

The Social Determinants of Psychoanalytic Therapy

Erich Fromm

Fromm E. The Social Determinants of Psychoanalytic Therapy. *Int Forum Psychoanal* 2000;9:149–165. Stockholm. ISSN 0803–706X.

This is the first English translation of a pioneering paper by Erich Fromm (1935). Fromm sums up, and criticizes, Freud's views on the genesis of neurosis and its treatment in psychoanalytic therapy, with special emphasis on the underlying "patricentric" character of both Freud's personality and his theory, hidden by the bourgeois concept of "tolerance." By contrast, Fromm presents the differing positions taken by Georg Groddeck and Sándor Ferenczi, positions that would point into the right direction but would lack scientific rigor (Groddeck) or would not go far enough (Ferenczi).

Key words: Erich Fromm, Sigmund Freud, Georg Groddeck, Sándor Ferenczi, psychoanalytic therapy

Psychoanalytic therapy is based on the uncovering of unconscious tendencies that lead to symptom formation or to the formation of neurotic character traits. These symptoms are a manifestation of the conflict between unconscious, repressed tendencies on the one hand, and those which repress them on the other. The most important cause of repression is anxiety; at first only fear of external force which, however, if an effective repression is to be the result, is complemented by the fear to lose the sympathy and love of those one respects and admires, and, finally, by the fear to lose one's self respect (cf. 1). However, fearing the loss of love of an admired person is usually not sufficient to bring about the repression of those impulses and phantasies that might lead to being no longer loved. Generally, repressions only take place when an

impulse is condemned not only by a single person, or even by several individuals, but by the social group to which the person in question belongs. In this case, in addition to the threat of external punishment, and to losing the love of the individual most important to the person in question, there is the danger of isolation and of the loss of social support. It seems that this danger produces more anxiety in most people than the one previously mentioned, and that this social isolation is the most important source of repression.¹

The repression of an impulse does not destroy it. The impulse has only been removed from consciousness, but has not lost any of its original energy. Moreover, it has a tendency to return into the conscious and a force is needed to constantly prevent it from doing so. Freud uses a very apt metaphor to describe this. He makes the comparison between repressed tendencies and an unwelcome guest who has been thrown out of the house, but who tries again and again to get back in. A servant has to be put at the door to prevent the man from intruding again. When one tries, in analysis, to bring the repressed impulses back to consciousness, this force, which prevents the repressed from returning, makes itself clearly felt. Freud termed it "resistance". This resistance can take various forms. Its simplest form is when nothing at all comes to the analysand's mind as soon as he comes into the vicinity, so to speak, of the repressed material; or when all kinds of things leading away from the repressed content come to his mind; or

¹ This social aspect of repression can often be observed especially well in early infantile development. For a child, the world is clearly divided into "The Big Ones" who represent an alien or even hostile group, and the other children to whose group it feels it belongs. At first, the child feels that the moral standards that are required of him are the requirements of an outside group. It often obliges to them out of cleverness, but not for inner reasons. It ever so often then happens that there is a sudden and enigmatic change in the child, because another child is endorsing the moral standards of the adults towards him. So, for instance, when a playmate, with whom the child had been engaged in sexual games, declares all of a sudden: No, we mustn't do that, that's wrong, we are too old for that, or something like that. In such a case the child feels suddenly betrayed, the moral standards—in relation to which it felt internally safe in the world of children—cease to be those of the Big Ones. Those rules become absolute ones, the violation of which results in complete isolation. One can often observe that only fear of such isolation leads to repression, and that it contributes to that peculiar, sudden change of the child's whole character.

when he gets angry at the analyst and starts to reject the whole method as nonsense; or when he develops bodily symptoms that prevent him from coming into analysis, and thus spare him to get in touch with the repressed material. Repression, therefore, is a problem that necessarily occurs in the course of an analysis. To wish to avoid it would mean to forfeit altogether the possibility of making the repressed conscious. This, as a matter of fact, is what most of the non-psychoanalytical methods try to do. At first, this is the shorter way, but the price paid is that any possibility of a deep-reaching change in the structure of the psyche is abandoned. As it is, resistance is the most reliable signal that repressed material has been touched, and that one is not merely moving about on the psychic surface.

Saying that resistance necessarily occurs does not mean, however, that the greater the resistance the better it is for the analysis. Quite on the contrary—if the resistance, for any reason whatsoever, exceeds a certain degree, the analysis of those unconscious tendencies, which it is guarding, becomes positively impossible. The analysis will, on the other hand, progress more speedily and be terminated quicker and more successfully, the more rapidly one succeeds in working one's way through the resistance to the repressed material. Success and duration of an analysis depend on if, and on how quick, one can work one's way through the resistance. The question on which factors the strength of the resistance depends on, is also the question about the chances of success in analytical therapy. To avoid misunderstandings, it should be noted that the resistance we refer to is not the same as the inhibition that prevents a patient from communicating a certain idea that has actually come to his mind. Naturally, such anxiety does also play a great role in analysis, but it is basically a matter of will to overcome it. What we are referring to here are the tendencies that prevent a person from letting repressed ideas—i.e., ideas that were not in the conscious in the first place—become conscious.

What does the intensity of the resistance depend on? According to Freud, and slightly simplified, the answer is as follows: The intensity of resistance is proportionate to the intensity of repression, and the intensity of repression in turn depends on the intensity of anxiety which itself was the cause of repression. Whether these anxieties increase or decrease in the course of life depends on one's life experiences after childhood. However this may be,

an adult beginning an analysis brings with him a certain amount of anxiety, of repressing energy, and of resistance; and the possible duration of the analysis as well as its success depend on the strength of the resistance brought into it. The patient transfers the anxiety that he has brought into analysis onto the analyst; to some extent one is therefore justified in saying that the strength of the resistance depends on the fear of the analyst, developed in the transference.

We are now faced with the question how it should be possible at all that the patient overcomes anxieties in the presence of a stranger, anxieties that have up to then been so great in regard to everyone else as to maintain the repression. It is easy to identify the special emotions that make this possible in analysis. First, there is only a gradual rapprochement to the repressed material, no direct aim at the core of the repression; the psychic layers that protect the central repressing position are analyzed only step by step. Moreover, some of the reasons for the anxiety—which have led to the repression—existed only in a certain situation of the past; in the present they are anachronistic, so to speak, and if those anxieties can be made conscious at all they seem to appear ghostlike and fade away. In addition, the analyst is able, with the help of the material offered to him—especially dreams and slips, also the context in which the associations appear—to make plausible to the analysand the existence of certain unconscious tendencies, and so gain an actively cooperating partner for uncovering the repressed in the analysand's intellect and reason. Furthermore, the suffering of the patient is often a force strong enough to overcome the resistance. Another factor, which often comes to mind in this context, is of doubtful value as far as overcoming resistance is concerned: the patient's falling in love with the analyst in the course of the analysis. True, it is effective in that the patient wants to open his heart to the analyst, that he wants to graciously surrender, so to speak; all of which might help to overcome the resistance. Simultaneously, however, it has an opposite effect, namely, to create a wish to be seen by the analyst as likable and faultless as possible. If falling in love takes the form that the analyst becomes the model, the "super-ego" of the analysand, it can become a particularly severe obstacle in analysis.

In addition to all the aforementioned prerequisites for possible ways to overcome the resistance,

there is the friendly, unbiased, and nonjudgmental attitude taken by the analyst. Assuming that the analyst does meet this last criterion, it looks as though the strength of the resistance is determined solely by the situation as it existed in childhood, and hardly by the present real relationship between analyst and patient. This is indeed more or less the position taken by Freud and some of his disciples. If only certain general and rather formal conditions have been fulfilled, they are inclined to regard the real personality of the analyst as rather unimportant, and to ascribe to “transference” any reaction to the analyst—that is, to see it as a repetition of reactions originally directed at other people. This underestimation of the real personality of the analyst—e.g., the type of person he is in general, his sex, age, etc.—is only an expression of a more general bias of Freud’s against the importance of the actual, present situation as opposed to childhood experiences. Sure, the latter play a special role and have a far-reaching influence on shaping the future, and this even more so in the case of the neurotic with his characteristic lack of adaptability than in the case of the healthy person, but certainly experiences later in life are not simply repetitions, and they are not without influence on the development of the drive structure.

What happens between analyst and patient? The patient has repressed certain instinctual impulses, out of fear of punishment, loss of love, or isolation. The repression has failed and led to neurotic symptoms. He comes into analysis whose aim it is to elevate the repressed into consciousness. The anxiety that originally led to repression is transferred onto the analyst. But this anxiety, which is brought into the analysis, increases or decreases according to the personality and the behavior of the analyst. In extreme cases, when the analyst takes a condemnatory, hostile attitude towards the repressed tendencies, one can hardly expect the patient to be able to work his way through the resistance and to reach the repressed at all. If the patient, however vaguely and instinctively, feels that the analyst takes the same condemnatory stance towards the violation of social taboos as the other persons he has met in his childhood and later on, then the original resistance will not only

be transferred into the present analytic situation, but also be produced afresh. Conversely, the less judgmental an attitude the analyst takes, and the more he takes sides, in an unconditional way not to be shaken, with the happiness and well-being of the patient—the weaker the original resistance will become, and the more quickly will it be possible to advance to the repressed material. What the analyst says or consciously thinks is of far less importance than his unconscious attitude and what the unconscious of the patient guesses or understands. Therefore, the analyst’s actual, conscious attitude, and even more so his unconscious attitude towards social taboos—taboos which are kept in place by threats of retaliation, and which have led to the repressions that are now meant to be lifted—are of decisive importance for the possibility of therapeutic success and for the length of the analysis.

As mentioned above, Freud has attributed comparatively little importance to the actual behavior and the particular character of the analyst. This is all the more remarkable in that the analytic situation, as created by Freud, is absolutely unique and unprecedented in our culture—and perhaps altogether. There is no other situation, not even a remotely similar one, in which a human being not only unreservedly “confesses” to the other, by telling him everything he condemns in himself, but also relates all those fleeting associations that appear absurd and ridiculous, and commits himself to also talk about those things that he does not yet know himself, but which might come to his mind later, and, on top, tells the other frankly all the opinions and feelings he has towards him, and makes these the subject of dispassionate investigation. It is surely one of Freud’s most magnificent achievements to have created this situation of radical openness and truthfulness. His own statements, however, show little of his awareness how unusual this situation is. Certainly, in one place he writes “that psycho-analytic treatment is founded on truthfulness. In this fact lies a great part of its educative effect and its ethical value” (2:164). But by and large he conceives of the situation as a medical, therapeutic procedure; as indeed this method did develop out of hypnosis. What he has to say about the analyst’s attitude towards the patient hardly goes beyond this technical aspect and rarely touches upon the novel, human side of the situation. The analyst should maintain “evenly suspended attention,” and show “indifference”²

² Strachey translated Freud’s “Indifferenz” (= indifference) as “neutrality,” a term Freud himself actually never used in this context [Trans.].

(2:164) and “emotional coldness” (3:115) towards the patient. He should be free of “therapeutic ambition” (3:115) and, under no circumstances, give in to the patient’s craving for love. “The doctor should be opaque to his patients” (3:118), like the surface of a mirror. He should not press upon the patient his own ideals, but be “tolerant to the weakness of a patient, and ... be content if one has won back some degree of capacity for work and enjoyment” (3:118). Other technical recommendations deal with practical questions of the setting. The patient should lie on a couch and the analyst sit behind him so as not to be seen by the patient. The patient should not be analyzed without paying a fee and pay for his hour even when he misses it due to illness or any other reason. Taken together, all these recommendations of Freud’s regarding the analyst’s attitude towards the patient, correspond much more with what a surgeon would have to say about the position of the patient, the sterilization of instruments and so forth, than with the great and novel human situation made possible in the relationship analyst/patient. Indeed, Freud expressly mentions the surgeon as a model. “I cannot advise,” he writes, “my colleagues too urgently to model themselves during psychoanalytic treatment on the surgeon, who puts aside all his feelings, even his human sympathy, and concentrates his mental forces on the single aim of performing the operation as skilfully as possible” (3:115). Only in two instances does Freud go beyond the purely technical-medical model in a positive sense. First, in that he requires—although only later on—that the analyst should be analysed himself in order to get a better theoretical insight into the processes in the unconscious, but also in order to become aware of his own “blind spots” and to be able to be in control of his own affective reactions. Freud’s second requirement that is more than a purely technical one is that the analyst should not be judgmental, but take an objective, unprejudiced, neutral, and benevolent stance towards anything the patient brings forth. Freud himself repeatedly describes this attitude with the word “tolerance”. So, for instance: “As a doctor, one must above all be tolerant to the weakness of a patient” (3:119). Or he speaks of “a patient’s crudely sensual desires” that “call for all the doctor’s tolerance if he is to regard them as a natural phenomenon” (2:170). Tolerance towards the patient is indeed the one and only positive

recommendation Freud gives with regard to the analyst’s attitude—besides the negative one of emotional coldness and indifference.

One gets a better understanding of what tolerance means to Freud by casting a fleeting glance at the historical and social background of the concept of tolerance. There are two aspects of tolerance roughly captured in the two following maxims: “*Tout comprendre c’est tout pardonner*” and “Let everyone find salvation according to his own fashion.” The first maxim is more concerned with mildness of judgment. One should be forbearing, excuse the weaknesses of human beings, not condemn human beings, short, forgive even the worst of them. The second maxim refers more to that aspect of tolerance that requires to refrain oneself from any (moral) judgment whatsoever. Judgment itself is viewed as being intolerant and one-sided. Whether one believes in God or Buddha, whether one is in favor of dictatorship or democracy, or whatever the most varied *Weltanschauungen* or systems of value may be—they are all merely various forms of human thinking, and none of them can make the claim to be superior to the other. Until the 18th century, the call for tolerance had a militant connotation. This call was directed against the state and the church, both of which forbade people to believe in certain things, let alone state them aloud. The fight for tolerance was a fight against the oppression and the silencing of human beings. It was fought by the representatives of the upcoming bourgeoisie who attacked the political and economical chains of the absolutistic state. The meaning of the concept of tolerance shifted with the victory of the middle classes and their establishment as the ruling class. Formerly the battle cry against oppression and for freedom, tolerance more and more came to stand for an intellectual and moral *laissez faire*. This kind of tolerance was the prerequisite for a relation between people who met as buyers and sellers in the free market; individuals had to accept themselves as being of equal value, abstractly speaking, regardless of their subjective opinions and standards. They had to view standards of value as something private, which was not to be used for judging an individual. Tolerance became a relativism of values, and the latter were declared as belonging to the private sphere of the individual that was not to be intruded. Consciously, this toleration had no limits. In reality, however, it had

its clear, if unspoken limits where the basis of the existing regime was endangered. This is true not only for outright threats of a political or social order, but also for the violation of those fundamental taboos that are part of the “cement” of society and that are essential for the survival of a society which is based upon the opposition between classes. The unrelenting severity against any violation of these taboos may be hardly conscious in times when the ruling of the middle classes is relatively secure and stable. Nonetheless, it remains in the unconscious and suddenly comes to the surface when vital personal and social interests are seriously questioned. The concept of liberalistic tolerance, as it was developed in the 19th century, is in itself contradictory: Consciously, there is relativism with regard to any values whatsoever, in the unconscious there is an equally strong condemnation of all violations of taboos.

This problematic aspect to the concept of tolerance is already shown by classical statements at the beginning of the bourgeois era. Mirabeau turns against the concept of tolerance, and polemicalizes against item 10 of the declaration of human rights of 1789, in stating:

I do not want to preach tolerance. In my view, the most complete freedom of religion is such a holy right that the word tolerance, with which it is to be described, seems to me to be a kind of tyranny; because the existence of an authority that is entitled to tolerance is an outrage on the freedom of thought, because this authority could as well not tolerate what it now does tolerate (in 4:36).

Mirabeau’s radical formulation still hides the fact that liberalistic tolerance refers only to thinking and speaking, not to taking action; as far as the latter is concerned, it indeed quickly reaches its limits. These limits of the bourgeois idea of tolerance are clearly expressed in Kant. What Kant demands as freedom in society, is essentially the scholar’s freedom to write as a scholar and to voice his thoughts. On the other side there is the implicit obedience of the citizen towards the legislative authority.

Now some affairs which affect the interest of the community require a certain mechanism by means of which some members of the community have to remain merely passive so as to be directed by the government, in artificial unanimity, for public purposes, or at least to be prevented from damaging those purposes. Here, of

course, reasoning is not permitted; one must obey (5:171).

A decree of the National Convention of 1793 shows the relativity of this concept of tolerance:

The National Convention ... does not interfere with your opinions, does not raise any questions of conscience, and the first law that it proclaimed in the name of the people, whose organ it is, formally contains the recognition of the free practice of every kind of worship. Serve the creator of nature in your own manner. Jews, Christians, Mohammedans, followers of Confucius, or worshippers of the great Lama—you all are equal in the eyes of a free people (in 4:390).

The liberal concept of tolerance found its most prominent expression in the various bourgeois reform movements. In the reform of penal law it sought to explain the criminal, to excuse him and to improve his treatment in the penitentiaries. One came to understand some of the psychological and social determinants of his behavior, and he was regarded as a person who was “not so bad after all,” whose actions one could somehow understand, and whom one should not condemn completely. But with all its mildness and tolerance towards the criminal offender, the bourgeois law reform never went so far as to abolish the concept of criminal offense as a principle. Even the most liberal law reformer would have refused—albeit with all kinds of rationalizations—to have a “criminal” as a son-in-law, if his daughter wished to marry an embezzler who had spent time in jail. Roughly the same holds true for school reform. Children from privileged social classes were allowed a higher degree of freedom; one refrained from punishments or a special religious education, but certainly not from forming their character according to the fundamental requirements of their class. Striving for success, the fulfillment of duty, and respect for facts were the unalterable goals of education—even though a great measure of freedom, but not in essential matters, was granted.

The concept of bourgeois-liberal tolerance finds another expression in the psychoanalytic situation. In it, a person is supposed to express, in the presence of another, exactly such thoughts and impulses that are in crassest contradiction to the social taboos; and the other is supposed not to flare up indignantly, not to take a moralistic stance, but to remain unbiased and friendly, in short, to refrain from any judgmental attitude whatsoever. This

attitude is conceivable only on the basis of that general idea of tolerance that gradually developed in the metropolitan bourgeoisie. And indeed, psychoanalysts are almost exclusively members of the metropolitan-liberal bourgeoisie, the representatives of which we also find in all reform movements. The tolerance of the psychoanalyst, too, shows the two sides mentioned above: On the one hand he does not judge, remains neutral and objective towards all manifestations; on the other hand, like any other member of his class, he shares the respect for the fundamental social taboos and the dislike for anyone violating them. It is certainly particularly easy for him to ban this dislike from his consciousness. First of all, because he really has no other choice if he wants to practice at all. And second, because it is a sick, suffering person who comes to him, someone who, so to speak, has already paid with his neurosis for his asocial tendencies. It is difficult to prove the existence of a judgmental attitude—which is by no means absent in Freud either—since it is essentially unconscious. The most important source for such a proof is a study of the personality of the analyst himself. It is not possible to make such an attempt in this paper. However, Freud's writings give us the opportunity to gain some insight into the respect for the social taboos of the bourgeoisie, hidden behind the idea of tolerance.

Since Freud regarded the repression of sexual impulses as the most important cause of neurotic illness, the best starting point is to study his attitude towards bourgeois sexual morality and its violation. Certainly, Freud has taken a critical stance towards the bourgeois sexual morality. Furthermore, he has had the courage to show that sexual tendencies play a role also in cases where formerly one had seen entirely different, "ideal" motives, and even where—as in the case of small children—the assumption of sexual motives is regarded as outright sacrilegious. For this, his non-liberal opponents have reproached him with pan-sexuality, indeed, he has been labeled the typical representative of a licentious, decadent social class. But what is Freud's attitude towards sexual morality really about? Certainly, he is tolerant, and certainly his criticism of sexual morality was that its exaggerated severity frequently leads to neurotic illness. But even where his criticism of the bourgeois sexual morality is the topic of a paper, in "Civilized' sexual morality and modern nervous

illness" (6), it becomes clear that his attitude, albeit critical, does not at all differ in principle from that of his class. In this essay, he differentiates between three stages of culture:

a first one, in which the sexual instinct may be freely exercised without regard to the aims of reproduction; a second, in which all of the sexual instinct is suppressed except what serves the aims of reproduction; and a third, in which only *legitimate* reproduction is allowed as a sexual aim. This third stage is reflected in our present-day 'civilized' sexual morality (6:189).

He asks:

1. What is the task that is set to the individual by the requirements of the third stage of civilization? 2. Can the legitimate sexual satisfaction that is permissible offer acceptable compensation for the renunciation of all other satisfactions? 3. In what relation do the possible injurious effects of this renunciation stand to its exploitation in the cultural field? (6:192–93).

To the first question Freud replies:

Our third stage of civilization demands of individuals of both sexes that they shall practise abstinence until they are married and that all who do not contract a legal marriage shall remain abstinent throughout their lives (6:193).

Experience shows that the majority of the people who make up our society are constitutionally unfit to face the task of abstinence; [most people fail in sublimating their sexuality, they] become neurotic or are harmed in one way or another (6:193).

Freud's answer to the question whether sexual intercourse in legitimate marriage can offer full compensation for the restrictions before marriage, is a negative, but rather strange one. He points out

that our cultural sexual morality restricts sexual intercourse even in marriage itself, since it imposes on married couples the necessity of contenting themselves, as a rule, with a very few procreative acts. As a consequence of this consideration, satisfying sexual intercourse in marriage takes place only for a few years; and we must subtract from this, of course, the intervals of abstinence necessitated by regard for the wife's health. After these three, four or five years, the marriage becomes a failure in so far as it has promised the satisfaction of sexual needs. For all the devices hitherto invented for preventing conception impair sexual enjoyment, hurt the fine susceptibilities of both partners and even actually cause illness (6:194).

Here, Freud actually goes far beyond what he really intends to say. His intention is, according to his own words, merely the critique of the sexual

morality of the third stage, i.e., monogamy. He wants to show that monogamy does not permit sufficient sexual satisfaction, that it increases nervousness, and that, therefore, there is reason to consider tempering it. He supports his criticism of monogamy with arguments—namely, the harmfulness of contraceptives, and the impossibility of an unlimited number of children—that would hold equally for a “reformed” sexual morality different from today’s, particularly one permitting sexual intercourse before and outside of marriage. We may be justified in interpreting this “slip” as an expression of his unconscious, deeply skeptical attitude about the possibility of a satisfactory sex life at all. This impression is further strengthened if we consider that if Freud had really cared about creating conditions permitting full sexual satisfaction he would, in the body of his argument, have placed the greatest emphasis on ways of improving the methods of contraception—instead of being content with stating that they had failed until then. The same skeptical attitude is expressed in his answer to the third question. He declares himself “unable to balance gain against loss correctly on this point” (6:196); however, he gives to consider that abstinence in general impedes the development of an energetic, active character and easily leads to the formation of sexual abnormalities.

[W]e may well raise the question, whether our ‘civilized’ sexual morality is worth the sacrifice which it imposes on us, especially if we are still so much enslaved to hedonism as to include among the aims of our cultural development a certain amount of satisfaction of individual happiness. It is certainly not a physician’s business to come forward with proposals for reform; but it seemed to me that I might support the urgency of such proposals if I were to amplify Von Ehrenfels’s description of the injurious effects of our ‘civilized’ sexual morality by pointing to the important bearing of that morality upon the spread of modern nervous illness (6:204).

Even in this essay, which represents Freud’s most radical criticism of the bourgeois sexual morality, he is a typical reformer. He points out the dangers that strict sexual morality entail, and he pleads for certain alleviations; but his deeply skeptical attitude towards the possibility of adequate sexual satisfaction in general shows that his criticism is in no way a principal one. Although Freud, in this

paper, still poses as a critic, he openly endorses what he has called “cultural”³ sexual morality in an essay written four years later, “On the universal tendency to debasement in the sphere of love” (7). He writes:

In view of the strenuous efforts being made in the civilized world to-day to reform sexual life, it will not be superfluous to give a reminder that psycho-analytic research is as remote from tendentiousness as any other kind of research. It has no other end in view than to throw light on things by tracing what is manifest back to what is hidden. It is quite satisfied if reforms make use of its findings to replace what is injurious by something more advantageous; but it cannot predict whether other institutions may not result in other, and perhaps graver, sacrifices.

The fact that the curb put upon love by civilization involves a universal tendency to debase sexual objects will perhaps lead us to turn our attention from the object to the instincts themselves. The damage caused by the initial frustration of sexual pleasure is seen in the fact that the freedom later given to that pleasure in marriage does not bring full satisfaction. But at the same time, if sexual freedom is unrestricted from the outset the result is no better. It can easily be shown that the psychical value of erotic needs is reduced as soon as their satisfaction becomes easy. An obstacle is required in order to heighten libido; and where natural resistances to satisfaction have not been sufficient men have at all times erected conventional ones so as to be able to enjoy love. This is true both of individuals and of nations. In times in which there were no difficulties standing in the way of sexual satisfaction, such as perhaps during the decline of the ancient civilizations, love became worthless and life empty, and strong reaction-formations were required to restore indispensable affective values. In this connection it may be claimed that the ascetic current in Christianity created psychical values for love which pagan antiquity was never able to confer on it. This current assumed its greatest importance with the ascetic monks, whose lives were almost entirely occupied with the struggle against libidinal temptation (7:187–88).

Here, a Freud comes to light who fully shares the conventional point of view towards sexual morality. What was expressed unintentionally in the above-mentioned paper, is here set forth openly and explicitly.

Freud’s theories about the development of culture and about sublimation, too, show that he fundamentally shares the prevailing views on sexual morality. For him, cultural development of humanity is caused by a process of suppression and repression of drives. Not only the so-called pre-

³ “Civilized” in Strachey’s translation [Trans.].

genital drives must be suppressed, but also a part of genital sexuality has to be sacrificed to the repressing forces to make cultural achievements possible. Freud comes to the following conclusion, although not without certain reservations:

Thus we may perhaps be forced to become reconciled to the idea that it is quite impossible to adjust the claims of the sexual instinct to the demands of civilization; that in consequence of its cultural development renunciation and suffering, as well as the danger of extinction in the remotest future, cannot be avoided by the human race. This gloomy prognosis rests, it is true, on the single conjecture that the non-satisfaction that goes with civilization is the necessary consequence of certain peculiarities which the sexual instinct has assumed under the pressure of culture. The very incapacity of the sexual instinct to yield complete satisfaction as soon as it submits to the first demands of civilization becomes the source, however, of the noblest cultural achievements which are brought into being by ever more extensive sublimation of its instinctual components. For what motive would men have for putting sexual instinctual forces to other uses if, by any distribution of those forces, they could obtain fully satisfying pleasure? They would never abandon that pleasure and they would never make any further progress. It seems, therefore, that the irreconcilable difference between the demands of the two instincts—the sexual and the egoistic—has made men capable of ever higher achievements, though subject, it is true, to a constant danger, to which, in the form of neurosis, the weaker are succumbing to-day (7:190).

Freud's alternatives for the development of mankind lie, somewhat pointedly, in either culture or sexual satisfaction. The further culture progresses, the higher it develops, the more human beings have to suppress their sexuality, until—as Freud has once expressed it—the development of culture by necessity leads to the extinction of the human race. This is not the place to examine the correctness of this theory. It is clear, however, that, given such an undoubted positive view of culture, this alternative gives sexuality the stigma of being hostile to culture and therefore something negative.

Freud's theory of sublimation is marked by essentially the same skeptical, if not negative, attitude towards sexual satisfaction. Sublimation, for Freud, is the transformation of sexual energy into energy for cultural purposes. In his view, sublimation is a "gift" that protects those possessing it from falling neurotically ill because of a repression of their sexuality. He speaks of sublimation requiring "talent" (3:119). Women would

have this talent less frequently than men (cf. 6:195), and of many neurotics one might say "that they would not have fallen ill at all if they had possessed the art of sublimating their instincts" (3:119). One should not, however, have "[e]ducative ambition" (3:119) in this regard as this would be quite as inappropriate as the therapeutic one.

In my opinion, therefore, efforts invariably to make use of the analytic treatment to bring about sublimation of instinct are, though no doubt always laudable, far from being in every case advisable (3:119).

Here, too, we find an alternative similar to the one hinted at above, that between culture and sexual satisfaction. A person without sufficient talent for sublimation has to decide between adequate sexual satisfaction and neurosis. Under these circumstances, Freud is inclined to give preference to sexuality. But sublimation and culture are strictly antagonistic to sexuality, and they are, from Freud's standard of values, undoubtedly higher and superior. The tolerance shown here by Freud reminds us in certain ways of that manifested by the Catholic Church. Since so many people do not possess the gift for sublimation and fall ill from repressing their sexuality, one may allow them a somewhat higher degree of sexual freedom. It is true that by doing so one limits the cultural possibilities, but since there is no satisfactory solution for the antagonism between culture and neurosis, insight into human weakness has to lead to an indulgent and forgiving attitude. It is just this skepticism that gives Freud's tolerance its special stamp. One refrains from moral judgments, because basically one is unable to change people and the misery they live in, having to be content with repairing the excess damage. This is also one of the reasons why Freud and some of his disciples exaggerate the importance of analysis for society. They believe that neurosis is caused by the fundamental conflict between culture and instinctual demands, and—since there is no possible way to do away with this conflict by changing societal conditions—the only and best thing remaining is to cure the victims of culture analytically.

Freud's attitude also finds expression in a number of remarks clearly Victorian in character. Thus he calls the crudely sensual demands of a patient towards her analyst "likely to repel," and he has to muster all his tolerance "to regard them as a natural phenomenon" (2:170). Or, in the *Three*

Essays on the Theory of Sexuality, he speaks of the “most repulsive perversions”, and of the “horrifying result” (8:161) that the drives leading to perversion achieve. Some of the perversions he calls “immoral” and he designates with disgust the “average uncultivated woman” as being inclined to perversion, a tendency exploited by “[p]rostitutes ... for the purposes of their profession” (8:191). Although he adds in this context that the predisposition to perversion is “a general and fundamental human characteristic” (8:191), this seems at bottom yet another sign of contempt for humankind, a way of rationalizing the dogma of original sin psychologically. The remark on women just quoted leads us to Freud’s depreciatory, hostile attitude towards women which is only another expression of his animosity towards sensual pleasure and sexuality. Women, according to Freud, are less capable of sublimation, have a weaker super-ego than men, are inclined to perversion, intellectually inferior, and all this primarily not for social reasons, but because of anatomical, biological ones—they lack the male sexual organ which they attempt, throughout their lives, to obtain in the most varied substitute forms: man, child or possessions.

We have singled out Freud’s attitude towards sexuality as an example of his “tolerance” for two reasons. First, because—according to his own view—the repressed sexual impulses are among the most important repressed material, and second, because we have very detailed remarks on Freud’s attitude towards sexual morality. The extent to which he agrees with the conventional social taboos—which he himself has consciously criticized in such a decided and theoretically so fruitful manner—also becomes clear in other aspects of psychoanalytic technique. Freud sets the achievement of a human being’s “capacity for work and enjoyment” as the goal of analytical therapy.⁴ This capacity for work and enjoyment is essentially seen as a biological quantity, comparable in a way to the walking ability of a man whose injured leg the physician should fix again. In reality, however, a clearly social context hides behind this biological category. To be able to work and to enjoy means to act according to the bourgeois norm, and means to fulfill the ideals of the present society and to respect its taboos. Seen in this way, the analyst

himself represents a role model for this. He is the successful, professionally active citizen, and this is how he presents himself to the patient. A small, but telling detail in Freud’s technical recommendations shows how much he regards, down to the least detail, the capitalistic attitude as the natural, healthy one, and the one to be required from the analyst. As alluded to above, he advises the analyst to demand that the patient shall pay for the hours allotted to him by agreement, even when he is prevented by illness or other reasons from coming into analysis. One of the reasons he gives is that the resistance often shows in temporary indispositions or other accidental hindrances, and that such “malingering” (9:127) occurs less frequently under this arrangement. This is certainly so, but this is not the only reason he gives. His other argument is that the material existence of the analyst would be threatened by cumulative absences if the patient does not pay for the hour he misses. It does not count that the analyst gains free time for himself by the patient’s not coming. If the analyst had free time by the patient’s not coming this would be “a leisure hour which he is paid for and would be ashamed of” (9:127). The feeling that it is a disgrace to have leisure, not used for the purpose of earning, and that it is a self-evident maxim to employ one’s time to the fullest degree possible to earn money, is characteristic of the capitalist character in its most developed form. For Freud, this attitude is natural and human, and one the analyst too should have. All deviations from this norm are regarded as “neurotic”. If someone belongs to any radical party whatsoever, this proves that he has not yet overcome his hatred of his father, resulting from the Oedipus complex. If a person enters upon a marriage not according in age or social class with the bourgeois norm, or if he does not act, with regard to profession and career, in the socially accepted way, or even if he questions the Freudian theory, this just proves that he has unanalyzed complexes—and resistances to boot if he contradicts this diagnosis of the analyst. We certainly do not question here that behavior deviating from the norm can have instinctive and often unconscious sources, but the same holds true for “normal” behavior. There are certainly often neurotic roots behind such behavior, too, but the point is that, for Freud, anything running counter to the bourgeois norm is *a priori* “neurotic.” Freud and some of his disciples use psychological terms,

⁴ In the original: “Theorie” = theory [Trans.].

where other members of the same social class make plain judgments. In this language, “neurotic,” “infantile,” “unanalyzed” means bad and inferior. “Resistance” means hard-boiled obstinacy, the “will to get well” means repentance and the wish to reform. To give just one particularly pregnant example of this: A couple of years ago a Viennese analyst, Eduard Hitschmann, head of the out-patient clinic of the Viennese Psychoanalytic⁵ Society, expressed his views on marriage by saying that a bachelor was a social parasite, a disloyal man who would pose a constant threat to other marriages and therefore to society in general. But these views—which are frequently heard from pulpits and speakers’ desks—were not presented as moral judgments, but rather as scientific facts, and the paper in question bore the title: *Der unbekannte Neurotiker* [The Unknown Neurotic].

Nor is the situation different with regard to the “need for punishment”, so popular of late in psychoanalytic theory and practice. The assumption that there is a biologically rooted need for punishment, analogous to instinctual needs, is just another way of saying that the taboos of present-day society are eternal, and that offences against them necessarily call for sanctions. For Freud, moral demands are represented in the super-ego, which itself is derived from the biologically rooted Oedipus complex; thus, he has given a new psychological rationalization for a morality conceived in absolute terms.

In addition to this general identification with the taboos of bourgeois society there is another particular aspect. Bourgeois society is characterized by its patriarchal or patricentric character (cf. 10). According to the patricentric view, the meaning of life lies not in man’s happiness or well-being, but in the fulfillment of duty and subordination to authority. There is no unconditional right to love and happiness; it depends on the degree of fulfillment of duty and subordination, and has to be justified, even in the small amount permitted, by achievement and success. Freud is a classical representative of the patricentric character type. Without being able to go into detail here, let us just mention the following points. We find one example

of this attitude in the fact that most of his teachings on cultural theory are based, in a one-sided way, on the conflict between father and son; another is his hidden animosity towards happiness and enjoyment as discussed in more detail above; then there is the fact that in his whole theory love and tenderness appear only as feelings accompanying sexual enjoyment or as inhibited sexuality—human kindness, philanthropy, independent of sexual interest, is not a subject matter of his psychology; and finally, there is his personal attitude towards his followers, whose only choice is between complete subordination or the prospect of a ruthless fight of their teacher against them, entailing also pecuniary consequences.

The problem of the analyst’s patricentric character is of decisive importance for analytical therapy. Perhaps the patient’s most important need necessary for his recovery is for an unconditional acknowledgment of his claims to happiness and well-being. He has to feel, during treatment, that the analyst acknowledges the human claim to happiness and well-being as unquestioned and unconditional. It is precisely the lack of such unconditional affirmation in the average bourgeois family, the cruelty with which “enemies” or “failure”⁶ are equated, and with which both are viewed as just punishment of even one single misstep, that are among the most important conditions of neurotic illness. If a human being who has become ill in such an atmosphere is to be helped to clear up the unconscious parts of his instinctual life, he needs an environment in which he is certain of the unconditional and unshakable affirmation of his claims to happiness and well-being—indeed, since the neurotic mostly does not dare to make these demands, he needs an attitude on the part of the analyst that encourages him to do so. The patricentric attitude does not permit this atmosphere to develop. It rather entails an analytic situation whose unspoken or partly unconscious essence one might in caricature express somewhat as follows: “Here you come, patient, with all your sins. You have been bad, and that is why you suffer. But one can excuse you. The most important reasons for your misdeeds lie in the events of your childhood for which you cannot be made responsible. Furthermore, you want to reform, and you show this in coming into analysis and in giving yourself up to my directions. If, however, you do not comply, do not see that I am

⁵ In the original: “Psychologischen” = Psychological [Trans.].

⁶ In the original: “‘Feinde’ oder ‘Misserfolg’”. It should perhaps read: “‘Fehler’ und ‘Misserfolg’” (mistakes and failure) [Trans.].

right in what I demand or what I say of you, then you cannot be helped, and the last way out of your suffering is closed to you". It is undeniable that a patient's lack of subordination towards an analyst of the patricentric character type not seldom calls forth hostility in the latter—albeit frequently unconscious—towards the patient. Such hostility not only makes all therapeutic success impossible but also represents a serious danger to the patient's psychic health. The patricentric, authoritarian attitude of the analyst just outlined is unconscious, also in Freud, and is masked by the typical liberalistic tendency to permit every one to find salvation according to his own fashion. There are statements of Freud's like one must not "turn a patient ... into our private property" (11:164). What is important, however, for the effect the analyst's attitude has on the patient, is not his conscious stance, but the unconscious authoritarian, patricentric attitude usually hidden behind "tolerance."⁷

Besides the road taken so far to obtain some direct insight into Freud's attitude towards his patients from his written statements, there is another, indirect one; namely, the study of the partly strengthened opposition between Freud and his closest circle on the one hand, and "oppositional" analysts on the other.⁸

Typical representatives of this oppositional attitude are two analysts who have recently died, and who, in spite of all the differences, have much in common as far as the points raised here are concerned: Georg Groddeck and Sándor Ferenczi.

Groddeck, a man of brilliant psychological intuition, despised science. His way of thinking places him with the romantic precursors of psychoanalysis, such as Carus or Bachofen, with whom he shares the reactionary stance in social matters. He has scarcely expressed himself in systematic theoretical form about the matters here under discussion. One can only judge from his half

scientific, half novelistic books and from personal impressions. One recognizes at once the totally different attitude towards sexual morality and towards all the other taboos of bourgeois society, an attitude that in him—as in the critique of the French counter-revolutionaries—sprang from a feudal one. Here speaks a man who shows with every sentence that for him sexuality, like anything instinctual, has not a trace of anything sinful or forbidden about it. He lacks the hidden prudery so typical of Freud. His attitude towards the patient was not soft, but full of humanity and genuine friendliness. For him, the patient was at the center, and it was the analyst's task to serve him. Because of his lack of rational and scientific inclination and rigor, his literary legacy can in no way give an impression of the importance of his personality. His impact was above all a personal one, and the scientific development of Ferenczi—whose controversy with Freud we are now going to examine more closely—can only be understood in the light of the strong influence Groddeck exercised on him.

Ferenczi was full of productive imagination, he was kind but, in contrast to Groddeck, soft and anxious. He lived under the influence of Freud and Groddeck, and he lacked the strength to choose between them. During the last years of his life, he more and more moved away from Freud, whose peculiar character let this theoretical difference turn into a personal tragedy for someone like Ferenczi. He never dared to place himself in open opposition to Freud, and the more he realized that his views on the inadequacies of the Freudian technique had to lead to a personal confrontation with the latter, the more difficult his personal situation became. It was this fear of openly opposing Freud that made him hide the antagonism among assurances of his loyalty. For someone not very familiar with the analytic literature it may be scarcely comprehensible, when reading Ferenczi's works, that the slight nuances in which Ferenczi expressed his deviation from Freud could be the expression of a conflict. It also seems strange that something like the requirement of showing the patient a certain amount of love—which sounds almost self-evident—should have been the motive for an oppositional view. But precisely the self-evidence of Ferenczi's demands and the slightness of the differences that were expressed in the discussion show particularly clearly the peculiarity of the Freudian position.

⁷ Patients with a masochistic character being analyzed by an authoritarian-patricentric analyst present a particular problem. It goes without saying that such patients often are particularly "good" patients, whose instinctual needs are met precisely by the authoritarian behavior of the analyst. At first, success on the basis of the patient's masochistic demands comes easy. In these cases, however, a definitive cure and change of the character structure are all the more difficult to achieve.

⁸ "Oppositional" analysts, in this context, are analysts such as Adler, Jung, Rank, and Reich who have abandoned crucial aspects of psychoanalysis in favor of establishing a school of their own, and who endeavor to further develop theory.

In a paper given at the Tenth International Psychoanalytic Congress, held on 3 September 1927, Ferenczi points out how decisively important it is for the patient that he feels absolutely certain of the unconditional sympathy of the analyst. He says:

A really difficult but at the same time interesting task, which has in my opinion to be accomplished in every single case, is the gradual breaking-down of the resistances consisting in more or less conscious doubts about the dependability of the analyst. By this we mean his complete dependability in all circumstances, and in particular his unshakable good will towards the patient, to whatever extremes the latter may go in his words and his behaviour. One might actually speak of the patient's unconscious attempt consistently and in the greatest possible variety of ways to test the analyst's patience in this respect, and to test it, not just once, but over and over again. Patients sharply observe the physician's reaction, whether it takes the form of speech, silence, or gesture, and they often analyse it with great perspicuity. They detect the slightest sign of unconscious impulse in the latter, who has to submit to these attempts at analysis with inexhaustible patience; this often makes superhuman demands upon him which, however, are invariably worthwhile. For if the patient fails to detect the analyst in any untruth or distortion, and comes gradually to realize that it is really possible to maintain objectivity in relation even to the naughtiest child, and if he fails to detect the slightest sign of unfounded superiority in the physician in spite of all his efforts to provoke signs of such a thing, if the patient is forced to admit that the physician willingly confesses the mistakes and inadvertences that he occasionally commits, it is not at all uncommon for the latter to reap as a reward of his labours a more or less rapid alteration in the patient's attitude (12:83).

In this context another remark of Ferenczi's in the same paper is of importance. He says that an analysis can only be successfully terminated when the patient has lost his fear of the analyst and has attained "a feeling of equality in relation to the physician" (12:84). From this same attitude springs his demand that the analyst's instructions "must not contain anything in the nature of a command" (12:85), and his view that the termination of the analysis must not be forced upon the patient against his will.

In another paper, published in the same year, Ferenczi continues this line of thought when speaking about the analyst's attitude as follows:

Nothing is more harmful to the analysis than a school-masterish, or even an authoritative, attitude on the

physician's part. Anything we say to the patient should be put to him in the form of a tentative suggestion and not of a confidently held opinion, not only to avoid irritating him, but because there is always the possibility that we may be mistaken. ... Thus the analyst's modesty must be no studied pose, but a reflection of the limitations of our knowledge (14:94).

Further continuing this reasoning Ferenczi demands a "more than Christian humility" (14:95) towards the patient and considers this to be one of the hardest tasks of psychoanalytic practice. But if it is indeed attained, this could enable a cure in the most desperate cases. "I must once more emphasize that here too only real empathy helps; the patient's sharp wits will easily detect any pose" (14:95). Important for Ferenczi's counter-position to Freud and to all the latter's attempts to construct "the super-ego" as a biologically determined force, equal to the "id", is his view of the fate of the "super-ego" in analysis, outlined in the same paper.

It has often been said, by myself among others, that the process of recovery consists to a great extent of the patient's putting the analyst (his new father) in the place of the real father who occupies such a predominant place in his super-ego, and his then going on living with the analytic super-ego thus formed. I do not deny that such a process takes place in every case, and I agree that this substitution is capable of producing important therapeutic effects. But I should like to add that it is the business of a real character analysis to do away, at any rate temporarily, with any kind of super-ego, including that of the analyst. The patient should end by ridding himself of any emotional attachment that is independent of his own reason and his own libidinal tendencies. Only a complete dissolution of the super-ego can bring about a radical cure. Successes that consist in the substitution of one super-ego for another must be regarded as transference successes; they fail to attain the final aim of therapy, the dissolution of the transference (14:98).

Ferenczi's anxiety prevented him from following up this problem in a fundamental way and caused him to halt with a phrase of compromise: "at any rate temporarily".

Nevertheless the contrast to the Freudian position is clear enough. In this paper, he demands as positive qualities in the analyst "tact" and "kindness", and as an example of how these qualities are to be expressed he mentions the ability to recognize "at what point the further maintenance

of silence would result only in causing the patient useless suffering” (14:89).

Two years later Ferenczi follows the same line of thought in a paper given at the Eleventh International Psycho-Analytical Congress, on “Improvements in Psycho-Analytical Technique” (15).⁹ Here, he ventures a more direct, if still cautious, criticism of Freud’s technique. He describes his own development as a psychoanalyst:

I could not escape the impression that the relation between physician and patient was becoming far too much like that between teacher and pupil. I also became convinced that my patients were profoundly dissatisfied with me, though they did not dare to rebel openly against this didactic and pedantic attitude of the analyst. Accordingly, in one of my papers on technique I encouraged my colleagues to train their patients to a greater liberty and a freer expression in behaviour of their aggressive feelings towards the physician. At the same time I urged analysts to be more humble-minded in their attitude to their patients and to admit the mistakes they made, and I pleaded for a greater elasticity in technique, even if it meant the sacrifice of some of our theories. These, as I pointed out, were not immutable, though they might be valuable instruments for a time. Finally, I was able to state that not only did my patients’ analysis not suffer from the greater freedom accorded them, but, after all their aggressive impulses had exhausted their fury, positive transference and also much more positive results were achieved (15:113).

He then describes how, in his many years of analytical practice, he had violated Freud’s technical recommendations again and again. He did not compel the patient to lie down while the analyst sat behind him out of sight. He also did analyses in which the patient was unable to pay. Not infrequently, he prolonged the hour in order to avoid the shock of a sudden breaking-off, or, when necessary, analyzed a patient for two or more hours on the same day. Instead of the “principle of frustration” that “certain of my colleagues, and, at times, I myself applied too strictly” (15:114), he now places the “*principle of indulgence*” (15:115) that should be applied in conjunction with the first one. He criticizes “the cool objectivity” (15:116) towards the patient that Freud demanded; this could “take forms which cause unnecessary and avoidable difficulties to the patient” (15:117). He

insists on finding “ways and means of making our attitude of friendly goodwill during the analysis intelligible” to the patient (15:117). Again, he points out—although cautiously—that the orthodox technique involves the danger of making the patient “suffer more than is absolutely necessary” (15:118). He repeats the same ideas in his paper presented in honor of Freud’s seventy-fifth birthday before the Vienna Psycho-Analytical Society in 1931—a paper opening by defending Freud against the reproach that he “drives all independent talent out of his circle in order tyrannically to impose his own will in matters scientific” (16:126).

Freud, in his obituary for Ferenczi, also expressed the decisive contrast between himself and Ferenczi, though hidden in fine nuances. He first speaks of the long years of “a secure common bond” (17:228) between the two of them, and then continues:

After this summit of achievement [the publication of *Thalassa*], it came about that our friend slowly drifted away from us. On his return from a period of work in America he seemed to withdraw more and more into solitary work, though he had previously taken the liveliest share in all that happened in analytic circles. We learnt that one single problem had monopolized his interest. The need to cure and to help had become paramount in him. He had probably set himself aims, which, with our therapeutic means, are altogether out of reach to-day. From unexhausted springs of emotion the conviction was borne in upon him that one could effect far more with one’s patients if one gave them enough of the love which they had longed for as children. He wanted to discover how this could be carried out within the framework of the psycho-analytic situation; and so long as he had not succeeded in this, he kept apart, no longer certain, perhaps, of agreement with his friends. Wherever it may have been that the road he had started along would have led him, he could not pursue it to the end (17:229).

In this obituary, Freud himself pointed to the kernel of their differences. How characteristic his formulations are ... The need to cure and to help “had become paramount”, and Ferenczi’s conviction of the necessity of giving the patient love sprang from “unexhausted springs of emotion”. Freud does not say, as one might expect, “overflowing”, thus one will probably not go wrong in assuming that by “unexhausted” Freud means that Ferenczi had infantile instinctive impulses not conquered by analysis.

Ferenczi’s premature death is a tragic conclu-

⁹ Published under the title “The principle of relaxation and neocatharsis” [Trans.].

sion of his life. Torn between the fear of his break with Freud, and the insight that a technique different from Freud's was necessary, he lacked the inner strength to follow his way to the end. His difference with Freud is fundamental: the difference between a humane, philanthropic attitude, affirming the analysand's unqualified right to happiness—and a patricentric-authoritarian, deep down misanthropic, "tolerance."

On the basis of Freud's remarks and indirectly from Ferenczi's cautious polemics against him, we have tried to show the peculiarity of this Freudian tolerance. We wanted to demonstrate that, behind the non-judgmental attitude and the liberality, there is hidden an attitude that respects the taboos of bourgeois morality and despises their violation no less than the conservative members of the same social class do. Does this tolerance offer the best conditions for the patient to work his way through his resistance and to raise the repressed material into consciousness? Certainly not. No matter how friendly the outwardly attitude of the analyst may be, if he at the same time—although unconsciously—condemns and rejects the patient, the unconscious of the patient will feel this condemnation. Thus, in addition to the anxiety brought into analysis, there will be the anxiety produced in the analytical situation, resulting in the prolongation or even failure of the analysis.

The other side of tolerance, too—its relativism in regard to any kind of conscious judgment—is frequently a hindrance to the analysis. There are neurotic conflicts that are to a certain extent moral conflicts. Often, out of fear, the patient represses his perception that he is dealing with a moral conflict; and psychological terminology is very well suited to assist him in this repression. But it makes little difference whether he is conscious of the character of this conflict or not. He does feel that he is doing something that he condemns on moral grounds, and he is equally aware of the fact that the analyst condemns it. If the analyst emphasizes that he does not judge but is neutral regarding all questions of value judgments, he merely supports the process of repression that makes the solution of the conflict more difficult. But if he says to the patient: "You feel that your behavior is mean, and I too think that you are right", this can often help the patient to make progress. One might raise the objection here that this train of thought contradicts what has been said

above because such an act of judgment would increase the patient's anxiety. This objection overlooks two things: First, the anxiety of the Freudian patient is not so much determined by the analyst's judging as such, but by his judging unconsciously and in accordance with conventional taboos. Second, there is a difference between condemning a deed and condemning the doer. The patient knows very well, whether he is told or not, that the analyst condemns certain actions, but this is not what matters and what he fears. His anxiety pertains rather to the question whether the analyst condemns him, whether he repudiates him as a person, whether the analyst's sympathy and help depend on if the analysand does or does not do this or that.

We have tried to show that Freud's "tolerance" is identical with the tolerance typical of the liberal metropolitan bourgeoisie. The question arises what the conditions are that may bring about a different, optimal effectiveness of the attitude that is at the bottom of analytic technique. Ferenczi was of the opinion that the thorough analysis of the analyst was the decisive condition for achieving the attitude that he demanded. "Nothing is easier", he says,

than to use the principle of frustration in one's relation with patients and children as a cloak for indulgence in one's own unconfessed sadistic inclinations. ... These new and difficult conditions are an even stronger argument in support of the view I have often and urgently put forward, namely, that it is essential for the analyst himself to go through an analysis reaching to the very deepest depths and putting him into control of his own character-traits (15:124).

Important as the thorough analysis no doubt is for a whole series of reasons—not to be discussed here—it is evidently insufficient for the development of that philanthropic and affirmative attitude towards the patient which Ferenczi demands. In view of the great number of cases in which a thorough analysis has evidently produced such an attitude this fact is indisputable. Certainly, analysis gives insight into the repressed instinctual impulses and shows which individual experiences and in particular which anxieties have led to the formation of the actual character structure. It also shows which events in childhood have led to the development of the structure of the "super-ego". Freud is mistaken, however, when he thinks that the ultimate cause for the content and strength of

the super-ego is to be found in these childhood experiences. The taboos of this society are conditioned by its specific structure and particularly by the necessity to internalize the exerting external force. Family is merely the “psychological agency” of society. To the young it hands down the anxieties that are necessary for his future prospering and social usefulness. Mere insight into the individual conditions in childhood of the formation of the fear of violating taboos, does not therefore mean insight into the real and effective motives. This is only possible when one is aware of the social character of taboos and does not regard them, as Freud does, as having biological or “natural” causes. Moreover the analyst has as a rule the same interests as the other members of his social group. From a psychological point of view, these interests lead to the formation of the bourgeois authoritarian character structure as it is present in Freud. The effectiveness of an analysis depends exactly on the disposing off of those inhibitions that stand in the way of the pursuing of the individual’s interests. Thus, in general the analysis of the analyst will in no way lead to the elimination of the bourgeois character structure but rather intensify it. Especially when, as in the spirit of Freud, the analysis represents the moral taboos and the fear of violating them as biologically determined and natural, be it in the theory of the super-ego, or in the theory of the death instinct.

Another argument frequently heard is that one cannot condemn the patient because one understands, after all, how he has come to have those impulses which in themselves are condemnable indeed. This argument has been applied to the analytical situation in a way similar to its use with regard to the attitude towards the criminal in the reform of the penal law. But theoretical insight into the cause of a person’s behavior alone does not bring about a change in one’s own judgments—for these are determined by one’s interests. Apart from that, the same we said about the insight into the formation of the analyst’s super-ego applies here, too. The true cause for the patient’s respect for the taboos and his fear of their violation is to be found, not in his individual experiences, but in the structure of society. The analyst’s insight into his own and the patient’s instinctual structure therefore finds its limitations in his social interests, and in the emotions and insights determined by these.

Freud’s personality and the characteristic features of his theory are ultimately to be understood not from individual but from general social conditions. Also, it is a telling fact that a personality like Ferenczi succumbed in this struggle. From a sociological point of view, Freud’s attitude is the logical one. Ferenczi was an outsider, he was in opposition to the fundamental structure of his class, and he was not aware of his opposition.

The example of Ferenczi shows, however, that the Freudian attitude need not be that of all analysts. The social character structure is an average standard, and there will always be a number of individuals who, if not radically different, nevertheless show gradual differences. There can be various reasons for these differences, stemming from the individual fate of the person in question. In any case, there are quite a few analysts who are far from Freud’s prejudices as indicated above.

Still, it is possible to outline an attitude that achieves, in an optimal way, Freud’s aim, i.e., the cure of the neurotic through uncovering the unconscious. One factor has already been mentioned, the unconditional affirmation of the patient’s claim to happiness. Another, closely connected, factor is ridding morality of its taboo-like character. It is this taboo-like character that constitutes the peculiarity of the bourgeois moral precepts. As a consequence, these moral precepts are abstract and rigid, and their violation gives rise to disgust and contempt, whatever the conditions of the specific case may be. For the analyst devoid of illusions, morality loses its fetish-like character. There is no absolute justification for it, neither with reference to the after-life, nor with reference to worldly wisdom or biological necessity. It is rather to be understood as a manifestation of life of human beings, “out of the conditions of its formation and disappearance” (18:180).

Without judgment of values, there is no theory of reality, but those judgments need not necessarily be connected to the idols of idealistic morality. The goal is not the fulfillment of any eternal demands, but the realization of the human claim to happiness in its respective historic form.

What are the consequences of this approach for the analyst’s relation to the patient? Most of the social taboos—from whose violation, if only in phantasy, the patient suffers—lose their moral character altogether, and appear for what they

are: rules, inculcated in man with all kinds of threats, with no claim to any higher authority, based on the necessity to keep up certain social and class structures with all their contradictions. The recognition, without illusions, of the historically justified moral aims brings about a change in one's attitude towards human beings. The analyst's emotions, connected to the violation of these values, are not automatic and abstract. Their existence may lead him to realize—before or during analysis—that, because of the patient's behavior, he cannot show the amount of sympathy and affirmation that a successful treatment would require. But if the analyst faces a person who is above all suffering and looking for help, the actual situation is different, and, despite the possible contradiction with regard to certain values, a morality devoid of a taboo-like character can enable an analyst who is truly without any illusions to show a friendly attitude.

To sum up briefly: Psychoanalysis as a theory has established a foundation, from which not only certain details have to be picked out, but which has to be the starting point for any further research in this field. As a therapy it has, for the first time, created the possibility of profound changes in the instinctual and character structure. It emerged on the basis of the concept of tolerance as developed by the metropolitan bourgeoisie. This tolerance, as found in Freud and a number of his closest disciples, limits at the same time the therapeutic effectiveness of psychoanalysis—a tolerance with its contradictions between conscious relativity of values and unconscious affirmation of the taboos of the bourgeois society. An analyst, therefore, for whom the rules and prohibitions of the society he lives in have an absolute, taboo-like character exceeding their limited meaning, is unable to free the patient of his fear of violating—mostly in phantasy—these taboos. It is this fear that is at the core of his neurosis, and no cure is possible without overcoming it. An analyst without this freedom

and open-mindedness will, in spite of all his objectivity, let the patient repeat his childhood experience with his parents and teachers, and later on with other oppressive powers: the experience of a constellation that inhibits his development.

Translated from the German language by Ernst Falzeder, with the collaboration of Caroline Schwarzacher

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Summaries in German and Spanish

Fromm E. Die gesellschaftliche Bedingtheit der psychoanalytischen Therapie

Dies ist die erste englische Übersetzung eines grundlegenden Aufsatzes von Erich Fromm (1935). Fromm gibt darin eine Zusammenfassung und Kritik von Freuds Ansichten über die Entstehung und Behandlung neurotischer Störungen in der psychoanalytischen Therapie. Im besonderen behandelt er die in Freuds Persönlichkeit und Theorie vorhandene "patrizentrische" Einstellung, die sich hinter dem bürgerlichen "Toleranz"-Begriff versteckt. Als Gegenpositionen stellt er die Theorien von Georg Groddeck und Sándor Ferenczi vor, die aber entweder wissenschaftliche Stringenz vermissen lassen würden (Groddeck) oder nicht weit genug gingen (Ferenczi).

Fromm E. Los determinantes sociales de la terapia psicoanalítica

Esta es la primera traducción inglesa de un trabajo pionero de Erich Fromm (1935). Fromm añadió y criticó los puntos de vista de Freud sobre la génesis de la neurosis y su tratamiento en la terapia psicoanalítica, con especial énfasis en el concepto de "patricentric" el carácter de ambos, la personalidad de Freud y su teoría, que estaban ocultos bajo el concepto burgués de "tolerancia". Por el contrario Fromm presentó las diferentes posiciones tomadas por Georg Groddeck y Sandor Ferenczi, posiciones que apuntan hacia la dirección correcta pero pierden rigor científico (Groddeck) o pueden no ir suficientemente lejos (Ferenczi).