

Ethical thought and instinctual life

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As a way of illuminating the crucial dilemma involved in creating a code of ethics for psychoanalysis—the tension between the psychoanalyst's responsibility to the needs of patients and his duty as a member of a civilized, organized society—the author explores the nature and effects of the instincts on the human personality and human behavior. Freud's paper "Totem and Taboo" is called on extensively as the source for Freudian and modern psychoanalytic understandings of the aggressive drive.

It has been argued that psychoanalysis is different from other forms of mental or emotional treatment in that it relies on a theory of the unconscious and therefore requires an independent ethic. If it is true that ideas are excluded from consciousness by forces that oppose them, then in the process of helping a patient to say everything, we would be hindered in our work if we condemned our patients for impoliteness, antisocial thoughts, even purely destructive fantasies. Those unfamiliar with the workings of the unconscious may wonder if it wouldn't be better to help a patient sweep evil thoughts under the rug. Articles in the *New York Times*, for example (Brody, 2000; Slater, 2003), have accused psychoanalysis of responsibility for the excesses of the "trauma industry and the recovered memory movement"

that led to accusations against caretakers and nursery and elementary school teachers. One article (Slater, 2003) recommends that patients be taught to repress rather than remember. Unsanctioned by psychoanalysis, "recovered memory" groups seemingly attempted to imprint ideas on children's minds rather than letting what exists in the unconscious emerge on its own. The publicity about the recovered memory movement generated attacks on psychoanalysis, including these articles in the *New York Times*, for its endeavors in uncovering unconscious sexual and aggressive ideas.

In addition, those unfamiliar with the workings of the unconscious may wonder what the evidence is for an unconscious. Anyone who has tried to convince another to give up a relentless and maladaptive pattern knows there is a powerful counterforce working in the individual against his even looking at unwanted ideas. In "The Ego and the Id" Freud (1923a) speaks to the naysayers, stating, "The reason why such ideas cannot become conscious is that a certain force opposes them. . . . The fact that in the technique of psycho-analysis a means has been found by which the opposing force can be removed and the ideas in question made conscious renders this theory irrefutable" (p. 14).

What is it about this unconscious that demands a different ethic? The answer is complex and begins with the roots of our instincts as revealed in so-called primitive cultures. In "Totem and Taboo," Freud (1913b) describes how in indigenous Polynesian and Australian clans "every sort of thing is forbidden; but they [individuals] have no idea why, and it does not occur to them to raise the question" (p. 21). If taboos are violated, punishment follows.

[Often] an innocent wrong-doer . . . falls into a deep depression, anticipates death and then dies in real earnest. . . . [P]rohibitions [forbidding behaviors] are mainly directed against liberty of enjoyment and against freedom of movement and communication. In some cases they have an intelligible meaning and are clearly aimed at abstinences and renunciations. (p. 21)

Taboos of indigenous Polynesians are not as removed from us as we may be inclined to think. The moral and conventional prohibitions by which we ourselves are governed may have some

essential relationship with primitive taboos. An examination of taboos may throw a light upon the obscure origins of our own categorical imperatives. Many of our current codes of behavior represent repressed taboos in that they have their source in fear of demonic powers, a fear of, in Freud's words, "freedom of movement and communication." We are told that the taboo prohibits anything that may provoke that demonic power; so when the taboo is violated, whether wittingly or unwittingly, punishment must follow. The demonic powers that the taboos are designed to control are the very ones that psychoanalysis tries to bring to light in making the unconscious conscious. To this matter, Freud writes (1913b):

The most obvious and striking point of agreement between the obsessional prohibitions of neurotics and taboos is that these prohibitions are equally lacking in motive and equally puzzling in their origin. Having made their appearance at some unspecified moment, they are forcibly maintained by an irresistible fear. No external threat of punishment is required, for there is an internal certainty, a moral conviction, that any violation will lead to intolerable disaster. The most that an obsessional patient can say on this point is that he has an undefined feeling that some particular person in his environment will be injured as a result of the violation. Nothing is known of the nature of the injury; and indeed even this wretchedly small amount of information is more often obtained in connection with the expiatory and defensive actions . . . than with the prohibitions themselves. (pp. 26–27)

The purpose of laws

Taboo is at the root of our moral precepts; it grows into rules of custom and tradition and finally into law. We ask ourselves how to understand the connection between instinct and the laws that we invent to govern our behavior. Do our laws codify what we know instinctively? Should human instinct be reinforced by law? Does a person have to hear that murder is prohibited in order not to murder? As Freud (1913b), quoting Frazer, put it: "There is no law commanding men to eat and drink or forbidding them to put their hands in the fire. Men eat and drink and keep their hands out of the fire instinctively for fear of natural not legal penalties" (p. 123). It seems that the law only forbids men to do what their instincts in-

cline them to do. To Freud, it seemed superfluous to have laws that prohibit what nature itself prohibits. Again citing Frazer, Freud states: "Instead of assuming, therefore, from the legal prohibition of incest that there is a natural aversion to incest, we ought rather to assume that there is a natural instinct in favour of it" (p. 123). Freud adds: "The earliest sexual excitations of youthful human beings are invariably of an incestuous character and . . . such impulses when repressed play a part that can scarcely be over-estimated as motive forces of neuroses in later life" (p. 124).

Freud theorized the existence of a primitive horde led by a tyrannical father who kept all the women for himself and lorded it over his sons. The sons united to kill him. In these belief systems parricide is symbolically repeated in worship of the totem. The totem animal represents the father who was murdered and then made sacred and taboo. Freud (1913b) explains:

Each single one of the brothers who had banded together for the purpose of killing their father was inspired by a wish to become like him and had given expression to it by incorporating parts of their father's surrogate in the totem meal. But, in consequence of the pressure exercised upon each participant by the fraternal clan as a whole, that wish could not be fulfilled. For the future no one could or might ever again attain the father's supreme power, even though that was what all of them had striven for. Thus after a long lapse of time their bitterness against their father . . . grew less, and their longing for him increased. (p. 148)

[In totemic religions] it became a duty to repeat the crime of parricide again and again in the sacrifice of the totem animal. . . . [T]he element of filial rebelliousness also emerges, in the *later* products of religion. (p. 145)

Social fraternal feeling following the crime led to a transformation in social standards, such as the sanctification of blood ties, solidarity within clans, and protection of the group from a repetition against each other of the original crime of the brothers. Freud (1913a) goes on to claim that "[i]n thus guaranteeing one another's lives, the brothers were declaring that no one of them must be treated as their father was treated by them all jointly" (p. 146).

The prohibition against fratricide came from taboos on killing and eating the totem animal except on special occasions. Later this taboo was extended beyond the clan to the commandment that "Thou shalt do *no* murder." Freud (1913a) believed civilization "was based on complicity in the original crime; religion was based on the sense of guilt and the remorse attached to it; while morality was based partly on the exigencies of the society and partly on the penance demanded by the sense of guilt" (p. 146).

In the creation of religion, Freud (1913a) saw "two driving factors, the . . . sense of guilt and . . . rebelliousness" working in opposition to each other (p. 152). With religion, family life was restored to the character of this primal horde, putting the father in place as head of the family. In the Judeo-Christian canon, original sin was disobedience against God, the Father, and it is to those sins that the Ten Commandments are directed. In Christianity the sins of man are redeemed by the sacrifice of God's son to save the souls of the brothers, symbolizing blood guilt. To save sinners, God sent his son to represent humans. This return to the human is further elaborated in the original sin of Adam and Eve. God, in creating man and woman, denies them the right to know. The sin implicit in gaining knowledge of sexual difference can, on a deeper level, be understood as a prohibition by God against gaining knowledge or as an attempt by humans to free themselves from God's law.

The Christian Eucharist is a reenactment of the killing of the father. In the eating of his flesh and drinking of his blood, an oral incorporation, the original crime is repeated even while homage is paid to Him on the level of destructive fantasy. Freud (1913b) states:

The psycho-analysis of individual human beings, however, teaches us with quite special insistence that the god of each [patient] is formed in the likeness of his father, that his personal relation to God depends on his relation to his father in the flesh and oscillates and changes along with that relation, and that at bottom God is nothing other than an exalted father. As in the case of totemism, psycho-analysis recommends us to have faith in the believers who call God their father, just as the totem was called

the tribal ancestor. . . . The paternal element in that concept [of God] must be a most important one. But in that case the father is represented twice over in the situation of primitive sacrifice: once as God and once as the totemic animal victim. (p. 147)

This longing for the father and the women who belonged to the father eventually influenced the organization of social structure. Laws prohibited the fulfillment of these wishes. The original attempt by the brothers, after their crime, to establish democratic equality among all the individuals of the clan was founded on the longing for the old order. An inclination to revive the original paternal ideal developed. A God was created in the image of the father, and the brothers claimed they were descendants of this God. "This represented a further attempt at atonement emanating from the ancient covenant with the totem" (Freud, 1913b, p. 149).

Brothers who had joined together in a singular effort to kill the father constructed religion that contained and expressed this longing for the father. Each brother, wishing to become like him, symbolically partook of him in ceremonial meals. What we know today about unconscious desires to incorporate the parent, to become him, allows us to extend Freud's theory to the period of oral fixation when investment in objects cannot be distinguished from identification, in which the needed part-object is held inside as a part of the self. These early identifications take place before any object cathexis has occurred and serve as a basis for later object choices in the sexual period. In addition to residues of early object choices, our internal moral code also represents a reaction formation against these choices: "You *may not be* like this (like your father)—that is, you may not do all that he does; some things are his prerogative" (Freud, 1923a, p. 34). The child's parents, perceived as the obstacle to incest, were introjected by the ego to carry out the repression by forming a superego and ego ideal in which the ego could erect this same obstacle within itself.

Psychoanalysis from its very beginning attributed the function of instigating repression to the moral and aesthetic trends in the ego. When the infant's ego becomes aware of its investment in objects, it acquiesces to their demands or sets up the process

of repression. In either case, its libidinal needs still require gratification. In the case of giving up a needed object, the object is retained through identification. In this way, the ego becomes the repository of abandoned (invested) objects. Through these identifications, the ego can obtain control over the troublesome impulses. The prohibitions of the parents against incest are accepted and through identification internalized. However, when identification breaks down, destructive impulsivity is no longer bound by libidinal forces in the personality and at these times destructive actions may occur.

It did not take Freud or other practitioners long to discover that a patient's transference develops as an insatiable desire to know what the analyst wants, whether positive or negative. Transference leads the analysand to seek what he, the patient, can do to win some favor with the analyst. He decodes all communications, verbal and nonverbal, to learn what is expected of him, not in terms of the goal of treatment, but the personal needs of the analyst. One can easily see the ethical complexity of such a situation. Without sufficient training and a personal analysis of his own, the analyst may fall prey to the desires of the patient to absorb the analyst's standards and values.

One of the seminar participants asked about the right of a patient to commit suicide. We never fully answered the question, but we discussed guilt, self-attack, and freedom of choice. A patient who is incarcerated in the jailhouse of his mind may experience his thoughts as crimes. Freud (1913b) saw suicide in neurotics as self-punishment for the wish for someone else's death:

The earliest moral precepts and restrictions in primitive society have been explained by us as reactions to a deed which gave those who performed it the concept of "crime." They felt remorse for the deed and decided that it should never be repeated and that its performance should bring no advantage. (p. 159)

The ways they repeated it were indirect and symbolic:

This creative sense of guilt still persists among us. We find it operating in an asocial manner in neurotics, and producing new moral precepts and persistent restrictions, as an atonement for crimes that have been committed and as a precaution against

the committing of new ones. If, however, we inquire among these neurotics to discover what were the deeds which provoked these reactions, we shall be disappointed. We find no deeds, but only impulses and emotions, set upon evil ends but held back from their achievement. What lie behind the sense of guilt of neurotics are always *psychical* realities and never *factual* ones. What characterizes neurotics is that they prefer psychical to factual reality and react just as seriously to thoughts as normal people do to realities. (p. 159)

If, as Freud states, wishes and impulses are experienced by our patients as though they are as real as action and if patients are burdened by an excessive morality and treat themselves in a self-punishing manner for crimes of emotion, the analyst's critical words will feed the patient's illness. As we sit listening to patients, we have an important task in distinguishing those who are inhibited and unlikely to take destructive action from those who are action oriented and may put their fantasies into practice. It would be unethical to inhibit expression of destructive fantasies by the inhibited ones.

I had one patient who functioned on the border between the two. It posed a problem for me when she claimed to have killed her husband. What is the proper position for an analyst when there is some chance that a crime has been committed? A decision to report a possible crime and the issue of confidentiality conflict. Existing codes weigh heavily on the side of reporting. Had there really been a murder? It was true that her husband had died just before she made this statement in treatment. Some of her other behavior suggested there was a possibility that this was not a fantasy, but I could not be sure. This patient over a number of years had given up pieces of her delusional psychosis for fantasies of crime, which she regarded as "getting back for what was done to me." Broken appointments usually meant she was hospitalized for the removal of some part of her body that needed fixing, from the removal of warts to a hysterectomy. She reported that she had robbed a bank and all the details were worked out, including the location of the bank and its layout. I could not uncover evidence (countertransference resistance) that a bank in that area had been robbed. It appeared that the only fantasies that had a foundation in real-

ity were those that led to attacks on her body. The death of her husband was a gray area. Her husband was a large man who suffered from grand mal seizures and died during an attack. The coroner's report said he choked to death. The coroner declared it accidental death. She insisted that she had placed a pillow over his face, smothering him. Was her report reality or fantasy? Was it reportable?

There may be a misunderstanding about the workings of the unconscious. For a neurotic, impulses and emotions usually are not confused with real acts and need the light of day in order to be resolved. The evolution of man has brought us from primitive relations between psyche and action to today's contrast between thinking and doing. In neurotics, thought serves as a substitute for action. The goal of analysis to say everything represents our attempt to bring the light of day to buried fantasies that do, when they are not connected with ideas, lead to dangerous behaviors.

Should a patient be told "Thou shalt not" when being told "no" tends to increase his oppositionalism? Children told "No, don't touch the stove" frequently are intrigued with it and tempted to extend a hand to see what the danger really is. In child-rearing we distinguish between appropriate guardianship in the care of an infant and adult attempts to control the child's developing ego. In the latter, "thou shalt not" rarely adds to the discourse between parent and child, teacher and student, individual and group. "Thou shalt not" rarely adds anything of value to a relationship. In well-ordered social institutions, discourse that allows for the free expression of ideas and feelings is the basis for the success of rules, regulations, laws, prohibitions, and permissions.

Psychoanalytic work has the advantage of having the best laboratory for research into intrapsychic interactions and interspsychic reactions between analyst and analysand. The psychoanalytic session provides a setting in which all the derivatives of the unconscious can be observed. As a result of transference, a patient takes the analyst in and identifies her as an extension of himself or as a self-object based on perceptions of early caretakers. We observe even in the most nega-

tively suggestible of our patients the need to feel connected in the analysis. Powerful desires frustrated in treatment lead to negative reactions. When the patient is disappointed in the analytic relationship, destructive tendencies may arise. When positive libidinal forces have lost their hold on destructive tendencies, the analyst works to contain tendencies to action within the transference. In the negative therapeutic reaction, the patient's imagination leads him to figure out how to punish the disappointing analyst or to seek revenge. Time is required to neutralize destructive tendencies in the personality through fusion with constructive goals, time during which the patient does not feel condemned by the analyst.

When tendencies to act are contained, a situation exists in which a language for feeling must be created. In terms of ethically appropriate responses to antisocial thoughts and feelings, there are two considerations. If the analyst condemns these responses during treatment, he forgoes having a therapeutic interaction; if he condones destructive wishes in the transference, he may foster enjoyment of destructiveness.

Consider in summary what Spitz (1969) has to say on this matter. He claims there is always a battle in human nature as to whether we are going to destroy ourselves or survive. People with preoedipal issues are in particular danger because they do not feel for other people. They have feelings only for themselves; other people don't count. This attitude toward others is the narcissistic transference. When boundaries are indistinct, people do not know what they are feeling or what they are doing. If a person regresses to this state and aggression is mobilized, that person is a menace to himself and to everybody else.

In treatment it is important to make the patient comfortable. This means not challenging his perceptions and at the same time encouraging talk. When a patient can just talk about wishes, even though they cannot be gratified, he receives some gratification in the treatment. What is gratified is the craving for attention, for a listener, and for understanding. If the analyst communicates enough, he does not have to act on destructive motives.

Often the negative desire to sabotage the treatment takes an apparently mild form. A patient may want to define the terms of the contract and control what can be discussed. Should the analyst agree to the patient's demands when they require the analyst to work in ways that differ from his usual understanding of how to conduct treatment? When I reviewed the case of a man who came to treatment to be cured of migraine headaches, I noted his first statement to me was that I must promise not to touch upon his sexual life in any way. He said, "I am gay, and I plan to stay that way."

If I feel certain that I cannot cure a headache, if there is any limitation on what we can talk about, do I have an ethical obligation to inform the patient of my reservations? Or do I decide I can deal with it at the time when a connection to his sexuality presents itself as an obstacle to working successfully on his headaches? Do I need to make this an issue in the beginning of treatment? If I think I *know* that it will interfere, I may be wrong. Certainty may be my resistance to beginning in the manner suggested by the patient. I could work as he suggests and study silently the effects of his prohibition on connecting his sexuality and the somatic symptom. More important is that the dialogue for the sessions be chosen by the patient. This is in line with a different ethical ideal: the patient's right to discover his own unconscious unhampered by an analyst's preconceived thoughts.

Still another issue is how the demand is heard. As a transference communication I hear the fear of submission, I hear the assertion of autonomy, and I view that defense as a necessary part of the patient's psychic equipment for dealing with his fears, for now. If analysis is successful, he may later be able to engage in more cooperative planning with others. Instead of thinking that I will be hampered in my work, I understand that this nonnegotiable trait is what I will be working with. I try to remember that my role is to do whatever will help the patient to know himself. One of the messages he is giving me is that he has already linked his sexual adjustment to his headaches, but he is not aware of that chain of associations.

Analysts deal with their own defenses at moments when the patient introduces a new possibility for conducting treatment. It

may be as simple as wanting to know the right thing to say, or it may be as large as the conviction that there is only one road to cure.

In keeping with Freud's emphasis on emotions and instincts, the modern school came into being in the late forties under the leadership of Spontnitz in reaction to certain principles adopted by classical and neo-Freudian analysis. The emphasis on the analysis of the ego and the relative neglect of the id and the unconscious had led to a form of treatment in which understanding, explanation, reliance on the therapeutic alliance, and the reasonable ego of the patient were the key technical factors. Because these methods were not useful in the treatment of narcissism, Spontnitz introduced an emotional component in his communications with the patient based on the countertransference reaction to the patient's transference. It was discovered that communications could be used to shape treatment technique. There were others who recommended departures from traditional analysis. Green (2005), for example, writes:

The second possibility is that of the transference interpretation. As long as it remains expressed objectively through the words of the analyst, there is only a slight echo in this material covered by the narcissistic carapace. One might as well try to awaken the sexual desire of someone dressed in armour. Resignation remains. It is certainly the least dangerous of all these attitudes. Let it be, let it happen. Since the privations required by therapy have no effect other than that of reinforcing moral narcissism, the analyst then risks engaging himself in an interminable analysis, the patient's need for dependence thus being largely satisfied. (pp. 136–137)

Freud thought it was unethical for anyone who had not been analytically trained to attempt analysis. He also felt that ethical considerations required that every analyst be himself analyzed to help him to deal with his blind spots and increase his awareness of the functioning of his own unconscious. Spontnitz (1969) made it an important part of his technical approach to treatment that an analyst become aware of induced countertransference feelings and their value in treatment.

It was feared that interpretation could be used by analysts to create an artificial or false self in line with the analyst's values,

or to satisfy the need of the analyst who is responding unconsciously to his subjective countertransference to show what he knows. Modern psychoanalysts also considered the issue of frequency of sessions when they recognized that some patients' resistances were increased by seeing their analysts more often than their egos could tolerate. The need for insulation, and awareness that patients proceed at different rates, led to the realization that requiring frequent sessions was not necessarily in the best interest of patients. A flexible attitude toward frequency led to therapeutic success and seems to have gradually found acceptance in other schools.

Another concern for Freud, substantially modified in current psychoanalytic theory, was that analysts not try to treat severe narcissistic disorders such as psychosis, melancholia, and paranoia. However, in his later works, Freud (1939) held out hope for learning how to treat such cases in the future. He also cautioned against using transference to exploit patients by offering them satisfactions they seemed to need. For example, he did not feel it useful to give actual tokens of affection during treatment. In this he differed from Ferenczi, who experimented with "active techniques" in which he sometimes attempted to make up for the patient's past deprivations.

Enactments in treatment: talking and acting-in

From Freud through current thinkers like Green (1999), transference enactments have had a central role in work with the negative. We owe transference enactments to identities based on the imaginary aspect of the patient's representations. Green defines these identifications as representative of what analysts following Lacan call the "imaginary." They are the acts of taking as a part of oneself representations based on imaginary aspects of the object rather than the real qualities of the object. Rather than correct the patient's impressions or declare the enactments anti-social, analysts require their full expression in language.

The strength of imaginary identifications was made plain in one of my analytic group sessions. Actions outside the treat-

ment had increased to the point where participants made obvious the feelings they experienced in their relations to others. In exchanges among the male group members in a particular session, it was clear these men were ready to speak more directly rather than hold onto the hopeless feelings that were interfering with satisfaction in their lives. Charles was feeling envious of the rich men he had met on a recent business trip. Early in his marriage he had felt triumph because his wife was from a superior background and had chosen him. However, the need to continually overcome feelings of worthlessness drove him from one woman to another in an unending quest to assure himself of his desirability.

Another group member said he kept hoping he could get his wife to discover who he really was, and he particularly wanted one of the women in the group to hear what he really was saying. He also used affairs to seek feelings of being understood. To be understood meant that the woman would want him in the sexual ways he longed for. Another man explained why he chose an "uptight Catholic" woman. His greatest fear was of penetration. He had not worked to improve the relationship because of his fear of a genuine genital connection. He told us often of his mother's wish that he be her everything, and for him all women were seen as rapacious. Another man had the same feelings about women, but they did not come from his mother. He believed that I was more the rapacious woman than his mother and also more whimsical. He wanted to give me everything I asked for, but he got confused and made mistakes in delivering the goods. He also chose a wife who was as capricious as I am. He became confused when asked what feeling lay behind his repeated attraction to unpredictable women. Another man who had lived in a marriage without sex for several decades asked the group why they dismissed him for not working on his marriage. In response, each gave a different reason, and this surprised him. He had the idea everyone just disliked him and had negative thoughts about him.

One man said, "I realized that while you were talking, I felt you were talking to Dr. Meadow and that you were the special son, and I felt I could not express my thoughts to you because I would be taking you away from her." I remembered Green's

(1999) interpretation of the story of Ajax, the Greek hero who killed himself when Ulysses was recognized by the gods and awarded Achilles' weapons. Ajax experienced the rejection as a loss of admiration. According to Green, possessions substitute for feelings of self-worth. Ajax sought revenge against Ulysses, but in the process went mad and instead of punishing those he blamed, he destroyed flocks of their sheep. When he regained his sanity, he felt ashamed and with wounded pride killed himself, impaling himself on Hector's sword. Shame and wounded pride led him to abandon life.

For the analyst these are enactments of the conflict centered on self-worth. Enactments staged outside of sessions are attempts to present the problems the patient has with self-feelings without telling them to the analyst or to himself. Enactments are reported in sessions and talked through as part of the process of gaining control over impulses to punish or to hurt. All conflicts "should" come into the patient's fantasy life and be described in treatment. When there are no word representations for these conflicts, fantasy does not suffice. Action is needed. Sometimes the conflict is enacted in one's outside life, as above, sometimes in the transference as when the analyst is treated either as unpredictable or rapacious.

Modern psychoanalysts believe that interpreting reality to a patient does not make it easier for him to accept the limitations of social living. At times interpretations are assaults, killing imagination and the "willing suspension of disbelief" that is crucial to it. A psychoanalytic ethic, although a difficult one to conceive, could be achieved if our goal allowed for interactions that permitted anything that may be said between two people to be said. Can we design a code that encourages this? If saying everything is allowed, then analytic sessions provide the best known opportunity to view the full person with all his base instincts exposed.

Freud (1930) did not believe in an innate human need to behave ethically. Ethics, he felt, come from society's attempt to control instincts. Replacement of the power of the individual by the power of the community constitutes the decisive step of civilization. Freud writes:

[M]embers of the community restrict themselves in their possibilities of satisfaction, whereas the individual knew no such restrictions. The first requisite of civilization, therefore, is that of justice—that is, the assurance that a law once made will not be broken in favour of an individual. This implies nothing as to the ethical value of such a law. . . .

The liberty of the individual is no gift of civilization. (p. 95)

[T]he peculiar process which mankind undergoes . . . [is characterized by] the changes which it brings about in the familiar instinctual dispositions of human beings to satisfy which is, after all, the economic task of our lives. (p. 96)

Unfortunately, prohibitions are often laid down as rigid super-ego interdictions without the benefit of thought. When instinctual satisfaction is renounced, the patient may choose to make himself independent of objects, thus fostering the conditions in which schizophrenia may occur. In schizophrenia, longings are not experienced psychically; in extremes, there may be a “killing of the instincts.” Freud (1930) says of the attempt by certain Eastern religions to achieve nirvana: “If it succeeds, then the subject has, it is true, given up all other activities as well—he has sacrificed his life; and, by another path, he has once more only achieved the happiness of quietness” (p. 79). How many patients, tortured by overstimulation, feel “stressed out” and long to live life on a farm or to retire and be on permanent vacation? Freud notes, “We follow the same path when our aims are less extreme and we merely attempt to *control* our instinctual life” (p. 79). A less severe method of dealing with instincts is the development of psychical structures. Freud continues:

In that case, the controlling elements are the higher psychical agencies, which have subjected themselves to the reality principle. Here the aim of satisfaction is not by any means relinquished; but a certain amount of protection against suffering is secured, in that non-satisfaction is not so painfully felt in the case of instincts kept in dependence as in the case of uninhibited ones. (p. 79)

Instincts are shifted so that they do not face external frustration. Longings can remain intact in the unconscious and achieve partial fulfillment through fantasies and dreams. However, “there is an undeniable diminution in the potentialities of enjoyment. The feeling of happiness derived from

the satisfaction of a wild instinctual impulse untamed by the ego is incomparably more intense than that derived from satiating an instinct that has been tamed" (p. 79).

If the end product of analysis is to be the patient's freedom to discover what is for him a satisfactory life, the analyst will not decide his fate for him, force his own ideals upon him, or as a creator, form him in the analyst's own image. Freud (1919):

We refused most emphatically to turn a patient who puts himself into our hands in search of help into our private property, to decide his fate for him, to force our own ideals upon him, and with the pride of a Creator to form him in our own image and see that it is good. I still adhere to this refusal, and I think that this is the proper place for the medical discretion which we have had to ignore in other connections. I have learnt by experience, too, that such a far-reaching activity towards patients is not in the least necessary for therapeutic purposes. For I have been able to help people with whom I had nothing in common—neither race, education, social position nor outlook upon life in general—without affecting their individuality. (pp. 164–165)

In our work as analysts, we walk the wire as we seek those expressions of drive allowable within the psyche of each patient. When we are blessed, patients show us how they ward off desire for destructive action rather than take action against us. They give us time to resolve blocks to the fusion of these tendencies with the life force that can give them that modicum of happiness allowed to us by our nature.

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