

# AN ETHICAL VISION OF PSYCHOANALYTIC IDENTITY

**Rachel Blass**

I have been asked to present here my view on the ethical vision of psychoanalysis. Very briefly, I consider this vision to be one regarding the power of truth and of love. It proposes that failure to know oneself, one's inner truths, is what lies at the foundation of psychic disorder and analytic cure is to allow the patient to come to know these previously unknown, unconscious, truths. Coming to know truth in this context is not simply an intellectual matter, but rather involves the integration of parts of ourselves; it means a lived experience of these parts. And it is also a motivated act, as is the failure to come to know. That is, we, in a sense "choose" to know and "choose" to deny and, in this sense, we are also responsible for our psychic suffering and the suffering we cause others as a result. In other words, what I'm emphasizing here is that psychoanalysis provides the person with a way to know and be oneself—to choose to live truthfully, to take responsibility for who one is and what one does. This is an ethical aim and to become an analyst is to embrace it. In this context, therapeutic relief through analysis—one of its important benefits—is only a derivative of striving towards this analytic aim. That is, to be an analyst, as I see it, is not to seek the best ways towards symptom relief but to be part of a search for the deepest integration of the patient's unconscious mind, of the truths with which at bottom he struggles.

And what are these struggles? What needs to be denied? Here we see another essential aspect of psychoanalysis' ethical vision. While there are many sources of pain and suffering in life—actual losses, deprivations and injustices, environmental deficits of various kinds, ultimately, psychoanalysis' concern is not with difficult reality per se, the normal distresses associated with life. It is concerned rather with the patient's inner world, his inner phantasies and meanings which distort reality and make life unnecessarily difficult, as may be seen in the depression, sense of emptiness, anxiety, obsessions, and problematic relationships of various kinds with which our patients present.

At the heart of this inner world, these inner phantasies, is a struggle between love and hate; between the love of our objects and the hate of them—hate because of inevitable frustrations, the existence of the third, envy, etc. The hatred of loved objects (or the love of hated ones), our phantasies of the destruction of those we love, are unbearably painful, and so we conceal from ourselves the hate or the love or the conflict or the feelings that the conflict arouses and especially guilt. We modify the world to fit our needs and desires. We deny parts of reality. In a sense, we destroy it as it is, the bad as well as the goodness that it contains in order to serve our own self interests. These ideas regarding what underlies our psychic well-being and disorder find different forms of expression in Freud's theories—for example, in his Oedipus complex, his theories of narcissism and sexuality, the life and death instincts—and in their elaboration in Klein and her thinking on the depressive position, reparation, and envy.

This struggle with our love stands in the way of it finding full expression. And thus, the integration that psychoanalysis facilitates, the truth that it allows for, also frees the person to better see the other and to better love him. Psychoanalysis frees the person to love.

The *process* of analysis is also one of love. In its course, the patient, in part driven by a love of life and of reality, is willing to suffer the pain that comes with the recognition of truth. He is willing to come in touch with his inner world with all the feelings of guilt, and loss, and limitation that this entails, so that his objects can be truly recognized and valued, and reparation for harm done to them can begin. In turn, the analyst treats the patient with a certain kind of love as well—an analytic one. In maintaining this analytic attitude he suffers the patient's inner world, is subject to the patient's projections and faces the unbridled forces of his unconscious. Inclinations to defend or to submit to such projections and drives, to become the good or bad objects the patient wishes to find in the analyst, are restrained for the patient's good. The analyst remains attuned to reality and especially to the patient's difficult inner reality out of love of truth and the desire to help the patient to integrate and live his own truth, through coming to know it.

In the light of this understanding, when we come compare clinical approaches the question is not which approach is better proven or more efficacious in general, but rather which is better in the light of our view of what it means to be well and how we conceive of our role as analyst in this regard. Being a supportive encouraging figure may be helpful to a patient, may even bring about symptom relief, but it does not serve the ethical vision to which I am committed as an analyst and I would therefore find it wrong to do so as an analyst. But there are today (as in the past too) other visions of what the person can and should attain through analysis. Some are less concerned with the inner world, more concerned with environmental/developmental deficits and the analyst's responsibility to fill them. For an analyst who embraces such a vision supportive comments may be deemed necessary and the right thing to do. Recognizing that these are competing ethical visions makes clear the kind of choice you are faced with between approaches. The eclectic option, so popular in some analytic circles today, is not really tenable when dealing with ethical visions, and just waters down and ultimately distorts what truly divides them.

I think that recognition of the ethical vision of psychoanalysis also helps clarify the value of becoming an analyst to those who are already practicing psychoanalytic therapy. I would think that many psychoanalytic psychotherapists, especially those supervised by psychoanalysts, are guided by an analytic ethical vision. To the extent that they are, they may, in a sense, already be regarded as analysts. However, if one ascribes to the ethical vision of psychoanalysis as I understand it, such therapists are not working in a context that allows them to fully express their analytic identity. The couch and the frequency play a crucial role in the process of encountering the powerful unconscious struggles going on in our patients minds and meaningfully integrating denied parts of them. It is in the analytic setting that this analytic vision of the person and the analytic relationship is best realized. Analytic training lets adherents of analysis become analysts most fully.