



Erich Fromm's Concept of Social Character and Its Relevance for Clinical Practice

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1. Fromm's approach to psychoanalysis

Especially in recent American psychoanalytic thinking, Fromm is usually seen as a representative of the object relation theory and of Sullivan's theory of interpersonal relations. And indeed, as Guntrip (1969) pointed out, the British object relation theory can be seen as a paralleling Sullivan's theory of interpersonal relation - for both attempt to replace Freud's libido theory with a theory of objects or interpersonal relations.

Of course, there are also key differences between both. Although Fairbairn developed a „radical“ object relation theory (M. N. Eagle, 1988, p. 99) and argued that the libido primarily seeks not for pleasure but for the object, still he is mainly interested in the relation to the *internalized* objects and, in this respect, follows Melanie Klein's approach. Fromm, on the other hand is not so far removed from Fairbairn's understanding of internalized objects: In contrast to Freud, both are convinced that what is experienced as threatening is not a forbidden inner striving or impulse of the Id but, in the first instance, negative experiences with outer objects that have then been internalized. Thus, one seeks to do what the objects - or in Fromm's terms - what society forces one to do to be socially functional.

Here we come to the point where I think Fromm developed his own unique approach to psychoanalysis - an approach still more or less undiscussed and withheld the reception it deserves. Asking for non constitutional determinants of man's behavior the aim of Fromm's interest is not the - outer or the internalized - „object“ as such; for him, the outer or inner object by itself is in the first line the representation of society. To bring society into the discussion, may sound far-fetched or typically Marxian or at least not interested in clinical problems.

For most psychoanalysts engaged in clinical work the importance of society is fairly secondary: while society may have some influence, and should certainly not be neglected, it is felt on the whole, to be remote from the therapeutic situation. Society is seen as something over and against the individual: it is other people, an impersonal object, an entity opposed to the individual. Usually our concept of the individual is elicited by emphasizing individuality at the expense of other people. Since this concept is entrenched, any attempt to develop another concept is bound to encounter a good deal of critical opposition.

Nevertheless I would invite you to listen, for a moment, to another concept of the individual, such as Fromm had always in mind but did not always

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make as clear as he might have. To authenticate Fromm's special understanding of society and individual one has to go back to early life, before he became a member of the Frankfurt school and a representative of the so called Freud-Marxism. One has to focus on the specific Jewish background in which he grew up and was taught and which never ceased to mold his thinking. This Jewish understanding of the individual and society was lived out in his parents' and religious teachers orthodox Judaism in Frankfurt and it was imbibed from a Hassidic teacher in Heidelberg, Salman Baruch Rabinkow, where Fromm studied between 1920 and 1925. You will find it in his dissertation, completed in 1922 (which unfortunately still did not find an American publisher to be translated from German) and also in his early German writings. It is summarized in an article dating from 1937, which I found four years ago in the New York Public Library. It is the last article which Fromm was to write in German and the only one he himself translated into English (although it never was published). In this paper Fromm explains:

„Society and the individual do not stand >opposite< each other. Society is nothing but living, concrete individuals, and the individual can live only as a social human being. His individual life practice is necessarily determined by the life practice of his society or class and in the last analysis, by the manner of production of his society, that means, by how this society produces, how it is organized to satisfy the needs of its members.

The differences in the manner of production and life of various societies or classes lead to the development of different character structures typical of the particular society. Various societies differ from each other not only in differences in their manner of production and their social and political organization but also in that their people exhibit a typical character structure despite all individual differences. We call this the >socially typical character<.“ (E. Fromm, 1992e, pp. 76-77.)

Fromm's main interest in looking at the individual is always what he here calls the „socially typical character“ and later the „social character“. The point is that if you look at any particular person you are primarily confronted with those psychic strivings and impulses, both conscious and unconscious, which this specific person has in common with other persons living under the same socio-economic circumstances; on the other hand, all that makes this person different from, and unique among, other persons living under the same circumstances (his or her special and often traumatic childhood experiences) is - in this respect - of secondary interest. Of course these character orientations and traits were mediated by parents and other „objects“ to whom the person was and is related. But these object relations are to be understood as representatives of socially given and molded orientations and expectations.

Doubtless this way of looking at man is plausible if you study society by analyzing the social character of persons living under similar conditions. But the attraction of this specific psychoanalytic approach of Fromm's is not diminished by looking at an individual or a patient: Here you are, in the first instance, acquainted with the social character orientation of a specific person - and it is the *social character* of a specific person that Fromm is always primarily interested in. We are used to thinking just the opposite, namely that one can only understand an individual by looking at the unique conditions and circumstances specific to him. Not so with Fromm:

„Just as in all type forming, in the socially typical character only certain fundamental traits are distinguished and these are such that, *according to their dynamic nature and their weight, they are of decisive importance* for all individuals of this society. The fruitfulness of this category is proved in the fact that ... that analysis traces back the individual's character with all his individual traits to the elements of the socially typical character and that an understanding of socially typical character is essential to a full understanding of individual



character.“ (E. Fromm, 1992e, p. 77; italics by R. F.)

I want to emphasize that for Fromm it is the orientation and the traits shared with others that assume decisive importance according to their dynamic nature and weight. This focus on common traits and orientations is just the opposite of our normal way of looking at people. Especially in psychotherapy we prefer the individualistic point of view and thereby overestimate what is most individual. We fixate on the highly specific conditions and events in the patient's childhood, what happened there with the object relations and so on. We are used to looking at the individual as an entity clearly distinguished and separated from society, though perhaps endowed with internalized aspects of society (by the Super-Ego or by inner objects); or we see the individual as only secondarily influenced by society, but principally separated from it.

This is not Fromm's way of looking at a person or a patient. In his dissertation about the function of the Jewish law, or in the way of encountering with a patient, or in his analysis of political events - Fromm is always primarily interested in those fundamental traits and orientations that result from a practice of life *common* to many people, and which is therefore of decisive importance for this specific individual or patient. This is the meaning of his statement that „the individual can only live as a social being“ (l. c., p. 76). This is - as far as I understand Fromm - the real meaning of his concept of social character.

Before attempting to apply Fromm's psychoanalytic approach to some therapeutic questions, I want to qualify the statement that Fromm is primarily interested in the social character of an individual. Fromm's interest in social character is always an interest in the question whether the orientation of the social character is productive or non-productive. There are many aspects of productivity vs. non-productivity. One aspect which seems to me decisive for psychotherapy and the relation between psychoanalyst and analysand is the amount of alienation underlying all non-productive social

character orientations. As I understand it, Fromm developed in the fifties a clinical concept of alienation and self-alienation as part of the Marketing orientation. Alienation marks the specific form of non-productive social character orientation that is typical of many diseases confronting us in our therapeutic practice.

2. Alienation and Fromm's interest in a productive social character orientation

To illustrate what Fromm means by alienation let me start with some utterances of a 21 year old patient I have in practice. Tom is a student who, in the course of three semester, has twice switched his major and who suffers, more and more, from an inability to achieve satisfying relationships with others. He says: „I am always forced to blend in with my surroundings;“ „the colors of the world around me rub off on me;“ „I can't help slipping into the character of another person and hearing and feeling as this person does;“ „in any case I must keep up my cover because this is all I have;“ „I am a sponge that soaks up everything.“ This student is alienated from himself and suffers from the absence of a sense of an authenticity. Thus to feel himself at all, to experience any sense of identity, he has to soak up feelings, ideas, and stimuli from others to compensate for his inner emptiness. Maybe some of you will answer that Tom's manner of living and experiencing himself, while somewhat exaggerated, is on the whole quite normal and usual. Yes, this manner of sensing his or her identity is today „normal.“ But it is only „normal“ because it is so widespread in industrial societies that it is usually not felt as alienation.

„Literally speaking“ - says Fromm, in a lecture given 1953 at the New School for Social Research in New York - alienation „means that we are aliens to us or ourselves, or the world outside is alien to us“ (E. Fromm, 1991b, p. 59). The process of becoming alien to oneself was first described by the prophets' critique of idolatry in the Old Testament; later Hegel and Marx coined the term „alienation“ in the



same sense; likewise the phenomenon of transference, as discussed in psychoanalysis, can be understood as a process of alienation (cf. E. Fromm, 1990a, pp. 45-52).

„The idolator is a person who prays to the product of his own hands. He takes a piece of wood. With one part, he builds himself a fire in order, for example, to bake a cake; with the other part of the wood, he carves a figure in order to pray to it. Yet what he prays to are merely things.“ (E. Fromm, 1992b, p. 24.)

Transference as known in psychoanalysis is a manifestation of idolatry:

„A person transfers his own activities or all of what he experiences - of his power, his love, of his power of thought - onto an object outside himself... As soon as a person has set up this transference relatedness, he enters into relation with himself only by submitting to the object onto which he has transferred his own human functions. Thus, to love means: I love only when I submit myself to the idol onto which I have transferred all my capacity for love... The more powerful an idol becomes - that is the more I transfer to it - the poorer I become and the more I am dependent on it, since I am lost if I lose that onto which I have transferred everything that I have.“ (L. c., p. 24.)

Fromm is describing here alienation by symbiosis which is typically manifested under authoritarian conditions - and to the extent that psychoanalysis is organized along dogmatic and authoritarian lines, one can expect transference to be still understood in the symbiotic-authoritarian sense sketched above. But Tom is not suffering from a symbiotic dependency; his problem is that he is neither able to develop a stable relationship with another person nor to stabilize his empty self by a constant - even alienating - symbiosis. What has happened here? How was the phenomenon of alienation managed to shift from relating symbiotically to being unrelated but dependent on identity-giving figures?

To illustrate how this has come about, Fromm refers to the fairy tale of „The Emperor’s New Clothes“ by Hans Christian Andersen.

„Modern man’s perception of reality is fundamentally different from that of the people in the fairy tale of >The Emperor’s New Clothes<... (There) the emperor still exists. The issue is only that he is in reality naked, although people believe that he is wearing clothes. Today, though, the emperor is no longer present. Today, man *is real only insofar as he is standing somewhere outside. He is constituted only through things, through property, through his social role, through his >persona<; as a living person, however, he is not real.“ (E. Fromm, 1992a, p. 26.)

People who are self-alienated in the authoritarian mode project their living substance - their love, wisdom, strength, all human potentialities that grow through practice - onto unliving, wooden, golden or whatever things, thus making the idols into living things. Submitting to these idols allows one to participate in one’s own projected psychic forces. This does not hold for people who are self-alienated because of their marketing orientation. The market is not a concrete superimposition; the market is an anonymous entity which, chameleon-like, changes its color every day. Nevertheless the market forces us to sell our personality on the marketplace, to renounce all human potentialities that are not saleable on the market, i. e. it obliges us to become commodities.

But, even as commodities, we cannot deny our psychic need for a sense of identity and our need for relatedness to others. These needs are parts of our human nature, are inherent in our *conditio humana*. They qualify man being a member of the human race. So what happens now? Being unable to project our own psychic forces onto idols (because the market is an anonymous entity) and being unable to deny our needs (because they are part of our nature) we proceed to deny our own potentialities by expropriating them, by expecting all



growing, loving, humanly satisfying attributes of life to flow from consuming and the appropriating of commodities. The „having“ mode of existence now predominates and replaces our really being related and our productive way to sense our identity.

By expropriating their own human faculties and denying what they can produce out of themselves, in reliance on their own feelings, thoughts, or activities, human beings turn themselves into things, make idols of themselves. At the same time, they hallucinate that things that can be bought, consumed, appropriated are actually living, human entities that will bring back what they have turned their backs on. To be active and alive is an attribute of human beings who are related by their own reason and love to reality and other human beings. Since denying one's own faculties makes it impossible to feel one's own vital wellsprings, the „solution“ is to smoke a cigarette hoping for surge of energy, to buy jogging shoes hoping this will restore a sense of aliveness, and so on. Of course it is a hallucination, but we don't worry about it, because we need this hallucination to compensate a fundamentally terrifying feeling of emptiness, boredom, loss of identity, inability to relate, deadness. And since it is a socially accepted and economically compelled way of relating to oneself and to others, we usually manage to avoid experiencing perversion of life it implicates.

With this short sketch of alienation as a socially accepted disease aggravated by the loss of authoritarian structures and the predominance of the market economy, I have sought to illustrate the basic strivings people today suffer from: namely alienation from their own productive forces by turning themselves into things, dead commodities, the upshot being that they seek to enliven themselves by hallucinating acts of appropriation. To repeat once more Fromm's own words: „Today, man is real only insofar as he is standing somewhere outside. He is constituted only through things, through property, through his social role, through his >persona<; as a living person, however, he is not real.“ (E. Fromm, 1992a, p. 26.)

3. The relevance of social character for clinical practice

Let me now come to some conclusions relevant to therapeutic practice.

(1) First I want to remind you of what I said about Fromm's primary interest in social character. In contrast to prevailing ways of looking at the individual, Fromm sees the individual a priori as a representation of society and as a socialized being in the grip of dynamic forces predominantly molded by the necessity to produce and, in highly specific ways, fit into a specific historical situation of society. Not what is peculiar to a patient but what a patient has common with his social group is, for Fromm, of primary interest - because the fundamental traits and orientations of a person are the outcome of a practice of life *common* to many people. Therefore the common traits and orientations - the *social* character - are of decisive importance for this specific individual or patient.

(2) Looking at a patient and primarily concentrating on his social character (with its strivings and dynamic forces) means being interested in the *productive or non-productive orientation of the social character* in which a patient participates, these orientations being understood as alternatives. Fromm developed several concepts to delineate the choice a patient is caught between. The first formulation was the alternative between spontaneous activity and passivity (cf. E. Fromm, 1941a), then between productivity and non-productivity (cf. E. Fromm, 1947a), then between biophilia and necrophilia (cf. E. Fromm 1964a) and, last but not least, between the „having“ and the „being“ mode of existence (cf. E. Fromm, 1976a and 1989a). Although Fromm described several orientations of non-productive social characters (the authoritarian, the receptive, the exploitative, the hoarding, the marketing, the narcissistic, and the necrophilic social character), his primary concern is never to classify a person according to the list of possible non-productive character orientations but to establish contact with the produc-



tive forces, that is to say with those sides of the patient that show growth potential and longing to come alive - with the patient's „flowers“, to use a metaphor of Michael Maccoby.

(3) If we focus our interest on the therapeutic situation and the relation between psychoanalyst and analysand, the main point is that therapy for the individual should not be approached independently of the dominant social character traits in the individual and the therapist. The *social character* as key to the understanding of the individual *applies to the patient as well as the analyst*. Both represent specific social character orientations. The less an analyst recognizes his own social character traits and maintains a critical distance to the dominant social character orientation, the more likely it is that analyst and patient will both unconsciously suffer from the same non-productive social character orientations, that they will, accordingly, fall victim to the „pathology of normalcy“ (E. Fromm, 1955a, p. 12-21) and dismiss the disorder by rationalizing it away. The pathology of normalcy is reflected in the fact that what society demands is readily accepted as „what everyone is doing,“ as „good common sense,“ as „the most normal thing in the world,“ as „objective obligation,“ or as „scientifically proven knowledge.“ This is how a thoroughly „sick society“ - in the sense of Freud's „communal neurosis“ (cf. S. Freud, 1930a, p. 144) - can come about. The sick society, however, doesn't generally suffer from this „defect“, rationalizing it away instead as „normal.“ Thus Fromm suggests calling this unconscious suffering along with society a „socially patterned defect“ (E. Fromm, 1955a, p. 15) as opposed to the individual neurotic disorder suffered, in more or less isolation, by the patient.

If both, analyst and analysand, are not aware of being in the grip of the pathology of normalcy, they will not be able to work together to change the basic non-productive social character orientation and dynamic of the alienation. On the other hand, committing the patient to join in a common struggle against his socially accepted but alienating strivings diminishes the gap between analyst and

analysand and also reduces the analysand's dependency on the analyst. Both now have the common goal of reducing the self-alienating orientation of being outside oneself; both now strengthen their affirmation to let their intrinsic human powers and faculties achieve expression. This certainly presupposes that becoming aware of one's own social character orientation is *a sine qua non* for all therapists participating in the goal of psychoanalysis which is to overcome alienation and alleviate neurotic symptoms by establishing contact with unconscious and repressed aspects of the self.

(4) By concentrating on the productive aspects of the social character orientation in both analysand and psychoanalyst *one should achieve a clear and distinct concept of the dynamics of alienation* informing the respective social character orientation. I have tried to give a run-down of the differential dynamics of self-alienation in authoritarian socio-economic structures in contrast to self-alienation in a marketing economy and society. Since the marketing form of alienation is still prevalent today, I want to stress once more the alternative basic orientation, which is having a non-alienated relation to oneself and to others - as characterized by a basic human striving „to express (one's) faculties toward the world, rather than in (one's) need to use the world as a means for the satisfaction of (one's) physiological necessities“ (E. Fromm, 1992b, p. 156).

It goes without saying that psychoanalysis practiced with the goal of making the patient function again and enabling him to become a better commodity and market success, whether on the job or in the family, will not succeed in strengthening his productive orientation because the very opposite aim is being supported. Not what a patient can appropriate and how he or she can succeed on the market should be the therapeutic aim. Decisive, productive striving is geared to strengthening the patient's own forces, feelings, and ideas, whether they are conscious or repressed and unconscious. The psychoanalytic situation must always be defined by the insight that *whatever achieves expres-*



sion sui generis furthers growth, independently of what is expected by the marketing society and its agents in the work-place or the private sphere or during leisure time.

(5) With the dynamics of marketing alienation clearly in mind, it is important to emphasize that love of life, joy, energy and happiness - as goals of a productive social character orientation - are dependent „on the *degree to which we are related, to which we are concerned* - and that is to say (the degree) to which we are in touch with the reality of our feelings, with the reality of other people, not experiencing them as abstractions which we can look at like the commodities at the market“ (E. Fromm, 1991b, pp. 75-76). This holds especially for the relationship between analyst and analysand. The analyst must be genuinely interested in, and related to, the analysand, both in his conscious and unconscious and repressed aspects. This active interest and ability to relate does not mean to give up the necessary therapeutic being abstinent. Indeed the opposite is the case. For the more the analyst is able to be concentrated and enter into contact with the analysand's total personality, the less he will be driven to communicate for his own sake, the less narcissistic will be his contact and the less will also be the temptation to use his contacts with the patient to enliven himself at the latter's hands. But to be actively interested in the patient is an *activity* on the analyst's part (by avoiding the pitfall of activism). Such active interest can also mean just shutting up and listening. But the quality of this silence and listening is, for all that, an active one where the analyst is authentically relating to the patient. Whenever the analyst relates to the analysand in such an active and productive way that his interest in the other person is *sui generis* he will experience his developing relation with the analysand as a source of energy and will therefore never feel bored during sessions. Or to put it the other way round: If the analyst feels bored and exhausted, then this indicates an inhibited ability to relate which may have its origin in a non-productive social character orientation of the analyst's part or

else in a defense against psychotic anxieties and affects mounted by the patient.

(6) Being related to the patient in an active way demands construing *transference and counter-transference* in such a way as to avoid marketing oriented alienation. As we have seen, Fromm understands transference in psychoanalysis only as a special form of alienation where „a person transfers his own activities or all of what he experiences - of his power, his love, of his power of thought - onto an object outside himself“ (E. Fromm, 1992b, p. 24). By submitting to authority, the person can re-establish contact with his own, albeit projected, human forces. The classical psychoanalytic setting in still seems to foster this alienation, although the social character orientation of both analyst and analysand are no longer authoritarian. Maybe the orthodox emphasis on a firm setting - with four hours a week, the infantilizing couch, and a very rigid dogmatism concerning both theory and institutionalization - has the function of artificially strengthening an authoritarian structure to enable this very same authoritarian form of transference.

Today, however, there is a much greater danger: The marketing orientation has also changed our understanding of transference. No longer is there an authority to whom we can transfer our own activities. The situation is rather one where we deny our own capacities and become stimulated by the other person without really establishing a relation to him. This can apply as much to the analyst as to the analysand. The *analyst* offers his technical know-how, i. e. his willingness to listen and give interpretations. His capacities as therapist are not constituted by his productive social character orientation, i. e. by his engagement, empathy, and readiness to relate with love and reason, but instead by his therapeutic role, by the school and the distinguished supervisors he has trained with, by the attractiveness of his office, by his membership of prestigious psychoanalytic societies, etc. The therapeutic capacity has itself become alienated and a commodity. The same, incidentally, has happened to psychoanalytic theory. If one wishes to succeed



in the market of psychoanalytic research one has to coin new concepts and terms, to produce learned articles and quote what is currently „in“ on the psychoanalytic marketplace, to attend congresses, to give a speech here and a presentation there, to publish in this or that respected journal and so on.

As far as the *analysand* is concerned marketing-alienated transference means parading before the analyst all that has happened, whether it is feelings, dreams, associations, memories of childhood, events of daily life, and so on - but without being really relating to himself or to the analyst. Many therapies go on for years in this marketing-oriented transference mode, with nothing happening or altering. Both analyst and analysand have become commodities, exchanging information according to their respective roles and paid by the insurance companies. As long as the analyst does not confront the analysand with his alienating arrangement, which is the only chance of precipitating in the latter a real contact with his own feelings and ideas, nothing will happen. But confronting the patient presupposes that the analyst has himself first experienced that this sort of therapeutic arrangement is a typical marketing-oriented transference situation.

Therapy invariably entails the concrete discovery of an alternative to the non-productive social character orientation. If the discovery of this alternative is to occur, it can only be in the context of a directly lived-out, loving relation between therapist and patient. Only by being aware, as therapists, of our own social character orientation and only by strengthening our own productive orientation can our alienation from our own productive forces be overcome. Thus it is a sure truth that the art of being a good psychoanalyst can only be learned by first acquiring the art of being instead of having. At the end of the posthumous published book *The Art of Listening* Fromm states: The analyst „must be endowed with a capacity for empathy with another person and strong enough to feel the experience of the other as if it were his own. The condition for such empathy is an optimal of the capacity for love. To understand another means to love him - not in the erotic sense but in the sense of

reaching out to him and of overcoming the fear of losing oneself. Understanding and loving are inseparable. If they are separate, it is a cerebral process and the door to essential understanding remains closed.“ (E. Fromm, 1991a, pp. 225-226.)

There are some other implications of Fromm's psychoanalytic approach in regard to clinical problems I at least want to mention:

(7) If man is primarily determined by passionate strivings rooted in his social character orientation, this implies focusing therapeutic interest on the present lifestyle of the patient rather than on his childhood. Of course, many neurosis have their origins in childhood and in complications arising during differentiation of psychic structure, when character structure is established. But one should bear in mind that the pathogenic denials, projections, identifications and internalizations, as well as the repressions which were unavoidable in the patient's childhood very often resulted from the dynamics of social character orientations exemplified by the parents as agents of society. By and large, many pathologies, including many severe ones, which have their origins in early childhood are the result of non productive social character orientations still at work; in many cases, they are stronger today than in childhood and reinforce the pathological solutions found then.

(8) If man is primarily determined by passionate strivings rooted in his social character orientation, this means the main pathogenic conflict should be seen as emerging from the patient's conflict between his human needs and the demands of society, which are contradictory. To quote from a lecture Fromm gave in 1956: „Man is not only a member of society. Man is a member of the human race. Man has necessities of his own which exist quite independently of any other society. It is true that man has to live in such a way that he will fulfill the demands of society, but it is also true that society has to be constructed and structuralized in such a way that it will fill the needs of man.“ (E. Fromm,



1992f, p. 108.)

(9) If man is primarily determined by passionate strivings rooted in his social character orientation, this means therapeutic regression is not an favorable aim of psychoanalytic cure. The patient is suffering from human forces (which seek to grow and develop) conflicting with the demands of an alienating society. Therapy has to cope with this conflict by strengthening and making conscious the autonomous human forces in man which continue to be repressed by society. The way to overcome this repression is neither to advise the patient what he has to do to strengthen his productive forces - that is to say to be related to the patient as if he were only an adult, nor to infantilize the patient by furthering his regression - that is to say to be related to him as if he were only a child, but to confront the patient with the conflict, that he *is* a child of (say) five years and that he *is* simultaneously a well-functioning adult and that he has successfully sought to avoid *feeling* this contradiction and conflict for all he very much needs to *experience* it.

(10) If man is primarily determined by passionate strivings rooted in his social character orientation, this means analysts must be trained to to understand their own predominant social character orientations and to strive for greater productiveness in their own social character. So-called didactic analysis should lead to a growth of the analysts's own human forces such as will enable him to really relate to and take an interest in other human beings and patients. This, and not primarily possession of a skill or therapeutic technique and „know-how“, is what qualifies the analyst. „I'm convinced“, says Fromm in a lecture given 1959 at the William Alanson White Institute on the analyst, „you cannot separate your mode of relatedness to the patient, your realism as far as the patient is concerned, from your mode of relatedness to people in general and from your realism in general. If you are naive and blind to your friends and to the whole world, you will be exactly as naive and blind to your patients.“ (E. Fromm, 1992g, p. 149.)

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