times and her salary had not kept up with other managers. Clara experienced the conflict between her wish and desire to be acknowledged and her fear of retaliation because of it, leading her to conform to a powerlessness position and hide her desire for recognition yet engaging in numerous acts of benign aggression. Rather than acknowledging her powerless position within a chauvinistic organization that clearly discriminated against women she turned her feelings of envy, anger, resentment to self-criticism: «*I am not good enough,*» «*I don't express myself clearly,*» «*I ruin everything,*» etc. Clara was clearly very angry at herself, blaming herself for

being weak and inadequate. I asked Clara if this pattern of negativity turned inward felt familiar. We traced her pattern back to her childhood and family history: her father was a verbally abusive authoritarian man and her mother distant emotionally, never protecting her. She tried to be a «good daughter,» hoping to get their attention, affection, and care but actually was terrified of the power of her father to control her life. Hiding and negative attachments were for her the safest position in the family.

Clara's negativity and depressive silent moods were coping mechanisms that she did not understand: what is wrong with me? Her attachment to a seemingly calm depressive position was reassuring and helped her cope with anger while trying to be «a good daughter» and «a good patient.» In her sessions she talked back and forth of her fears of loneliness and rejection growing up and still today in the workplace — another type of family. After a year her sense of self changed. Her hidden anger started to be expressed openly. She became distant and clearly angry with me; outbursts of feelings surprised and frightened her. She said, «Now I am not a good patient anymore!» Gradually, Clara came to realize that she had a tendency to accept and comply passively to the demands put on her by family members, work colleagues and me, becoming a silent victim, which was a way to become invisible and stay safe but trapped and unproductive.

A few years into therapy Clara became curious about the position of women in her company and searched for private information about managerial salaries. She met with colleagues to discuss the existence of possible gender discrimination. Rather than expressing her anxiety in therapy and exploring her ambivalent and contradictory feelings, she took the highly risky moves of «acting out.» Coming from a passively angry and conformist worker, the change was striking. A classical therapist would look at her action as an infraction to the rules of therapeutic conduct. We talked about her action and how she felt liberated and scared. Her actions revealed psychic change that I supported. No organizational change occurred as a result of her meeting with other women, but it gave her a sense of connectedness and protection in a work culture that ignored women. It also showed her ability to break away from her mutism and to take risks. Clara started to discuss issues around feeling controlled, and emotionally abused by father-like figures in her family and in the workplace. I did not suggest any interpretations of her behavior, but we exchanged ideas about discrimination of women. Our exchange of ideas opened up a shared desire for greater social recognition.

Our work was not linear. There were strong pulls for returning to older patterns of being invisible and repressing anger. Over the years, I came to realize how meaningful it was for Clara to see me as a female authority figure

with whom she could relate and exchange ideas away from power relations. With her I learned to become a careful listener, an empathic therapist, but perhaps even more important I became an active partner in her struggles to become a social actor. I was careful not to encourage adhesive connectedness or narcissistic gratification in the relationship, something Fromm warns us about (Fromm 1991d, pp. 108–125).

These fragments of analysis illustrate how Clara, Lily, and Annette used different ways of coping with their conflicted selves. Understanding the functions of negativity by linking «critical thinking» to emotional responses around social thirds, led to a gradual transformation from «unproductive» to «productive» selves reaching out to others through inclusion rather than rejection. Their gradual detachment from adhesive dependencies (Akhtar 2021) and accepting the alteration of their negative power — anger, hate, guilt, victimization — were major goals of therapy. Selfhood becomes defined not as polarity between childhood needs for dependency or adult needs for freedom but as complementary, providing a sense of unity: an authentic self. Over the course of many years these three patients went back and forth between experiencing themselves as regressed, passive, and frightened childlike adults, to being active social actors with a sense of social responsibility.

6. Conclusion

Fromm's ideas played a central role in my clinical work, especially the concepts of the social unconscious, character structure, the internalization of the social beyond the family, the stress on conflicts and contradictions in the analysis of the self, the avoidance of dichotomous thinking, the stress on dialectic critical thinking, the risks of narcissistic attachments, and dream analysis. All helped my work as a Social Relational therapist in dealing with issues of benign aggression and the treatment of benign neuroses and negativity, as I have partly illustrated in the aforementioned case studies.

The lack of any serious acknowledgment of Fromm's pioneering clinical ideas are distressful, especially today when concerns regarding socio-cultural issues around inequality, racism, intolerance, homophobia, sexism, authoritarianism, etc. are coming to the fore. The absence of a clear recognition of Fromm's pioneering work is troubling. Such an incomplete and distorted view of the history of psychoanalytic ideas limits greatly the transmission of new knowledge.⁹ Additionally, merging sociological and psychoanalytical meth-

9 This gap is being remedied through the work of an international group of scholars from

odologies is difficult and complicated (Funk 2019a). The attempt to do so by Fromm and Maccoby (1970b) did not lead to enough of an integration of psychoanalytic thinking, yet it does provide a research tool to combine qualitative and quantitative approaches in the study of social change (Maccoby and McLaughlin 2020). A Social Relational framework can provide a framework to respond to pressures of a segmented and increasingly schizoid, polarized society based on narcissistic and paranoid fears (Fromm and McLaughlin 2015).

After a long silence Fromm's pioneering ideas are starting to be reclaimed and celebrated in social sciences and cultural studies, but much less among psychoanalysts themselves. Fromm's socio-psychoanalytic conceptualization of selfhood has been a source of inspiration in guiding my clinical work. The concept of a «social third» provides emotional space where creativity and dreaming the social with my patients was possible (Silver 2017). Fromm placed dreaming at the center of his work on the unconscious using a different technique of interpretation than Freud, never losing sight of the relationship between dream and reality.

I return to the original question expressed by Rainer Funk's formulation, «...how can one adapt to society and be with the other, without losing one's individuality and uniqueness?» (2019a, p. 46). In my practice, I help individuals transform their emotional states of negative dependency into critical thinking. It was often difficult for my patients to see the connections between the past and the present, between their inner insecurities, self-doubts, and sense of personal failure on one hand, and the broader socio-economic, technological systems that shape our lives on the other. Spurred by the anonymous forces of tele-technologies and social networks, group narcissism can flourish more easily than ever within the cracks of dividedness that spread confusion and misinformation between the phantasized and social realities. How can a Frommian approach provide an understanding and a warning stemming from the exploitative manipulation of truth? Are we ready to sacrifice individual freedom for the sake of the collectivity? (Durkin and Braune 2020).

I have no clear answers to these broad philosophical questions about the transformative ethical power of psychoanalysis (Durkin and Braune 2020; Durkin 2014; Chancer 2020), except to report that in my small clinical practice, despite societal inequalities, violence, and socio-economic domination surrounding us, it has been possible to maintain a space for mutuality and openness across generations, classes, ethnicities, and sexualities. Negative attachments

around the world working together through the Fromm Research Institute under the direction of Dr. Rainer Funk in Tübingen, Germany and in collaboration with Dr. Thomas Kühn at the Psychoanalytic University in Berlin, Germany.

toward the self and toward others can be used in therapy as instruments of growth capable to personify the process of relatedness and the sharing of a common humanity under our multiplicity of selves. The ability to say «NO» to power has been one of Fromm's insights that guided my clinical work (Fromm 2010). Benign aggression and the work of the negative play an important role in questioning and resisting socio-political structures and cultures that favor privileged groups and ideologies. Benign aggression and the work of negativity provide conceptual tools to see what has been hidden from consciousness and dissociated from everyday reality. Like Fromm I have a sense of hope in the power of creativity and humanistic solidarity. Relational psychoanalysis following a Frommian tradition has been for me a «privileged site of dialogue» (Layton 2020, p. 24) that made a difference, one patient at a time, along a more socialistic, feminist, and humanistic philosophy of life, bringing a greater sense of social responsibility and relatedness in our lives, in and out of treatment.

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