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Fromm's Views on Narcissism and the Self

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When I first started working on the subject of this essay I turned to Cooper's chapter on narcissism in vol. 7 of the *American Handbook of Psychiatry*, 2d edition (Cooper 1981). Next to the classical views of Freud and those of recent Freudian writers such as Kohut and Kernberg, Cooper also mentions neo-Freudian authors such as Homey and Sullivan, but Fromm's name is missing. This is a familiar occurrence. As Greenberg and Mitchell (1983) remark, Fromm anticipated certain psychoanalytic concepts by decades but receives little recognition for his contributions. One aim of this paper is, therefore, to establish Fromm's priority on the subject of narcissism and the self.

Fromm, in turn, seems to have paid scant attention to other developments in psychoanalysis. In the index of the complete German edition of his works—the only one in existence to date (Fromm 1980–81)—the names of Kohut and Kernberg do not appear, and Fromm makes only a brief, albeit appreciative, mention of the British school at the end of part one of the *Anatomy of Human Destructiveness* (Fromm 1973). The isolation among different psychoanalytic writers and groups may itself be an expression of narcissism. In this paper I compare some of Fromm's concepts with recent developments in psychoanalysis and in other areas. By establishing connections, I hope this paper may be a contribution toward the overcoming of the „narcissism of minor differences“ in our field, to which Werman (1988) has called attention.

Third, I hope this paper may contribute to a wider circulation of Fromm's ideas in the psychoanalytic community. I think it has always been true that Fromm's ideas were more familiar to the general public than to psychoanalysts. This can be confirmed with reference to the Italian situation. When in the early 1960s a group in Milan started introducing neo-Freudian ideas into Italy, they were particularly interested in the therapy of the psychoses, and therefore the authors most often quoted were Sullivan, Fromm-Reichmann, and Arieti. Psychoanalytic groups with a specific interest in Fromm started to appear in Italy only in the 1980s.

The aspects of Fromm's work that are stressed in this paper are his emphasis on the impact of real-life events, his discussion of self-love, his concept of social character, and, among his more clinical contributions, his concept of secret family narcissism.

The Self

As the title of this book implies, the pathology of narcissism is tied up with the pathol-



ogy of the self, and especially with the regulation of self-esteem. Kohut (1971) writes: „In the narcissistic personality disturbances ... the principal source of discomfort is thus the result of the psyche’s inability to regulate self-esteem“ (p. 20). The self, according to Kohut, „is a content of the mental apparatus but is not one of its constituents, i.e., not one of the agencies of the mind“ (p. xv).

The self and its pathology are currently most commonly associated with the work of Kohut and his followers, but he was preceded by several other writers. Kohut (1971) himself credits Hartmann with „the conceptual separation of the self from the ego“ (p. xiii) and then goes on to quote other authors in the area of American Ego psychology, such as Erikson and Mahler. He does not quote either American neo-Freudians or the British school.

In the chapter already cited above, Cooper (1981) points out that both Sullivan and Homey were using the concept of self before the war. It is also a central concept in the British school, as exemplified by the title of Guntrip’s collected papers: *Schizoid Phenomena, Object Relations, and the Self* (1969). Guntrip says that „the primary fact about human beings“ is „their experience of themselves as that significant and meaningful ‘whole’ which we call a ‘person’“ (p. 10).

As regards Fromm, consider this passage from *Man for Himself* (1947):

“The scars left from the child’s defeat in the fight against irrational authority are to be found at the bottom of every neurosis. They form a syndrome the most important features of which are the weakening or paralysis of the person’s originality and spontaneity; the *weakening of the self* and the *substitution of a pseudo self* in which the feeling of ‘I am’ is dulled and replaced by the experience of self as the sum total of others’ expectations.” (p. 161, italic added)

Here Fromm expresses very clearly a holistic view of personality and anticipates Winnicott’s distinction of the true and false self by several years (Winnicott 1960). Homey, as quoted by Cooper (1981), had anticipated it even earlier when writing about the „loss of the ‘real me’“ (p. 302). In this passage from Fromm, in contrast with Kohut’s overly cautious theoretical jargon, there is also a strong sense of real-life events affecting the child’s self. Fromm also discusses the loss of a sense of self and its compensation through a „secondary sense of self“ in *The Sane Society* (1955:143).

Another convergence between Kohut and Fromm, unacknowledged by Kohut, concerns the productiveness of the self. In *The Restoration of the Self* Kohut (1977) writes of the „creative-productive-active self“ (p. 76) and of the self as an „independent center of initiative“ (p. 80), yet no mention is made of Fromm’s highly relevant discussion of productiveness of thirty years before (Fromm 1947:91—98).

It is interesting to speculate why Kohut does not acknowledge these priorities. In the preface to this book (1977:xix—xxi) he explains that the integration of different viewpoints would be too difficult. In view of his concern for the preservation of the (Freudian) psychoanalytic „group self“ (p. 85, footnote), it is possible that another reason for not making an extensive review of the literature was to avoid quoting heretical writers like Homey, Sullivan, and Fromm, who would have been very relevant to, but embarrassing for, the „group self.“



Narcissism

The subject of narcissism features prominently in Fromm's writings. He worked on this concept over a span of forty years, from a paper on self-love published in *Psychiatry* in 1939 to his last book, *Greatness and Limitations of Freud's Thought*, originally published in German (1979). His main presentation of the concept is to be found in chapter four of *The Heart of Man* (1964b). It is also discussed at some length in *The Anatomy of Human Destructiveness* (1973) and in a series of unpublished seminars held in Locarno (1974:171–92). In the following discussion, in addition to referring to published and unpublished works by Fromm, I also rely on Rainer Funk's *Erich Fromm: The Courage to Be Human* (1978, 1982), a very useful systematic account of Fromm's thinking.¹

In Fromm's writings we may distinguish three levels of discussion of narcissism: (1) the theoretical level; (2) the level of social pathology, in which narcissism is considered as a character structure; and (3) the clinical level. Because of the scarcity of clinical contributions in Fromm's published work, I shall have to rely mainly on unpublished material for point 3.

Theoretical Level

In relation to Freud, Fromm takes sharp issue with the idea that love for other and love for oneself are alternatives. In *Man for Himself* (1947:132–36) he writes that, on the contrary, „the attitude toward others and toward ourselves, far from being contradictory, are basically *conjunctive*.“ „Love of other and love of ourselves are *not* alternatives.“ „Love, in principle, is *indivisible*.“ „*Selfishness and self-love, far from being identical, are actually opposites*. The selfish person does not love himself too much but too little; in fact he hates himself.“ „*It is true [as Freud says] that selfish persons are incapable of loving others, but they are not capable of loving themselves either*“ (all italics in the original).

These conceptual clarifications are important objections to the retention of the term *narcissism*, which implies, both in the broader cultural tradition and in the narrower context of Freudian psychoanalysis, that self-concern is equivalent to self-love. Kernberg (1975) also agrees that the self-love of the narcissist is only apparent.

On the other hand, Fromm never seems to have disputed the fact of a primary self-centeredness of the infant. In chapter 4 of *The Heart of Man* (1964b:65) he begins his description of narcissism with the primary narcissism of the newborn infant and says: „The infant is not yet related to the outside world.“ Fromm only started questioning this assumption in a footnote to *The Anatomy of Human Destructiveness* (1973:227). In retaining the concept of primary narcissism, Fromm follows the tradition of Freud and of Freudian authors such as Kohut and Kernberg who have addressed the same issue more recently. Kohut (1971:25), for instance, states very clearly that the narcissistic structures he describes (the grandiose self and the idealized parent) are means by which „the child replaces the previous perfection.“

This tradition had already been challenged by some authors of the British school, for

¹ I wish to express grateful thanks to Dr. Rainer Funk, Fromm's literary executor, for valuable advice and for placing at my disposal essential material from the Fromm Archives in Tuebingen. I am also indebted to Dr. Mariano Enderle for sending further relevant material from the United States.



instance, by Fairbairn, who claimed that the infant is „object-seeking“ from birth. This critique on the part of British authors is reviewed by Bowlby in the appendix to *Attachment* (1969:371-75). Guntrip (1969) is another British author who criticizes the concept of narcissism. He says of the schizoid that „his love-objects are all inside him ... so that his libidinal attachments appear to be to himself.“ „Narcissism is a disguised internalized object-relation“ (p. 42). More recently, Stern (1985) has provided empirical evidence that there is no such thing as a normal autistic or symbiotic phase, thus giving support to these earlier critiques.

In Fromm’s main presentation of narcissism—in chapter 4 of *The Heart of Man* (1964b)—he distinguishes between two forms of narcissism, one *benign*, the other *malignant*. He writes: „In the benign form, the object of narcissism is the result of a person’s effort“ (p. 77). But then he adds: „The very fact that the work itself makes it necessary to be related to reality constantly curbs the narcissism and keeps it within bounds.“ Thus, beneath the distinction between two forms of narcissism, the concept of primary narcissism still lurks.

Fromm was misled by Freudian theoretical residues in his own thinking. Although he had already transcended the Freudian position by his concept of self-love, he never fully worked out the consequences. The Freudian fallacy lies in the idea that man at birth is unrelated. Within Bowlby’s ethological framework, we may consider that there was survival value in the prehistorical environment for babies to be related from birth and that such a trait would therefore have been selected in the course of evolution. Stern (1985) has provided the empirical evidence for primary relatedness. A primary state of unrelateness is only pathological, due either to inborn defects or to unnatural environmental circumstances—ranging from an unresponsive mother to the extreme case of feral children. The normal situation is a loving relationship with the mother, leading to self-love and love for others in the child.

Although Fromm distinguished narcissism from self-love, he still thought that primary narcissism was a normal phase. He did not take the further step of viewing narcissism as always pathological. Instead, he retained the term *narcissism*, accompanied by the adjective *benign*, to designate self-love. It seems to be more appropriate to do away with both the concept of „primary narcissism“ and its specification of „benign narcissism“ and to distinguish between the capacity for love toward self and others—the normal situation—and narcissism—always a pathological development, however widespread.

A further clarification concerns cognitive development. According to Hoffman (quoted by Friedman 1985:515), a child in the second year of life may be „egocentric“ (in the Piagetian sense) at a cognitive level and yet experience empathy for the distress of others. More primitive manifestations of empathy are even present at birth.

The Character Structure

According to Fromm, narcissism is one of the nonproductive orientations in the process of socialization, i.e., one of the nonproductive forms of interpersonal relatedness. As Funk (1978) points out, although Fromm repeatedly elaborated on these concepts in all his work, these orientations consistently range between two extremes: symbiosis and withdrawal (see table 3.1).



Narcissism lies at one extreme of the range and is characterized by the greatest degree of withdrawal. For the narcissistic person, „only he himself and what pertains to him has significance, while the rest of the world is more or less weightless“ (Fromm 1973:228). „The narcissistic person achieves a sense of security in his own entirely subjective conviction of his perfection. When others wound his narcissism ... a narcissistic person usually reacts with intense anger or rage.“

The narcissistic orientation is also found at the level of groups. Fromm discusses group narcissism, e.g., in *The Anatomy of Human Destructiveness* (1973:230-31). He points out that in a group this orientation is shared; it furthers the cohesion of the group, makes manipulation easier, and provides substitutive gratification. Wounds to group narcissism are also reacted to with rage and are important sources of violent conflicts between groups.

Although Freud’s characterology is one of the sources of Fromm’s, for which Fromm repeatedly gives Freud credit, Funk (1978:307) states that „how Fromm arrived at these orientations is not an easy question to answer. He simply deduced them from all the conceivable possibilities of a nonproductive relation to the world.“ At this level, therefore, Fromm’s primary source is not clinical, and the main function of his characterology is as a conceptual tool in social psychology.

TABLE 1 *Relationship of the Orientations in the Process of Assimilation and Socialization*

Orientations	In Assimilation Process	In Socialization Process	
nonproductive	receptive -----	masochism	<i>symbiosis</i> (authoritarian)
	exploitative -----	oral-sadism	
	hoarding -----	anal-sadism	
	marketing -----	indifference	<i>withdrawal</i>
	necrophilic-destructive--	necrophilic-- destructiveness (narcissism)	
productive	working -----	loving, reasoning	

SOURCE: Reprinted with permission; from R. Funk, Erich Fromm: *The Courage to Be Human* (New York: Continuum, 1982), p. 47.

This conceptual tool was already clearly defined in a paper written in 1932 and reprinted in 1970 in *The Crisis of Psychoanalysis*, where Fromm writes: „The task of social psychology is to explain the shared, socially relevant psychic attitudes and ideologies—and their unconscious roots in particular—in terms of the influence of economic conditions on libido strivings.“ After his rejection of the libido theory, Fromm referred to the shared psychic attitudes as the „social character“ (1941).

One example of this use of characterology is Fromm’s Mexican study (Fromm and



Maccoby 1970). In that study, three main character types were found, and each was related to a sociohistorical structure. The nonproductive–receptive character was related to the feudal society that both preceded and followed the Spanish conquest. The productive–hoarding character was considered typical of the peasant mode of production when peasants possess their own land. The productive variants of the exploitative character type „are the modern entrepreneurs.“

As regards the narcissistic character, Fromm repeatedly stressed its wide-spread occurrence in our own society, for example, in the organization man (1964a) or among political leaders (1964b). This subject has been discussed more recently by Christopher Lasch (1979). Even more recently, attempts have made to verify empirically the occurrence of narcissistic traits in the population (Richman and Flaherty 1988). Fromm’s hypothesis of a prevalence of the narcissistic character structure in our society (although its connection with Fromm is often not acknowledged) thus seems to be shared and may be subject to verification.

As regards group narcissism, Fromm considers it the result of a transformation of individual narcissism (1964b). This subject has been viewed in very different terms in more recent discussions. Group narcissism has been considered the result of *cultural revolution*. Boyd and Richerson (1985), for example, regard ethnocentrism as an example of cultural group selection. Group narcissism may even have its roots in *biological evolution*. According to Tinbergen (1981) it originated in group territorialism.

Clinical Level

Fromm’s description of the narcissistic character orientation, reported above, coincides with certain items of the DSM III-R description of the narcissistic personality disorder, namely (1), (3), and (8) (see table 3.2), and with one major feature of Kernberg’s account („I do not need anybody else“: 1975:231).

In what follows, further contributions of Fromm’s are reported, drawn from unpublished sources.

In a series of unpublished seminars held in Locarno, Switzerland, which are closer to the clinical level (1974), Fromm adds: „a narcissistic person needs and lives on the feeding of his narcissism“ (p. 175). This corresponds to item (7) of the DSM III-R criteria. Fromm (1974) also describes the tendency to follow an overidealized leader, which corresponds to item E3 of DSM III (this item is no longer present in DSM III-R). Finally, when Fromm (1974) says „the narcissistic person is a terribly insecure person“ (p. 181), his description shares another feature with Kernberg’s (1975). We may conclude that, at a clinical level, Fromm’s description of the narcissistic personality corresponds fairly closely to that prevailing in the literature.

In his unpublished Locarno seminars, Fromm also stresses the general relevance of narcissism: „Narcissism is a crucial problem of human development“ (1974:176) and it is „a life work to overcome one’s narcissism“ (1974:177). And in these seminars,, Fromm also discusses one form of group narcissism that is of clinical relevance; namely, *family narcissism*: „There is a secret narcissism of families. Think of these families where the mother comes from ... a step up the social ladder and will feel forever that her family is better than that of the husband, or vice versa“ (1974:192).



In an unpublished lecture given in New York on „The Causes for the Patient’s Change in Analytic Treatment“ (1964a, designated in the Fromm Archives as u1964c), Fromm makes a distinction between *benign* and *malignant neuroses*. This is not a central concept in Fromm’s writings, but it is useful both clinically and in order to establish connections with other authors.

TABLE 2 *Diagnostic Criteria for 301.81 Narcissistic Personality Disorder*

A pervasive pattern of grandiosity (in fantasy or behavior), lack of empathy, and hypersensitivity to the evaluation of others, beginning by early adulthood and present in a variety of contexts, as indicated by at least five of the following:

1. reacts to criticism with feelings of rage, shame, or humiliation (even if not expressed)
2. is interpersonally exploitative: takes advantage of others to achieve his or her own ends
3. has a grandiose sense of self-importance, e.g., exaggerates achievements and talents, expects to be noticed as „special“ without appropriate achievement
4. believes that his or her problems are unique and can be understood only by other special people
5. is preoccupied with fantasies of unlimited success, power, brilliance, beauty, or ideal love
6. has a sense of entitlement: unreasonable expectation of especially favorable treatment, e.g., assumes that he or she does not have to wait in line when others must do so
7. requires constant attention and admiration, e.g., keeps fishing for compliments
8. lack of empathy: inability to recognize and experience how others feel, e.g., annoyance and surprise when a friend who is seriously ill cancels a date
9. is preoccupied with feelings of envy

SOURCE: Reprinted, with permission, from American Psychiatric Association, DSM III-R (1987).

By benign neurosis Fromm means the neurosis of personalities who have reached the genital level, whose neurosis is mainly due to traumata, and whose prognosis is therefore more favorable. In this he says he agrees with Freud’s final views set forth in *Analysis Terminable and Interminable*. In these patients the nucleus of the character structure is intact. In the malignant neuroses the nucleus of the character structure is damaged. It is characterized by „malignant passions“ such as (1) destructiveness, (2) narcissism, and (3) incestuous fixation. „Here the job of cure would be to change the energy charge within the nuclear structure“ (p. 23).

Fromm seems to be referring to the whole area between neurosis and psychosis, characterized (in terms of Bowlby’s attachment theory) by attachment and multiple binds to bad and/or weak objects and requiring a shift in attachment (what Freudians call the cathexis) onto alternative objects. Here, narcissism converges with other „malignant passions“ into the wider category of malignant neuroses.

In using this single category for all the intermediate conditions between the neuroses and the psychoses, Fromm may be likened to Guntrip and Kernberg. Guntrip (1969) also



considers only one category, that of the „schizoid personality,“ which includes various features, among which are narcissism and a basic fixation to the womb. Likewise, Kernberg also considers only one category, that of the borderline conditions, within which the narcissistic personality represents a subgroup (Kernberg 1975). The schizoid personality, according to Kernberg, also belongs to the borderline group. Kohut, instead, regards the narcissistic personality and the borderline personality as distinct groups, the latter lying nearer to the psychoses, while he views the schizoid personality as a subgroup of the borderline conditions (1971).

Kohut and Kernberg also differ in the way they conceptualize these entities. According to Kohut (1971), psychoses are characterized by the fragmentation of self and object, borderline conditions by fragile self and *object* images, and the narcissistic personality by stable narcissistic structures (the grandiose self and the idealized object). According to Kernberg (1975), psychoses are characterized by the fusion of self and object. In borderline conditions, the differentiation of self-images from object images is attained, but not the integration of good and bad aspects. Splitting is the essential defensive operation of the borderline personality organization. Finally, the narcissistic personality is characterized by an integrated grandiose self.

DSM III-R is content with merely listing the schizoid, the narcissistic, and the borderline personalities side by side, without attempting any hierarchical organization. Table 3.3 compares Fromm’s categorization with the others I have discussed.

We may conclude that the concept of malignant neurosis makes it possible to establish connections between Fromm and the other authors who have studied severe non-psychotic pathology.

TABLE 3 *Intermediate Conditions Between Neuroses and Psychoses*

Fromm	Guntrip	Kohut	Kernberg	DSM III-R
malignant neuroses	schizoid personality	narcissistic personality	borderline personality of which the narcissistic personality is a subgroup	the schizoid (301.22), narcissistic (301.81) and borderline (301.83) personalities are listed side by side

Case Material

I briefly present some clinical material in which narcissistic traits are not traced back to „primary narcissism“ but in which use is made, instead, of Fromm’s notion of „secret family narcissism.“

“This male patient did not present any specific symptoms. His work situation was stagnant, and he had spells of apathy. Traffic delays would make him furious. He had masturbatory fantasies with a girlfriend of the past who resembled his mother. He had never succeeded in establishing a satisfactory long-term heterosexual relationship.



His father was authoritarian and sadistic. The mother was a submissive housewife. In his preschool years the mother kept the patient close to her and involved him in her practical activities. When school started, a younger brother was born and the patient passed under his father's control. Although the patient hated his father's authoritarian ways, he appreciated his intellectual interests and identified with them.

One remarkable feature of this therapy was that for a long time not the slightest mention was made of the younger brother. The matter only started to surface in the third year of analysis. The patient mentioned being disappointed when the mother failed to appreciate his adult interests. He remembered his preschool years as an „earthly paradise.“ He described himself in that period as a „little prince.“ In particular, he used to assert his will by saying in a threatening tone: „You know how nervous I am.“ To that he associated his maternal grandfather, who was even more tyrannical than the patient's father. He expected complete submission from his daughter and even required her to peel his grapes for him. The patient then added that the mother used to say he was like his grandfather. I pointed out that an archaic paternal model had come to the surface, mediated by the mother, and existing prior to the patient's identification with his father.

He later said that, in his relationship with a woman, he used to „lose himself“ in the woman, he felt the woman was an extension of himself. Then he brought a dream in which he masturbated the girlfriend of the past, and she had a few pubic hairs. He associated hearing his mother say that when she got married she was „a little girl.“ I told him he had been involved in his mother's incestuous fantasies with her own father, but this implied that she saw him as someone else and did not appreciate him for what he really was.”

The patient's behavior in his first five years of life could certainly be described as „narcissistic,“ the birth of the brother as a „narcissistic wound,“ and his reaction, persisting into adult life, as „narcissistic rage.“ However, instead of using the concept of primary narcissism, I suggest the following interpretation.

When the patient was born, the mother did not recognize his potential true self and help its development. Instead, she had a distorted view of the patient as her own father and offered him ready-made models of himself as the tyrannical grandfather and herself in an abject ancillary position, ready to obey every *whim* of his, including presumably sexual ones. Instead of helping him to develop his true self, she offered the patient a drugged surrogate (this patient at one time took amphetamines), which gave rise to a narcissistic false self. It was this false self that was disappointed by the brother's birth. When later the mother was not interested in the patient's more autonomous identification with his father, we may presume that the disappointment resided in the true self.

This interpretation dispenses with the concept of primary narcissism but takes into account early traumata, Bowlby's concepts of parent-child inversion and models of self and others, and family dynamics spanning three generations, incorporating Fromm's concept of „secret family narcissism.“ Also, Kernberg, despite his predominantly Freudian orientation, admits the possibility of this sort of dynamic when he writes of the mother's „narcissistic use of the child which made him 'special'” (1975:235).

From the cultural point of view, I believe this kind of situation stems from the *fam-*



ily structure of the peasant adaptation, in which children are kept bound to the family (Bacciagaluppi 1984).

As regards the inflated self-concept, which is a hallmark of narcissism, it is generally regarded either as the residue of a hypothesized normal phase (e.g., by Kohut) or as a compensation for dependence (e.g., by Guntrip). My own clinical experience, as in the case reported here, suggests a more interpersonal origin of the inflated self-concept. I find it is generally due to a distorted image that the parent has of the child and that the child is forced to assimilate. This image is often a compensation for real love, or, more accurately, for love of the child's real self. It originally comes from outside: the child is loved because he or she *is* viewed as someone else—an idealized object of the parent. The child is thus impelled to develop a false self, which not merely is a necessary means for survival but also has gratifying aspects.

Fromm's concept of „secret family narcissism“ is reflected in more recent interpersonal views such as Mitchell's (1988) notion of the „parental induction“ of narcissistic problems. Mitchell writes: „Such a parent insists on specific overvaluations of the child or herself or both. These illusions have become addictive for the parent, and they become a dominant feature in the possibilities for relatedness which such a parent offers the child“ (p. 197). This interpersonal aspect may even be detected in the classical myth. When Narcissus looks into the water, two persons are actually present. The water may be viewed as the symbiotic mother, reflecting back an idealized and gratifying image and thereby keeping the child bound to a lifeless situation.

Treatment

In his unpublished New York lecture, Fromm (1964a) writes that, for these more severe cases, „the problem of cure lies in the following: that the patient confronts the irrational archaic part of his personality with his own sane, adult, normal part; that this very confrontation creates conflict, and that this conflict activates ... a striving for health“ (p. 25). According to Fromm, this confrontation does not take place in Freudian analysis, in which the patient is artificially infantilized and becomes a child.

On the one hand, Fromm writes that „one of the essential conditions to analyze is that the analyst experiences in himself what the patient is talking about“ (p. 39) and that „there is no capacity to be judgmental or to be moralistic ... once one experiences this as one's own“ (p. 40).

On the other hand, he speaks of the confrontation with „the child and the irrational person with all sorts of crazy fantasies“ (p. 28). Here he sounds, not sympathetic toward the child in the patient but, on the contrary, rather disapproving.

As Guntrip writes in the introduction to his collected papers (1969:10), the schizoid problem „involves a fundamentally different point of view from that of the moral approach. Instead of assuming an individual strong enough to be able to respond to the appeal of moral values and capable of accepting training and education of character ... the great problem is that *the foundations of an adequate 'self' were prevented from growing in infancy*“ (italics added).

Fromm himself takes the same position in the passage on the self quoted here from *Man for Himself*. If Fromm shows some contradiction in his view of severe pathology, it may



stem from the residue of Freudian theory in his thinking. Of the three „malignant passions,“ he no longer subscribes to the instinctual source of destructive aggressiveness, but he does retain belief in primary narcissism and in a natural tendency to regress to symbiosis with the mother (Funk 1978:52). These are certainly widespread phenomena, but they do not belong to the nature of humanity in the environment of evolutionary adaptedness. These Freudian residues may unwittingly have drawn Fromm back into Freud’s Augustinian view of the child as a small sinner, which Fromm had previously so vigorously challenged.

The most suitable approach for severe pathology, in my view, is best summed up by a quotation from Guntrip toward the end of Bowlby’s *The Making and Breaking of Affectional Bonds* (1979:155): „[the therapist’s job] is, as I see it, the provision of a reliable and understanding human relationship of a kind that makes contact with the deeply repressed traumatized child.“

Fromm’s confrontational and direct approach seems better suited to the „benign neuroses.“ As I remarked elsewhere (Bacciagaluppi 1989), his approach is reminiscent of certain techniques of short-term therapy. Fromm himself, at the end of his New York lecture (1964a), advocates the use of short-term therapy for the „benign neuroses“ (p. 43).

In the treatment of more severe pathology, Fromm’s active and committed approach may need to be integrated at a theoretical level with a recognition of the patient’s split-off core and, at a technical level, with the use of „participation in“—something that has been conceptualized only in recent years (Bacciagaluppi 1989).

1. At the theoretical level, although Fromm had partly overcome the Freudian position by distinguishing narcissism from self-love, he still retained the concept of primary narcissism and was thus misled in his own thinking by a residue of Freudian theory. I think that it is crucial to distinguish between the capacity for love toward self and others—the normal situation—and narcissism—always a pathological development. Fromm’s concept of self-love can be viewed as an important contribution to an alternative framework for the psychoanalytic understanding of narcissism.
2. At the level of social psychology, Fromm’s concept of the social character, determined by economic conditions, is a very useful tool for empirical research. The prevalence of the narcissistic character structure in our society is a hypothesis that awaits confirmation.
3. Finally, at the clinical level, Fromm’s concept of secret family narcissism is a central contribution, one that converges with some of the most advanced thinking of the Interpersonal-Cultural school.

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