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Remarks on the Problem of Free Association

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The great discovery of Freud lies in two directions: one is of substance, and the other is of method. I would say that, as far as the first part of Freud's discovery is concerned, the most lasting and fundamental discovery is that of the unconscious. And, as far as method is concerned, it is the discovery of a method to recognize the unconscious, that is, to see something which usually cannot be seen. What Freud showed was that everyone of us is two persons. One is the adult, rational, conventional person, the official person, so to speak, which we all are when we are awake, when we behave conventionally, when we go about our business. Then there is this other personality, the little child in us; or several children, one of six months, and one of one year, and one of three years, perhaps, and one of fourteen; all together being alive, acting, determining our feelings and actions; yet never directly observable, never directly visible. Our behavior, our feeling, our thought, is always a mixture, always a blend of the „day personality,“ and that other personality which you might call the unconscious or the dissociated personality in us. Actually, this dissociated personality can be observed directly only in several instances: in psychosis, under hypnosis, under the influence of drugs, or during sleep, in our dreams, which Freud described as a transitory psychosis. We are listening in our sleep to this dissociated personality; it comes to the fore, talks, thinks, and sees things; the day personality is relegated to the background and speaks only with a very small voice, by distorting and embellishing certain things that the dissociated personality says.

Indeed, among psychoanalysts there are differences about what is the essence of that dissociated personality. Freud thought it was centered around a core of infantile sexual desires. For other psychoanalysts, the concept of the dissociated personality is a broader one and not essentially centered around this sexual core. But, in spite of such differences, they too define that dissociated personality in terms of the child which has not yet fully emerged from his mother's womb, or which has not yet been fully separated from mother's breasts, or which has not yet fully separated from obedient attachment to father's authority, and emerged into an active, productive life of his own.

These differences do not matter, from the standpoint of our discussion here, because the essential point and the greatness of Freud's discovery was that there is this secret, hidden, dissociated personality, and that this personality has a tremendous effect on



everything we do, and everything we think. If there is any definition of psychoanalysis, whatever school of psychoanalysis we are talking about, then it is based on this concept of the unconscious, and psychoanalysis has to be described as a method which tries to uncover the dissociated part of a person's personality.

Now as to the method, I would say again that it is one of the great achievements of Freud to have overcome the seemingly unanswerable logical objection to a method of discovering the unconscious. The logical objection being: If something is unconscious, we cannot become aware of it, therefore there is no method by which we can arrive with any degree of certainty at a picture of that which is dissociated; by its very nature, it is not open to inspection. Freud did find ways for the observation of the unconscious. One was the interpretation of dreams; the other was the analysis of transference; the third was free association.

How could we describe in general terms the meaning of free association according to Freud? What Freud discovered was that a person, even if he is not asleep and dreaming, even if he is not insane, even if he is not in a hypnotic trance, nevertheless, can hear the voice of his unconscious, provided that he does something which seems very simple: namely, that he leave the realm of conventional, rational thought, and permit himself to voice ideas which are not determined by the rules of normal, conventional thinking. If he does this, ideas emerge, not from his head but, as the Chinese would say, from his belly; ideas which are not part of his official personality, but which are the language of this dissociated, hidden personality. Furthermore, Freud discovered the fact that if I permit myself to associate freely, then these very thoughts which come from this dissociated realm attract other relevant and germane thoughts from the realm of the unconscious.

Originally Freud thought it to be necessary for the stimulation of free association to touch the forehead of his patient, after having given him the instruction that, when he touched his forehead, the patient should say what was on his mind at that very moment. Later, Freud found that one did not even need to touch the forehead, that one could give the patient the general instruction that throughout the whole analytic session he should „free associate.“ Freud tried to help the effectiveness of this idea by the technical arrangement which he chose for the treatment, that is, the „use of the couch.“

The idea was brilliant, and seemed to be very promising. But actually what happened was, I think, a deterioration of the whole method of free association. In orthodox Freudian analysis - not always, but in many instances - free association has become an empty ritual. The patient lies on the couch, he is instructed not to hide anything, to say everything that comes to his mind. That is fine. Let us assume that the patient does that, and is conscientious and honest, and says whatever comes to his mind. What guarantee do we have that the things that do come to his mind have any meaning in the sense of the dissociated personality? That in speaking without restriction he is saying things which are relevant? In many instances free association has deteriorated into meaningless chatter, into „free talk,“ into uncontrolled complaining, and sterile thinking. All that passes for free association because the formal rule is observed: namely, not to omit anything which is on one's mind.

The original meaning of free association was to be spontaneous association; the deterio-



rated free association is not spontaneous at all; it is free only in the negative sense that no thought is omitted. The patient comes in, and he says for the twentieth time what he has said to his wife, what his wife has said to him, what happened in his business, and this and the other, and the analyst sits there and listens and does not say anything. The hour ends, and both are satisfied because everything has happened according to the ritual.

My criticism of free association is not at all meant to be a criticism only of orthodox psychoanalysis. I, myself, am not an orthodox psychoanalyst. But I must admit that in observing what goes on in non-orthodox analysis, I conclude that free association has deteriorated there just as much as it has in orthodox psychoanalysis, except in a different way. Instead of the ritualistic, priest-like, authoritarian attitude with which the patient is confronted, you find a tolerant, reasonable, friendly attitude. The analyst does not sit behind the couch. He is not so silent. He also instructs his patient to say anything that comes to his mind. But there is often the danger of transforming the situation into a friendly dialogue, instead of the more austere Freudian monologue.

Often several approaches are confused with the request for free association, particularly the request for more information, and the question as to what the patient *thinks about* a dream, or an occurrence. One should strictly differentiate between these three approaches: quest for information, for opinion, and for free association. In the quest for more information the analyst asks the patient questions in order to clarify what he is saying, in order to bring out contradictions, in order to see, perhaps, where the patient is omitting something or distorting something. Such questions should be as precise, concrete, detailed, and clear as possible. Secondly, it is something else again if the analyst invites the patient to join him in rational thought about the meaning of certain things. To ask him, „What do you think this could mean?“ „What is your idea about this or that behavior, or this or that incident?“ This also is not free association. It does not make any difference whether it is phrased in the form of a question, or whether it is phrased in the form of a hypothesis. If I invite the patient to join me in reasonable thought about an object matter, then this is thinking, and not free association. And thirdly, there is free association in the sense of spontaneous association. We should indeed separate the latter from the former two, and be aware when we use free association as a tool, and when we do not use it.

What can the analyst do to avoid the deterioration of free association? First of all, I believe he must convince himself that it is not enough to explain to the patient the basic rule of analysis, not even to begin each session by using the ritualistic formula and saying to the patient: „Tell me what comes to mind.“ Rather than doing this, I find it helpful to stimulate free association at various times during the session by asking the patient in a definite way: „Tell me what is in your mind *right now*.“ The difference sounds small, yet it is considerable. What matters is the *now*, the urgency of the request. Usually the patient will answer this request more spontaneously than the general question, „What comes to mind?“ When he has said what is in his mind, one can go on requesting further association 'with the ideas expressed. In the tone of voice, the definiteness, the suddenness in which the question is asked, lies a factor similar to Freud's original touching of the forehead.



There are other active methods to stimulate free association. Let us assume you have analyzed the patient's relationship to his father, but want more unconscious material than he has offered in his associations; you tell the patient: „Now, concentrate on the picture of your father, and tell me what is the first thing that comes to your mind.“ I might draw your attention to the fact that there is a certain difference between asking the patient, „What comes to your mind about your father?“ and the second way of telling him: „Now, concentrate, focus on your father.“ Or, „Visualize your father now, and tell me what is on your mind.“ There seems to be only a slight difference in wording. However, there is a very great difference in the effect.

Another way of stimulating free association lies in giving the patient the picture of a certain situation, then asking what comes to his mind. For instance, you tell the patient: „Assume tomorrow morning your telephone rings and the person calling tells you I have died. What comes to mind?“ Well, you will find that there are very interesting free associations which come up.

There is one technique which the late Augusta Slesinger developed, which goes just a little further along these lines. She used what you might call concentration techniques to further increase the possibility of free association. She would tell a patient: „Now close your eyes. Try to think of nothing. Try to make your mind completely blank. Try to do this by imagining a white movie screen with no pictures on it. After a few minutes, I shall give you a sign. Let us say, I shall say 'now.' Keep your eyes closed, but tell me what goes through your mind at this very moment.“ The advantage of this technique is that by this short period of concentration the patient's conventional thought process is by-passed, as it were, and usually the associations come from a deeper level of the unconscious.

You can use this concentration technique in various ways. One experiment, for instance, also suggested by Mrs. Slesinger, is to give the patient the instruction: „Try after this period of concentration to form the experience 'I,' and then to say what comes up in your mind at the very moment when you try to feel 'I,' 'I, myself.'“ Now if you do it - you can also do it yourself when alone - you find all sorts of interesting things. You discover how terribly difficult it is for most people to have a clear experience „I.“ At this very moment, when they try to feel „I,“ other thoughts come to their minds which, however, usually are indicative of that which is a substitute of their sense of self.

Let me give you an example of free association with this kind of technique. One is of a man who was a very good teacher and a very good speaker; when he was supposed to say what came up in his mind, he saw himself in a beautifully cut suit, standing on the platform, and lecturing, with everybody looking at him. This is his concept of „I“; he experiences himself as himself inasmuch as he is this good-looking, elegantly dressed lecturer. Another patient saw himself as a prisoner of war, completely alone and abandoned by everybody, crying for help. And in the next picture he saw himself leading a regiment into battle on a white charger. Now actually, this was a patient whose whole personality was split between a person who, in his social relations or in his love relations, was a helpless person feeling lonely and powerless; in his professional relations as a surgeon, he was sure of his authority, fearless and competent with an element of grandiosity.



You can use this concentration technique for other purposes too. You can say, for instance, after the concentration, „What comes to your mind about me, the analyst?“ or your father, your mother, or any other person. Or you can use it by asking the question, „What comes to mind when you think of the thing you like least in yourself, or are ashamed of, or are most proud of?“ The use of it is varied; the principle is simply to reinforce the purpose of free association by this concentration technique. These are just a few examples by way of emphasizing that free association must not become a ritual. It must be something which is pursued intentionally, with a certain suggestive and stimulating attitude by the analyst. While it is one of the most important tools in the understanding of the dissociated personality, it is at the same time a tool which must not be taken for granted.

I should like to raise another question which is also related to free association. Namely, the question that there is not only the problem of free association for the patient, but there is also the problem of free association for the analyst. Should the analyst free associate too? In order to understand a patient, you must make the fullest use of your own imagination. Your own imagination must be mobilized to the highest extent. We all are crazy, we all are neurotic, we all are children, and the difference between us is only of degree. But unless we can mobilize in ourselves the very same irrational fantasy which exists in patients, we certainly cannot understand them. And we must have the courage to do it. If we, as analysts, consider ourselves to be the „normal“ person, *here*, and the patient the „irrational“ person, *there*, then we shall never understand the patient. Then communication is indeed a fraud; then nothing goes on between two persons except words and chatter.

To understand means to respond, to answer, to be in touch. To interpret means to react with one's own imagination and free associations to the patient's utterances. It does not mean to apply the patient's associations to the theory. The analyst's function is to a large extent not thinking, but free associating, and often helping the patient in his free associations by presenting him with his (the analyst's) own. All this means that the analyst is, as Sullivan put it, a „participant observer,“ not a blank mirror, a detached observer. The process of analysis may well be described in this way. Two people communicate. The one says whatever goes through his mind. The other listens, and says what reactions (associations) the patient's utterances have produced in him. His, the analyst's, ideas are not said with the claim that they are right, but only because they indicate how one person's imagination reacts to the patient's imagination. The only claim the analyst can make is that he has been concentrating on what the patient was saying, and that his imagination is trained by experience and appropriate theoretical thoughts. The patient then reacts with new associations to the analyst's, who in turn reacts again, and so on, until some clarification and change is reached. (It must not be understood that I mean there is continuous dialogue; in my concept of analysis the patient does, quantitatively speaking, most of the talking, but what matters is that the analyst's „interpretations,“ when they are given, are essentially his free associations.)

To sum up: The analytic relationship is a unique reality of communication, based on mutual freedom and spontaneity. Free association is one of the most important tools. However, it must be cultivated, furthered, and stimulated, and prevented from deteriorating into a sterile ritual.