

Why a psychoanalytic code?

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In her ongoing work toward realizing a code of ethics for psychoanalytic practitioners, the author, as elsewhere, focuses on the unique nature of the work, entailing as it does the bringing to consciousness of primitive impulses, some of them destructive and even lethal. Her emphasis in this article is on the Freudian and modern analytic understanding of mental makeup and of the therapeutic process, giving particular attention to the dual-instinct theory and the relation between the therapeutic process and the needs of the society at large.

If you asked a sample of practicing analysts for their understanding of psychoanalytic ethical standards, you would find important areas of agreement, but it would not be clear how existing codes for the profession reflect analytic goals. Perhaps the most important question for this investigation into the relevance of an ethical code specific to psychoanalysis is: can we stay committed to the goal of psychoanalysis and at the same time be responsible to the society in which we live? Szasz (1965) proposes a psychoanalysis in which the individual is the priority. He espouses a treatment that, above all, is responsible to the individual entering treatment:

The distinctive departure which Freud undertook in his practice was, as I suggested, to consider himself the patient's agent. In this

way, he tried to do what he could for the individual patient and repudiated his obligation to the patient's family and society. Evidently, he felt that he could not do justice to both parties, since the two were so often in conflict. He must also have believed the family and society were not helpless. If they needed assistance, they would seek and obtain help of their own. (p. 27)

This is a fundamental tenet of the democratic-liberal ethic and, more especially, of the ethic of autonomy. When two or more parties are in conflict, their differences should be openly acknowledged. Each should have free access to help from his own agents to promote his own interest and welfare. Lastly, those involved in the conflict should not also be its arbiters.

If serving as the analysand's agent was accepted as the analytic ethic, the law or society would have the responsibility of protecting itself, whereas an analytic code would have the responsibility of protecting the patient. There is an inherent complexity to saying yes to the analysand's desires and values when his nature leads him away from some of society's values. Does this mean that psychoanalysts subvert educational and socialization goals? A rereading of Freud (1915a) clarifies his stance on the danger of unnecessary instinctual renunciation and his belief that truth-telling is in the general interest of all. If truth is what is sought in psychoanalytic treatment and if the patient is to tell everything, the process is one in which the analysand gets to know and accept himself, and over time gives up false values based on his particular socialization process.

Because psychoanalysis treats the concept of an unconscious as fundamental to its task, the ethics of psychoanalysis are dependent on how one goes about dealing with the contents of the unconscious. Because the unconscious is believed to organize conscious life without the individual's being aware of it, true desires and understanding reside in the unconscious and are presented to consciousness only through symbolic acts, representations, and images. Evaluating the treatment setting from this perspective confronts us with the unpleasant reality that most of the analysand's talk is a dissimulation designed to avoid knowing directly what is being presented indirectly.

We cannot overlook the disagreement with other mental health professionals over the assumption of the existence of an unconscious system in the mind. Freud (1915b) tackled this issue in his paper on the unconscious, where he writes: "Our assumption [of the existence] of the unconscious is *necessary* and *legitimate*, and . . . we possess numerous manifold proofs of its existence" (p. 166). He adds, "The nucleus of the *Ucs* consists of instinctual representatives which seek to discharge their cathexis" (p. 186). Freud believed that although the unconscious could not be apprehended by a person's conscious mind, it produced convincing proofs of its existence by parapraxes, symptoms, dreams, and transference phenomena. As an analysand tries to disguise unconscious wishes, the hidden is revealed by the gaps and inconsistencies in his conscious mental states.

In "Beyond the Pleasure Principle," Freud (1920) questioned whether something existed beyond the pleasure principle and introduced the notion of a compulsion to repeat and a theory that two classes of instincts were manifest in life and death tendencies. He saw the death instinct, when externalized, as the basis for human destructiveness. This was the first appearance of his acceptance of the idea that there is an innate tendency to destructiveness. In the treatment, psychoanalysts observe and work with transference enactments of these destructive tendencies when they are expressed symbolically through negative therapeutic reactions and repetitions. It is these enactments that allow for the binding of aggression under the power of the life force. They represent preverbal, unverbalizable forces in the personality that, if not allowed expression in the transference, could lead to acts turned against the self and against the external world.

The death instinct is at the heart of the Freudian model of the psychic apparatus. Psychoanalysis concerns itself with its manifestations in treatment, working for the fusion of the death tendencies with the life force and luring the death instinct away from the unfused state because in that state destructive action against objects may take place. Most post-Freudian theories have also adopted Freud's theory of aggression, but often not using it exactly as Freud did. Instead, objects are given a stronger formative role in the unfolding of psychic structures. Modern

and Freudian analysts would say that objects don't create drives, but drives are made known to us through the ways in which the person interacts with objects. In the transference we are able to study how the patient makes contact with an object, in this case the analyst. As an analyst works for the integration of the personality, he deals with conflicts between two innate sets of drives. Instincts connect a source in the depths of the body to an object outside the body, which alone is able to extinguish the fire located at the source. The compulsion to repeat old solutions when the fire located within seeks an external object explains destructive actions ranging from the personal to wars.

During the pre-object stage of development the result of externalizing into an objectless environment is that there is not an increase of energy in the ego to restore object and narcissistic deficits; instead there is an excess of destructive energy. It is the defusion of instincts that increases the need to project and locks the ego in this struggle against disavowed instinctual components. Negative hallucinations predominate, filling the system with new evidences, and projections are reconstituted indefinitely (Green, 1999).

In modern analytic thought, the conversion of destructive aggression into constructive aggression has been the hallmark of psychoanalytic clinical endeavors. Any code purporting to represent a psychoanalytic view will require an evaluation of the purpose of a given psychoanalysis. It is not the readily observable dammed-up hostility of the psyche but lack of outlets for tension release that is believed to be at the root of pathology; therefore, the analyst seeks to understand the cause of the tension so that she can resolve the resistance to its adequate discharge. When there is sufficient time for the neutralization of destructiveness by libidinal energy, the analyst can work to strengthen the tolerance for postponements of pleasure.

This may be the moment in American history for psychoanalysis to design its own code, one specifically related to the goals of an analysis that deals with these human tendencies. Legislation certifying and licensing psychoanalysts has been enacted in at least four states (the latest New York), yet there is no analytic code in existence that relates to the special problems inherent

in the practice of psychoanalysis. Codes are generally a matter of conscience, guided by the goals of the larger society or by the strictures laid down in the superego. To decide what is allowable, the drafters of codes search for general laws on what is good and what is evil according to the social values of the time.

To protect society, many other rules have been created that in retrospect appear irrational. The Puritans, who cared a great deal about right and wrong and had severe codes governing the behavior of citizens, nevertheless perpetrated one of the most outrageous crimes against justice. In 1692, citizens of the Massachusetts Bay Colony were accused of witchcraft and hanged. The reasons given were that members of the community were destroying cows, tormenting children, and making the land barren. No evidence was produced at their trials to substantiate these charges. They were convicted on the testimony of children who claimed to be afflicted by them. Was this, as many believe, fear of an external evil or was it innate destructiveness that had selected these women and men as enemies? Was it lashing out in the face of hardships, frustrations, and the denial of natural desires then dominant in the lifestyle of this community? Similar witch trials took place in Europe, and many women were burned to death.

In the twentieth century, people were tortured and killed for being Jewish. Were these people dangerous to the society in which they were chosen for execution? According to the ruling government, they were.

The biblical commandments are based on "Thou shalt not." Most codes governing conduct allow for exceptions according to social need. War is a respected exception to the commandment Thou shalt not kill. Psychoanalysts might find that war exists to protect one's belief in infallibility, power, and control, and to ward off feelings such as helplessness. Members of society have demonstrated mixed opinions on these exceptions. Some have said that war is necessary: If someone is going to rob me, attack my religion or my reputation, I must protect myself. Others say all killing is wrong. One commentary in the Torah seems to be an exception. It suggests that a farmer save a corner of his land for the poor. This introduces the concept of doing a

specific good. It did not, of course, solve the larger problem of poverty, but it asked each citizen who could do so to participate in actions that led toward a solution. Is solving the larger problems through rules too ambitious? Should standards be developed to cope with social evils, or should each person do his or her part on an individual basis?

Codes dealing with mental health professionals are also built on concepts of right and wrong. Members of the professions are prohibited from doing evil, but no code specifies how one may accomplish the true goals of the mental health professions. Codes state the general principles of right and wrong: A psychotherapist may be ostracized if he breaks a contract, is accused of taking advantage of a patient, or damages the patient's self-confidence and ability to function. It is difficult to understand how these behaviors can be discovered, measured, and punished, particularly if the material of sessions is confidential.

If it were to be determined that society's demands, voiced through ethical standards, are injurious or destructive to the integrity of individual members of the society, do they require revision? If not, how do analysts react to the individual who is in conflict with ethical mores? Can we be guided by an ethics that preserves individual desire and promotes the analyst's creative engagement with the object world?

If asked what ethics is, one could say it is a concern with how people treat each other. Socrates said ethics had to do with asking questions in order to determine the truth. Theories on the necessity for self-examination and monitoring of countertransference emanate from another Socratic principle: that one cannot do something vicious and know that one is doing so at the same time. If one reads about ethics one finds that it does ask the big questions: about life and death, about birth and relationships.

To understand the ethical issues intrinsic to the work of psychoanalysis one must look closely at the method used in the practice of this profession. The morality issues cannot be fully understood without a review of definitions of the basic concepts contained within the theory. Freud employed the psychoanalytic method to describe what can be known about an individ-

ual through observation of his presentation of his thoughts, feelings, and symptoms. Freud's early methods were based on a topographic model organized as conscious, preconscious, and unconscious systems, and a dynamic theory of the interaction between these parts of the psychic structure. His techniques included the use of hypnosis, suggestion, and later, free association. These tools were used to access repressed unconscious conflicts.

The methods of psychoanalysis offer a unique opportunity to uncover motives that are not otherwise readily available, but they are not the usual methods of science. Experiments in science are designed to answer "why" questions such as: Why does the moon turn? Why do cells die? Confirmation of findings is often achieved by replication and elaboration. Most scientists would insist that intent, or the will of the individual, is all there is, ignoring the unconscious forces at work in the mind. Obsessions and fantasies shared by scientists designing experiments are not considered as agents shaping those designs. Scientists, meaning to be "good" scientists, dismiss fantasies, dreams, myths, and unconscious fears, adhering to the rules and regulations of conscious functioning. When the treating person functions in this way, conscious wishes and intentions take center stage, accompanied by structural explanations of how we think, feel, and act; yet disguised emotions and motives surface in the transference as desires even when they are at odds with the patient's conscious understandings and explanations of his behavior. A study of defensive tactics and false ego presentations reveals a gap between feelings and motives that are experienced with the analyst and self-perceptions reported by the patient. Psychoanalysis has found the method of going beyond what is intended.

In treatment we find that the individual who seeks us out is often faced with painful symptoms that he wishes could be eradicated, but not at the expense of knowing what he is unwilling to know. What he is ready to tell us in sessions has more to do with conscious knowledge than what lies beneath, and his talk will be superficial, requiring skill on the analyst's part to read between the lines. Analysts learn in training that unconscious meanings are available because they connect painful symptoms

to underlying causes. The patient does not enter treatment to find out what his secret desires are. In fact, he prefers to remain in a status quo relationship with his treating partner in a place where he can experience the environment as stable, known, and comfortable, and that comfort is most likely to occur in a repetition of the past. The analyst may also prefer the comfort of the pleasant explorations of conscious meanings, examining ideas and affects that are acceptable to both analyst and analysand. This of course poses a problem for a code. If the goal of treatment is to "say everything," is the analyst willing to sacrifice the pleasure in the status quo to work consistently toward the goal of giving meaning to what would otherwise be empty words?

Modern psychoanalytic theory is based on the idea that when drives are not used for constructive purposes, the system is bottled up, a condition that can lead to destructive actions when turned outward or schizophrenia when turned inward against the psyche.

Discharge of tension is at the heart of the Freudian model of the psychic apparatus. Psychoanalysis concerns itself with the fusion of the drive that lowers tension levels with the life force that invites higher levels of tension. Freud (1900) had already clarified that pleasure regulates the functioning of the psyche. In 1920 he added that when sensations result in an increase in excitation beyond the homeostatic level, unpleasure rises above an acceptable threshold setting off a second set of drives: for revenge, autonomy, and punishment.

In the psychic economy of our patients, we know through clinical observation that some pleasurable experiences are given up to maintain an acceptable balance in the system. The patient will abandon and postpone pleasure, and even tolerate unpleasure, for eventual gain. Treating patients informs analysts, if they do not already know through their own experience of treatment, of the prevalence of the desire for revenge, an eye for an eye, because of perceived wrongs.

Most analysts agree that transference phenomena are our most important tool and also recognize that where there is transference there is countertransference. Induced feelings based on the transference are invaluable in the hands of a trained ana-

lyst, but rigor is required in separating out subjective transferences that may cause the analyst to be unable to stay focused on the analysand's goals. One of the unstated activities of the patient is his work in decoding the analyst's communications to determine what the analyst wants and whether the patient can fulfill these desires. This is an aid as well as a stumbling block in freeing a patient to know what he wants. In the transference, the patient fights to maintain the connection to the other and through this process sacrifices full knowledge of who he is. He wants to be sure the analyst wants him to think this or that, do this or that, love this or that. When successfully treated, he will want to know what he thinks and feels and wants as well as what pleases others.

Much of the difficulty in conducting an analysis lies in the analyst's subjective goals because transference indeed leads to countertransference. The task for the analyst is to know his own conflicts, not eliminate them from his thoughts and emotions, but work with awareness to keep them out of the way of the treatment goal.

Practicing analysis, one learns that part of the motive for transference enactments is the desire to punish the analyst for the disillusionment that results when the analyst fails to meet infantile desires. The analyst must counteract this tendency toward detachment and withdrawal within the treatment. Green in *The Work of the Negative* (1999) describes the process during which the pressure of drives to seek satisfaction with objects results during treatment in attempts at hallucinatory wish fulfillment. However, this attempt does not correspond to the memory of satisfaction; it is close to an idealization. The negative aspects result from the disappointment of unfulfilled desires. Reality may satisfy the "need" of the drive, but not the "desire." When a patient experiences this lack of total fulfillment, violent emotions are condensed with the object of the drive, resulting in the perception of good and bad and leading to the rejection of the bad. From this the object field of the mind is created, objects in which good is seen as the source of impossible satisfactions. All good objects come to be seen as bad when the impossibility of fulfillment is recognized. As a reaction against this recognition, and to preserve

good objects, denial and repression of this perception occur. Repression brings with it a renunciation of destructiveness. This process protects the desiring organization from extinction (in Green's words prevents "psychotic disobjectalization") and keeps the object of desire alive in the unconscious.

Explaining paranoia in terms of the negative, Green (1999) writes that all drive life is destined to repeat frustration attributed to the other. The relation to the other is then invested with the aim of provoking dissatisfaction. The aim is no longer the sharing of pleasure but the possibility of refuge in narcissistic withdrawal. The extreme of this is the negative narcissist's attempt to reduce tension to zero. The behavior with the analyst reverts to a negative therapeutic reaction filled with oppositionalism. Living between hallucination and real satisfaction becomes the motive for grievance and the basis for transference enactments of disappointment. For modern psychoanalysts, narcissism is explainable as a response to an unavoidable truth: the object can never fully satisfy desire.

Does enhancing the patient's life strivings imply drive satisfaction? Do analysts believe that society is served when individuals are able to go with their instincts? As fraught with danger as this thought appears to be, analysts have been discovering that the greater danger occurs when drives unknown to the conscious mind seek indirect means of expression. Transference enactments, vital to psychoanalytic treatment, require the suspension of judgment and the creation of an accepting atmosphere for the analysand's growth. When this exists, the transference enactments serve the function of a teakettle releasing steam although never enough to satisfy the instinct-seeking discharge. Transference enactments, representing the deepest longings of the individual, are, when without outlets, threats to the stability of the psyche. They range through loss of object, helplessness, and hopelessness, to the inadequacies that first develop in childhood as one inevitably realizes that there will be no fulfillment of infantile fantasies. Enactments repeat oedipal struggles, from recognition of the difference between girls and boys and resulting concerns with castration, to the super-ego and social restrictions on behavior, to moral anxiety. They include humiliation, shame, and the belief that "I am no good."

In the process of analysis, too much intimacy, support, or gratification of emerging impulses will create as many dangers as too little closeness, gratification, intimacy, or support. When the ego even unconsciously anticipates satisfaction of a forbidden impulse, it feels anxiety and tries to solve the problem by calling upon defenses. To deal with anxiety around a forbidden impulse, the patient may create a source of anxiety different from the impulse he fears. A phobia, for example, is a defense against recognizing a desire, as in Freud's (1909) case example of little Hans and his phobic fear of horses. Transference enactments present the conflict for which the patient has no words until the compulsion to repeat can be converted into true speech. One of Freud's (1928) later formulations was that anxiety initiates a defense mode in order to banish from consciousness the idea of what is wanted. It is difficult to conceive of a rule that can handle the fear unleashed when impulses begin to surface and at the same time allow for transference enactments.

An important question, first raised by Nietzsche, is whether instincts are the basis for ethics. Recognition of unconscious desire built on instinct, the hallmark of psychoanalysis, has led analysts to renounce giving guidance, direction, or support, this despite the fact that because psychoanalysis deals with the complexities of the unconscious, it can never be totally value free (Holmes & Lindley, 1989).

Hyman Spotnitz, the founder of modern psychoanalysis, believed that the patient needs to "say everything" in order to relieve symptoms. The immediate goal for technique would then be to facilitate this process. But why? What is it that verbalization cures? It sounds as though it is the "being able to say" something that brings to consciousness something that was unknown. In 1999, discussing the treatment for cancer, Spotnitz says, "If there's anything not verbalized, the symptom persists. . . . If you're analyzing a symptom and the symptom doesn't disappear, and you've analyzed it and analyzed it, there's some little piece that is still not verbalized. Until everything has been put into language, the symptom doesn't disappear" (Meadow, 1999, p. 12). We must study more how to help the patient to say everything, to say what he doesn't know, to say the unthinkable, without damaging him in any way. Analysts have

a strong belief in the power of verbalization. The patient needs to talk himself to a state of wellness. The analyst's job is to assist in this process. But what is the real goal? What is meant by *cure* and how can this be used to inform an ethic for psychoanalysis?

The implication is that what we don't know makes us sick and what we can know makes us well. What is the nature of what we don't know? A mother screams that god made her kill her child. A businessman chronically weeps that his wife left him. What is wrong? For over a hundred years psychoanalytic theories have been developing to explain the problems human beings have and how to fix them. When Freud learned from Breuer that Anna O was helped by talking, he began to theorize and infer from the solution what must have been the problem. He thought that telling the patient what was wrong would help. As Freud developed psychoanalysis, it became clear however that telling the patient what was wrong was not the solution. Even if the analyst is correct, telling the patient does not help. This implies that the problem is not simply a cognitive one, but something more complicated.

People are stuck. They keep doing and thinking and saying things that are contrary to what they want in life. They do this because patterns of thinking and feeling are laid down very early in life. Contemporary neuroscience has begun to document the early neuronal patterning process that occurs in the mother-infant dyad (Damasio, 1999; Francis & Meaney, 1999). The mix of temperaments and environment in this early period of life determines the basic structure of the personality in the neuronal circuitry. The simple trajectory to mature human functioning is interfered with by the fact that human infants experience a long period of dependency during which their development depends on the responses of the environment. These responses are never perfect. Consequently, everyone emerges with patterns that are not fully conducive to growth. It is these patterns that the psychoanalyst attempts to alter by means of the talking cure. In order to do this, the analyst needs to enter into a special kind of relationship and interact with the patient in such a way that the patient becomes able to talk himself well. This process is represented in Shepherd's (2010) paper "Why Psychoanalysis? A Meditation":

Life is a race. Out of death. Against death. Toward death. Every move forward carries with it a weight of undoing. Life is heavy-hearted. A billion sperm lunge. One wins. A startled egg stirs. Cells divide. Begin dying. A baby grows to bursting. A mother evicts. They survive. The screaming killer devours. Sleeps. Devours. Sleeps. Dreams. These are the first pictures. This is mind. Pictures painted on your retina by the forces of life and death, pleasure and pain. Deep within the old reptilian brain, forces swirl toward. And away from. This is your engine, the boiler room of desire. Blind lunging toward. Away from. Toward pleasure. Away from pain. Pain. Pain. Spit it out. Squirm. Cry. Sleep. Dream. Pictures of fulfillment; pictures of rage. What satisfies? What blinds? In this the rhythm of the first days, the patterns are formed, cuts and ruts form the pathways of to and fro. To the extent that pleasure is maximized and synchronized, the paths complexify, soften, bend, take new turns, seek new pleasures, make pictures of green and gold. Life is union, expansion, multiplication. To the extent that pain replicates, it congests, contracts, coagulates, chokes, distends, repeats. The roads stiffen into limitation. The ruts toward destruction deepen and dominate desire. Death is older than life, tougher, darker.

(pretty soon) there you are. Barely animate bundle of desire straining against fixity. Some mind. Colors for the world you look out on. Is it black or green? Is April the cruelest month? Or the most joyful? Do you see what you have? Or what you do not have? What avenues are available to you to satisfy your desires? Can you go down the road you want to, or do you get stuck? Writhe? Career? Hit trees? Freeze? Run in circles? Shriveled up? Go nowhere? Go backwards? Mark time? How congealed in you are the downward pulls? How far did you get in the amalgamation of life and death, which is character?

Psychoanalysis has the power to release the energy trapped in these deadly ruts. The analyst enters the energy field of the organism, desire and fixity. A contract is made. Two people meet regularly, out of ordinary time. One pays attention to the desires of the other, responds only to these desires, and by so doing becomes a reflection of the other, a receptacle, a mirror, a familiar, terrifying, friendly, horrible or insignificant image of all in you that is unknown, unknowable, unbearable, lost and forgotten, loved and despised. A twoness emerges and moves through space. The you you know and the you you don't know. The missing pieces of you are lost early, carried away by emotion untamed by language. There is an unrecognized completion in this twoness. An emotional prescription develops. Is applied. You begin to speak. Words carry the lost energy up into consciousness. You

Speak the unspeakable. Your desires increase. You repeat your stuckness. You repeat your image, the image stuck on your retina the day you first looked out, your perception of the world painted the colors of your conflict. What stops you is not what you don't know. What stops you is what you haven't said. The analyst catches the fire in the belly of the unsaid and helps you say it. And when you can say what you couldn't say, the energy trapped in the ruts of death comes loose, wobbles, snuggles up to some lively impulse, binds, blooms, and blossoms in the alchemy of living. (p. 6)

Cancado (2002) discusses the effort of psychoanalysis to recognize those processes of the mind that occur beyond the domain of the unconscious and quotes Spinoza (2000): "The human mind does not know the human body, nor does it know that it exists, except through the ideas of the affections by which the body is affected" (p. 135). This would seem to suggest that the body, and by extension the external world and its objects, are merely dubious representations through ideas and thoughts. Cancado quotes further from Spinoza:

For example, from thinking about the word *pomum* (apple) a Roman would at once proceed to think of fruit, which has no similarity to the articulate sound and nothing in common with it, apart from the fact that the body of the same man was often affected by these two: that is, that the same man often heard the word *pomum* whilst he looked at the fruit. So each person will proceed from one thought to another, in accordance with the way in which habit has arranged the images of things in his body. (p. 135)

An idea is in fact only a representation; thus to speak of a wish or an impulse is to consider an altered state of an original instinct, which appears in the mind in the form of an idea because the mind is a thinking thing. Freud (1930) likens the construction of unconscious fantasies and the construction that takes place in analysis to the work of archaeology. For him the unconscious presents itself like ruins on an archaeological site, and the work of analysis is to rebuild these ruins. Freud adds that the unconscious finds expression in dreams, memory traces, and ideas, which may be put together to arrive at significant constructs.

The picture constructed in psychoanalysis of the patient's forgotten years do not represent a historical truth. It is a mental image that may not be factual as to the patient's childhood ex-

periences, but truly represents her unconscious fantasies and conscious perceptions in condensed and distorted form. What the analyst is after is not an accurate picture of forgotten years, but rather the unconscious fantasies formulated from the patient's interaction with the world. In sum, unconscious fantasies are built in analysis from the material presented in the patient's discourse and reenacted in the transference.

According to Lacan (1978): "Man's desire is the desire of the Other" (p. 235). Webster's New World Dictionary defines the word *alienate* as "to transfer the ownership of (property) to another." This definition also describes the process by which the *I* (self) becomes, in fact, the property of another. It is important to note that the *I* develops at a very early stage in the life of human beings.

The concept of an *I* is in fact a concept founded on a distorted knowledge, where the knowledge of one's identity is based on a failure to recognize the turbulent movements that animate the self as a whole. When the child tries to interpret and to respond to the other, the result is a misconstruction. In the experience of the child, a lack of certainty occurs in the enigmatic discourse with the other expressed as, "He is saying this to me, but what does he want?"

This enigma, according to Lacan (1978), remains throughout the subject's life. In analysis the enigma is instantiated through the function of the analyst. For Lacan, the analyst is the enigmatic Other who is supposed to know. It is because the subject (the analysand) is trying to find out what he (the Other) wants that psychoanalysis is possible. Psychoanalysts can agree that the subject in analysis can gain the motivation to know the truth about his symptoms, perhaps because his symptoms give him too much trouble. Analysts know that the truth is always a partial truth. It is this search for truth and knowledge, this attempt to define one's own values and morals, that constitutes the ethics of the analysand. The ethics and values of psychoanalysis are founded on the belief that the analyst is willing to work with the analysand in that process.

If psychoanalysis is to deal with the complexities of the unconscious, by implication the practice of psychoanalysis as a human

science can never be totally free of value. The aim of psychoanalysis not only encompasses the treatment of certain afflictions in mentation, including emotions concerning the values of public and private living, but also involves the strengthening of the individual against further "illness."

In the beginning of a treatment the analyst enters the gap between the patient's drives, which keep him tied to pleasures and the avoidance of pain, and his unconscious fantasies, which make their appearance in the transference enactments. In that gap, sensory images live in a chaotic world of the eternal present. Infantile desires are alive and well in that hidden environment. To understand the ethical problems in conducting an analysis, one looks at the analyst's role, the necessity that for a time she enters this world of the imaginary while waiting for the appearance of language in the analysand's communication.

The analyst needs all the tools available to a talking cure. She needs enactments in the transference of infantile conflicts for which the analysand does not yet have language. If society's restrictions on impropriety interfere with the goal of treatment and if as analysts we believe that the nonverbalized poses the greater danger to the individual and to society, something must give.

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