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## The relevance of Fromm's concept of alienation to my clinical practice

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The concept of alienation is central in Fromm's thought and clinical practice. Fromm sees alienation as the disease of modern human being, who is estranged from herself, from her feelings, from her fellow men and from nature: "alienation from both inside and outside ourselves" (Fromm 1991, p. 43). Not recognising what we are potentially capable of expressing, given the psychological and physical characteristics of our genetic make-up, is connected to productivity in the psychological sense. Thus the concepts of productivity and alienation are closely linked. An authentic self is spontaneous, creative and productive; an alienated self, by renouncing spontaneity, is no longer capable of productive expression.

The notion of relatedness is also linked to alienation. As Fromm says (ibid.), apart from the physical energy produced by our bodies, there is another type of energy, much greater, which comes from being relating to the world and in profound contact with it. This is the energy that an alienated person lacks, with negative effects on his mental health. Broadly speaking, Fromm (1962a) believes that all neuroses are caused by being alienated. This is because it is typical of neurosis that a passion, separated from the whole personality, dominates the individual, making him a slave to something that is estranged from the self. Fromm sees transference in analysis in the same light, insofar as the more alienated the patient is the more she projects parental qualities onto the analyst, in order to relive the sense of security and protection that she experienced as a child.

But how does a person become alienated from himself? What leads an individual to distance herself from spontaneity and authenticity, abandoning the genuine expression of the self? According to Fromm (1941) it is the parents, in their role as agents of society, who suffocate the spontaneity and independence of a child, to the extent that the child, in adulthood, will be unable to live his life autonomously. He will feel isolated, anxious and therefore incapable of realising his potential. As a result of the impossibility of acting out or expressing what she really thinks and feels, she needs to show a false self, both to herself and to others.

In the psychodynamics by which an individual is alienated from his true self (Winnicott, 1960b), we can clearly see how, right from the start of his life, the child is forced to relinquish his desires and spontaneous needs in order to adapt to the demands of the external environment – primarily the mother. The result is a fragmentation of her experience that is incompatible with the experience that her mother has of her. A split between a 'true self' and a 'false self' is created. The function of the latter is to hide the original nucleus of needs and spontaneous acts from the mother, given that the child does not want to risk exposing them unless the mother takes them on board, otherwise she risks



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annihilation. Kohut too (1977) maintains that if the parent does not respond empathically to the child's emerging self, the child will use whatever responsiveness a parent offers.

Thus the alienated self develops as a response to the external environment, as a defence against it. An outcome of this response is the separation of cognitive processes from the affective base. From that moment on, the individual will not forget the lessons learned in the first months of life until such time as he meets a person who will accept and appreciate the spontaneous expression of his true self, as can happen in analysis. If this does not happen, as an adult she will continue to show her puppet self to others, a smoke screen to hide and protect the intimate and inviolable nucleus of her true self. But this comes at the expense of his own authenticity and the price to pay is alienation from the self, which the consequent lack of mobility of his own resources.

In my clinical work I can observe on a daily basis the impact that alienation has on psychopathology. This is especially true of the so-called "pathology of normality", which affects most people. Making patients aware of this type of pathology is by no means easy. The fact that it is so widespread, with pathogenic attitudes, ideas, thoughts, behaviours shared by so many people, exempts them from social disapproval. Thus a person feels 'normal', 'well-adjusted', 'sane'. She makes the erroneous assumption - which in analysis strengthens her defences - that "normality"

and "sanity" are the same thing; that the pseudo-self is the authentic self, sentimentality is feeling, and so on. This presents a serious obstacle to the patient becoming aware of how he has had to deny the expression of his real self in order to conform to society's needs. Just as the child, in order to please her mother, had to become estranged from her true self.

With my patients, I feel it is necessary in therapy to work on the de-repression of those pathological aspects of self that are ingrained in their social unconsciousness as well as in the individual. The aim is to lead patients towards a profound critical revision of family and sociocultural models that have been internalised. When this is successful, it is easier for the patient to reach self-awareness which will gradually enable him to integrate the split aspects of his personality.

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