

Psychotherapy as Applied Ethics

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Indeed, the words, 'secular pastoral worker,' might well serve as a general formula for describing the function which the analyst, whether he is a doctor or a layman, has to perform in his relation to the public. . . . We do not seek to bring him relief by receiving him into the Catholic, Protestant or socialist community. We seek rather to enrich him from his own internal sources. . . . Such activity as this is pastoral work in the best sense of the words.

—SIGMUND FREUD¹

FREUD was the first to draw our attention to how ethics are transmitted from parents to child before the child is able to understand the sources or the implications of what he is being taught and before he is aware that there are alternative values. The superego and the ego ideal are internalized systems of values, and they are characterized by a lack of rational justification and of freely available alternatives. The job of the analyst has been the clarification, historical analysis, and working through of the superego and ego ideal. The analyst liberates the patient from his unconscious past; he makes conscious the values by which the patient conducts his life. This is true whether the patient suffers from a "too punitive superego," "an unconscious guilt," or an "unrealistic" ego ideal. In each case we are speaking of values learned in the patient's past; and the liberation from that past is psychotherapy, or, as I shall call it, applied ethics.

As other therapies have come to compete with psychoanalysis, and as the times have changed and offered some perspective upon Freud's work, many friendly and hostile critics have recognized and detailed the various implied values in Freud's work.² The most

thorough critic, Rieff, has gone so far as to say:

Freudianism restored to science its ethical verve. That it did so by putting ethics itself under the scrutiny of science, as part of the therapeutic purpose of the science, is all the more reason for its appeal. In this way

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¹"Postscript (1927)," *The Question of Lay Analysis*, pp. 108-109.

²See, for example: Bakan; Becker, 1962, 1964; Feuer; Hoffman; London; Rieff, 1959, 1966; Riesman, 1955a and b; Rogers; Szasz, 1961a and b, 1962.

Freud has given us a popular science of morals that also teaches a moral system. [1959, p. 329]

Freud's lack of attention to his own values is in part a problem of cultural lag; Freud could be only partially aware of his own ego-syntonic ethics, since values usually become explicit when they are in conflict with other values. But Freud's lack of attention to his own values also represents a systematic failure on his part. He failed to see the extent to which analysis promoted a system of values in itself.

The discovery of the importance of values in psychoanalysis and in therapy in general has led to a radical possibility: that psychotherapy is in fact applied ethics. The notion that certain ethics "tainted" Freud's treatment methods would be replaced by recognition that values and the modification of values are at the root of psychotherapy. Therapy then becomes a moral reeducation, or, in Freud's own words, in *The Question of Lay Analysis*, the therapist is a "spiritual guide" who promotes a "secular" ethic. If this is true, then two tasks await us: In general, a continuing and systematic analysis of the ethics promoted by the various therapies is needed, much like that already begun by Rieff (1966). And second, in analytic or insight therapy, the therapeutic ethic itself must be examined by the patient as a part of therapy so that he becomes aware of the value context in which he works. Opening the therapeutic values to investigation creates an atmosphere in which the ethic of autonomy is promoted; the patient learns to evaluate and to select the ethics by which he wishes to conduct his life.

THE ETHICS OF THE FUNDAMENTAL RULE

Whenever scientific knowledge of man or technical interpersonal expertise is applied to specific problems of

influencing or reeducating the patient's personal conduct, these sciences and this expertise are used in the service of an ethic. This becomes more obvious when the psychological science and technique are satirically projected onto a grand societal scale, as in Orwell's 1984, or Huxley's *Brave New World*, or onto the limited but significant scale of the mental hospital, as in Kesey's *One Flew Over the Cuckoo's Nest*, or de Assis's *The Psychiatrist and Other Stories*. In the psychotherapy microcosm, the ethical basis of the social encounter is more easily overlooked. Here I shall address myself to one technique, the *fundamental rule*, and one concept, Freud's ideal of *normality*, and analyze their relevance to psychotherapy as applied ethics.

The fundamental rule is the heart of analytic psychotherapy—its unique ethic of personal conduct in the treatment setting. The fundamental rule is the ethical agreement which the therapist and the client make:

We conclude our pact then with the neurotics: complete candor on one side, strict discretion on the other. [Freud, 1940, p. 64]

This is the moral imperative, the ethical code, of insight therapy: the patient *ought* to say everything that occurs to him, and the therapist *ought not* to take advantage of this candor. This rule holds for nearly all psychoanalytic psychotherapies, though the exact implementation of the ethic may differ from a more systematic face-to-face encounter to a more free-flowing on-the-couch free association.

As Freud explained, the patient is never completely free in his speech. He feels that some things *ought not* to be brought out. The therapist on his part then renews his moral stance. He *insists*, often in an aggressive manner described as attacking the resistances; or he may more passively "lend an atmosphere" of ethical permissiveness

toward the expression of whatever is on the patient's mind.

Freud claimed that his moral dictum "Be honest!" is met with *resistance* because of the *transference*. That is, the patient continues to see the analyst as embodying the old morality which censors his thoughts, forbidding some, allowing others. A moral struggle then takes place, which Freud himself described as a sort of after-education. More accurately, it is a *moral* after-education. The past-forbidden thoughts are liberated by the new therapeutic ethic of *honesty within the therapeutic hour*. The patient is sanctioned to have *any* thoughts so long as he distinguishes between thoughts and action. The after-education has this and many other ethical distinctions built into it.

The distinction between thought and action is a most basic ethical distinction. Many people who are paralyzed in their behavior are paralyzed because they cannot distinguish between thoughts and actions. The therapist may have to say, "You only *wished* me dead." Ostensibly, the therapist is reality testing, but from the ethical point of view, he is saying: "There is a moral distinction between thinking and acting." When this moral distinction becomes meaningful to the patient, then a reality distinction between thinking and doing becomes of some use.

Nearly all the resistances will eventually resolve themselves into old morality-laden loves and hates which the patient has been unable to recognize in himself. That is, the patient comes to look at the ethical precepts that unconsciously guided his childhood. This is true even when the threatening affect is anxiety, rather than guilt or anger, for the unraveling of the anxiety leads to the recognition of threatening objects and to assignment of moral responsibility: "I felt guilty because I wanted to compete with father," or, "I

was angry because he competed with me."

In contrast to this ethical interpretation, the fundamental rule is generally considered both a scientific research tool into the patient's unconscious past and a technical therapeutic device leading to catharsis, sharing, the working through of resistances and so on. The fundamental rule does provide an atmosphere for research and a method for achieving certain interpersonal reactions, but this cannot be considered outside the moral context. These questions must be asked: "What view of the patient's past does it encourage?" and "What kind of relationship to the therapist does it foster?" and "What future behavior does it encourage?" The past is not reconstructed as one might put the pieces of a broken vase together; the past is reconstructed in a specific moral light (Becker, 1964). Similarly, catharsis or working through does not occur in a void, but rather within the context of a certain moral permissiveness represented by the therapist's avowal of discretion. Ultimately, under the scientific ethic, responsibility may then be transformed into something more impersonal, such as simple cause and effect, and thus the patient's guilt and anger are further ameliorated. This too involves one further step in the *ethical liberation* of the patient from his past guilt and anger.

The moral power of the fundamental rule and freedom of thought may be explored by comparing it to its political analogue, freedom of speech. Freedom of speech may make a democracy work by increasing the spread of information, by encouraging tolerance, and by permitting people to work off steam and influence each other. But no one would call it a scientific or technical principle. It is a political ethic about freedom. Freedom of speech is the ethical foundation of a free political life, much as the fundamental rule and free

association are the foundations of a liberating therapy and a free internal life.

In therapy, all the old moral injunctions are reworked and recast toward this new internal freedom, much as all the old political inhibitions on free speech may eventually fall away from a new immigrant to a free country. Freud was actually the first psychiatrist to implement this ethic explicitly because he made it an *ought* in itself, and because he bound himself not to take advantage of the resultant candor. Furthermore, when free association faltered, he sought out the reasons why, until the spontaneous process resumed. He was able to implement a new freedom of thought and speech because he protected himself and the patient by rigid rules of behavior within the therapy setting. The political analogy again holds: a true democracy must put much of its energy into the protection of free speech and the control of conduct.

While the fundamental rule implies a moral aim in itself, it must also take place within a larger moral context—the goal of treatment, personal liberation—especially internal freedom to think and feel. Again the analogy to free speech is meaningful, for free speech must also take place in the larger setting—the goals of democracy. Freud was well aware of the tremendous moral influence that the therapist might bring to bear upon the client's life goals. He warned in one of his last papers, that the analyst should not try to make the patient over in his own image or ideals, and that the patient who is too dependent "should be educated to liberate and fulfill his own nature, and not to resemble ourselves" (1919, p. 399). Remarkably, Freud did not acknowledge that this stand implied an ethic of his own—independence—toward which he guided his patient. Yet he tacitly recognized this similarity

between psychoanalysis and other moral activities when in *The Question of Lay Analysis* he compared the work of the therapist to that of the politician and the parent.

Freud, as we shall see, hid his particular ethics under the rubric of "biology." Nonetheless, it is apparent that he did not equate "normality" with any statistical average or even with a pragmatic, culturally relative description of adjustment. His concept of normality was an ethical ideal (Rieff, 1959). In a sense, Freud created his own myth of mental illness and mental health. Nor is this necessarily a criticism, for man as a creator has no choice but to set for himself ideals of conduct; the difficulty lay in Freud's refusal to acknowledge the importance of his own values.

Though he criticized Jung for dealing with the ethics and values of his patients (1919, p. 398), Freud's ideal of normality permeated his therapy. First, the "normal" man experienced "genital primacy," a concept of the sexually aggressive male to whom foreplay and teasing were at best perversions on the way to the one true goal, intercourse. As Hoffman has documented, this ethical concept was certainly consistent with the most conservative ethical notions of the times.

Second, the normal man brought increasing aspects of his self under the rule of the ego. The ego, sometimes construed scientifically in terms of such functions as perception and cognition, was the basis of an ideal of conduct in Freud's psychology. The wise man, the mature man, had a crafty, pragmatic ego which "tamed" the instincts and reconciled the id, the superego, and reality, functioning much as a modern political mediator might function (1937). Here the term "ego" was really used as "self" might be used today, and the self embodied a particular kind of moralism mixed with cynicism, as Rieff has shown (1959).

Third, the mature man had left behind much of his narcissism; he invested his libido more in others than in himself. This concept of narcissism was core to Freud's ethical concerns, for he used it as clinicians do today, as a label of opprobrium upon persons who concentrated their energies too much on themselves. Thus, in Freud's writing, numerous somewhat "inferior" people are at one time or another said to have a considerable amount of narcissism compared to the mature male: schizophrenics, homosexuals, children, mob leaders, women. The concept of narcissism is too complex for consideration here, except to note that it reflects a moral stand—that man is basically withdrawn, wounded by culture, at war with other men, and dragged out of his narcissism, at first by the hatred of intruding objects and later by the increasing yet hostile wish to benefit from the culture by joining it (1914).

Fourth, Freud saw mature man as having insight and a comparatively greater degree of consciousness. Mature man was honest about himself and realistic about life; he accepted the *reality principle*. This consciousness was assumed to bring man a kind of disillusionment with himself as a "pure being," and to contribute to his acceptance of his basically immoral nature.³ Freud mocked those who would try to avoid the moral implications of man's insight into his unconscious (1925a).

The overall impression of Freud's ethic is that man must tame his instincts. That is, he may inwardly rebel against the old authorities and throw them off; but then he must himself take over the arduous task of domesticating himself. Man, for Freud, should move from an other-domesticated animal to a self-domesticated animal. He

becomes autonomous, but if he's mature, according to Freud, he will not take rash, dangerous, antisocial actions.

Even if the therapist strives, as Freud did, to encourage certain kinds of freedom from internalized cultural dogma and freedom from the transference with the therapist, the therapist is striving for a very definite ethic, and he in effect sells the patient this ethic. Freud instructed analysts not to behave like gods (1937), but the instruction was largely directed at anti-Freudian gods. The patient was expected to adopt the ethic of the analyst in terms of such things as the fundamental rule and the ideal of normality, not to mention the reality principle.

On the other hand, Freud recognized this problem at times, declaring that the patient's freedom comes above all else, even above his mental health or conformity to Freud's notions of a cure.

The battle with the obstacle of an unconscious sense of guilt is not made easy for the analyst.... [T]his involves a temptation for the analyst to play the part of prophet, savior and redeemer for the patient. Since the rules of analysis are diametrically opposed to the physician's making use of his personality in such manner, it must be honestly confessed that here we have another limitation to the effectiveness of analysis; after all, analysis does not set out to make pathological reactions impossible, but to give the patient's ego *freedom* to decide one way or the other. [1923, Ch.5, fn.1, Freud's italics]

Freud's own life was a testimony to autonomy, and when autonomy is defined as the capacity and willingness to interpret the world as honestly as one can and with complete responsibility for one's own thoughts, then Freud becomes one of the most autonomous men in all history. His views on infantile sexuality, the oedipus complex, the unconscious, and the meaning of dreams, to name just a few critical areas, were so ridiculed by medicine

³ See Rieff's analysis, 1959.

and academic psychology that Freud must have mustered an incredible capacity to be his own judge. In contrast to so many modern psychologists, who are forever struggling to accommodate to this or that prevailing thought and current institution, Freud stood behind the logic of his own criticisms, and in his later works, such as *Civilization and its Discontents*, and *The Future of an Illusion*, he formulated critiques that stand as monuments to man's right to think for himself—absolutely and without compromise.

FREUD: BIOLOGY OR ETHICS?

In what tradition does Freud's metapsychology belong: science, medicine, psychology, philosophy, ethics? Freud represents, as Rieff noted, a man whose scope should not be arbitrarily limited to any one branch of human concern. He roamed over the fields of knowledge as perhaps no one has dared since the Greek philosopher-scientists. Freud accomplished this with his marvelous use of metaphor, by which he managed to be at one time biological, at another time historical, and at another time psychological. He embodied in himself and in his thinking the impossibility of fully isolating any one of the subjects of human understanding. Curiously enough, though, there seemed to be one field alone in which he denied any interest, that of philosophy and, specifically, ethics.

However, Freud himself in one of his later studies compared his work to that of the Greek philosopher Empedocles:

The Greek philosopher taught that there were two principles governing events in the life of the universe as in that of the mind, and that these principles were eternally in conflict with each other. He called them . . . (love) and . . . (strife). Of these powers, which he really conceived of as 'natural forces, working like instincts, and certainly not intelligences with a conscious purpose,' the one strives to unite the atoms of these four elements into a single unity, while the

other seeks to dissolve these fusions and to separate the atoms of the elements. Empedocles conceives of the world-process as a continuous, never-ceasing alternation of periods in which the one or the other of the two fundamental forces triumphs, so that at one time love and, at another time, strife fulfils its purpose and governs the universe, after which the other, vanquished power asserts itself and in turn prevails. [1937, p. 349]

To the reader familiar with Freud, this is not only Empedocles, it is Freud. Freud continued:

The two fundamental principles of Empedocles . . . are, both in name and in function, the same as our two primal instincts, *Eros* and *Destructiveness*, the former of which strives to combine existing phenomena into ever greater unities, while the latter seeks to dissolve these combinations and destroy the structures to which they have given rise. [pp. 349-350]

How did Freud himself distinguish his work from that of Empedocles? He said:

The theory of Empedocles which specially claims our attention is one which approximates so closely to the psycho-analytical theory of the instincts that we should be tempted to maintain that the two are identical, were it not for this difference: the Greek's theory is a cosmic phantasy, while our own confines its application to biology. [1937, p. 349]

Yet, clearly, of all the fields to which Freud made a contribution, biology was not one of them. On the level of biology as a formal discipline, there is little or nothing of Freud in any text, beyond mentions of his very early work in neuropathology. This is in contrast to the vast inclusion of his thoughts in philosophical, historical, anthropological, and psychological works. Similarly, it has been maintained by many analysts that the great drawback of Freud was his tendency to biologize. As Guntrip's historical review indicates, "biologizing" is being dropped from psychoanalytic thinking.

Freud was not at root biological, but at root ethical in his contributions to

modern society. That is, the great contribution of this man was his rejuvenation of man the total thinker, *man the total authority over his own interpretation of the universe, man as his own moral authority*. His uniqueness was the consistency with which he went about implementing and elaborating upon his ethical theories through psychotherapy. He developed an applied ethic!

Freud's use of "biology" as the alleged basis for his work appeared more "scientific" to the layman, and hence made it more cogent in the modern world, more palatable than a new ethical interpretation of man's nature and a new form of applied ethics. But the negative results have been too great. First, his attempt to make himself look scientific and biological has discredited him in the eyes of sophisticated scientists. Second, the biological orientation gave one more rationalization for the seizure of psychoanalysis by organized medicine, a threat to the integrity of psychoanalysis which Freud fought against vigorously until the end of his life (1925b, 1926). Third, by ignoring the ethical foundations of his work, Freud gave philosophers a chance to ignore his work as well, or, more rarely, to naively accept his work as a scientific answer to ethical dilemmas, as Feuer seems to have done.

ALEXANDER AND ERIKSON: INSIGHT OR ETHICS?

Since Freud's initial work, psychoanalysts have become increasingly aware of their implied values. They have begun quite frankly to implement their values for the patient—but without Freud's injunction not to manipulate the transference toward therapeutic goals. In doing this, they have fulfilled Freud's warning that the therapist can become another parental authority. Here I will evaluate the stated ethics of two modern psychoanalysts who say

that therapy is something other than applied ethics, though, in fact, their work under scrutiny turns out to be the application of ethics to human conduct in a much more overt and unsophisticated fashion than Freud's.

In "Social Significance of Psychoanalysis and Psychotherapy," Alexander has advocated the continued inclusion of psychotherapy among the medical "sciences":

Psychotherapy, as all curative procedures in medicine, attempts to alleviate suffering by restoring to normal a disturbed function of the biological organism. [p. 235]

Medicine rather than applied ethics? Throughout, the paper makes reference to psychoneurosis as a conflict in values and to psychotherapy as the implementation of new values. Alexander even admitted that the difference between moral education and psychotherapy is the *greater thoroughness* of psychotherapy. He wrote that nontherapeutic education may aim at instilling virtues such as "honesty, courage, creativity, tolerance," but the education is limited by the character of the individual. Psychotherapy may even *change character*, so that "an overly timid child may develop into an unusually courageous person after treatment has succeeded . . ." (p. 236). Clearly this is applied ethics, and Alexander only confounded the issue with his trade union emphasis upon medicine and biology.

Alexander has said that the ethics of Freudian psychology of individualism may even be in conflict with the modern ethics of social conformity:

When I was asked to speak about the social significance of psychotherapy, I came, after serious consideration, to the conclusion that it lies in giving an operational meaning to the motto of the Renaissance humanists, "respect for the dignity of the individual." [p. 243]

It would seem to follow from this that psychotherapy is moral reeducation; but Alexander did not make explic-

it that this was his particular brand of moral education, and that he was a moral educator. Instead he presented himself as a physician to whom anyone of any ethical persuasion might go for "treatment." As Szasz would say, he was bootlegging humanistic values.

Erikson is another modern psychotherapist who has made explicit his values. Like Alexander, however, he has overlooked the implications of this moral reeducation. Freud hung onto the notion of "biology" and Alexander the notion of "medicine" to justify their theories and practice; Erikson has hung onto "psychological insight" to bootleg his values. Like Alexander, he wants to relate the original Freudian ethic to modern times:

Freud was once asked what he thought a normal person should be able to do well. The questioner probably expected a complicated, a "deep" answer. But Freud is reported to have said, "Lieben und arbeiten" (to love and to work). It pays to ponder on this simple formula: it gets deeper as you think about it. For when Freud said "love," he meant the expansiveness of generosity as well as genital love; when he said love and work, he meant a general work productiveness which would not preoccupy the individual to the extent that his right or capacity to be a sexual and loving being would be lost. Thus we may ponder but we cannot improve on the formula, which includes the doctor's prescription for human dignity—and for democratic living. [1955, p. 222]

Many critics would differ with Erikson's interesting attempt to read contemporary attitudes into Freud's Victorian psychology. Hoffman, Riesman, Fromm, and Rieff have all presented quite different interpretations of Freud's attitude toward work and love. Erikson's ethic may gain stature by its association with Freud, but it is much more consistent with contemporary mores than with Freud's heavy emphasis upon the work ethic and his somewhat denigrating attitude toward love (Riesman, pp. 206-275).

In writing about the conflicts of maturity, Erikson stated that the mature man will respect other life styles while seeking to "defend the dignity of his own life style against all physical and economic threats . . . for him all human integrity stands and falls with the one style of integrity of which he partakes." He then commented:

At this point, then, I have come close to overstepping the limits (some will say I have long and repeatedly overstepped them) that separate psychology from ethical philosophy. . . . I am only insisting on a few basic psychological insights, which I shall try to formulate briefly in conclusion. [Erikson, 1955, p. 224]

His "basic psychological insights" turn out to be a restatement of his "democratic" ideals. Thus he disguised ethics and politics as "psychological insight." Again, like the parent, he told us what was "healthy" morality. He has become a moral authority, and an authoritarian one at that, because he has denied that these are his personal values, and instead has attempted to justify them as "basic psychological insights" which any normal man would adopt.

In Erikson's fascinating study *Young Man Luther*, he continually wrestled with the problem of psychology versus ethics. Many digressions in the book are mixed apologies and explanations for applying the "science" of psychoanalysis to biography and history. But Erikson's chief concern here was not the ethical underpinnings of psychoanalysis, which are bound to influence "interpretations"; instead he focused on the ethical impact of psychoanalysis upon public opinion. He stated, ". . . each new vital focus of psychoanalytic research inadvertently leads to a new implied value system . . ." (p. 21). "Inadvertently"—as if there were no implied ethics in the "research." When he came closer to recognizing that psychoanalysis is indeed

influenced by the ethical squint of the psychoanalysts themselves, he floundered and apologized, "... clinical methods are subject to refinement of technique and a clarification of theory only to a point; beyond this point they are subject to ideological influences" (p. 18). He then added that these ideological influences color or darken psychoanalysis in an unfortunate manner. The notion that ethics can illuminate the foundations of psychoanalysis is apparently foreign to him.

Here is what Erikson said in *Young Man Luther* about his now famous concept of the identity crisis: "... each youth must forge for himself some central perspective and direction, some working unity, out of the effective remnants of his childhood and the hopes of his anticipated adulthood; he must detect some meaningful resemblance between what he has come to see in himself and what his sharpened awareness tells him others judge and expect him to be" (p. 14). This, he made clear, was his concept of "health."

In this quote, and from early passages in *Childhood and Society*, one sees that Erikson has confused *how* people sometimes develop with *how* people *should* develop. The first is a matter of observing and describing, in itself a highly subjective process; and the second is a matter of prescribing conduct, a completely ethical process. Is Erikson's concept of the identity crisis an observation or a prescription? He makes it both. And his prescription turns out to be a "common sense" combination of heteronomous and autonomous ethics. He expects the individual to find a central perspective for himself, but this *must* include some "meaningful resemblance" between how he sees himself and what he knows others expect of him. This definition places stress upon both autonomous and heteronomous ethics, upon both self-determination and responsiveness to

the values of others. It is Erikson's own particular liberal bag of mixed ethics, which he continually represents as psychological truth.

SZASZ AND OTHER ALTERNATIVES

Thomas S. Szasz is the first American psychiatrist to have come out fully for the notion that psychotherapy is ethics in action, though numerous nonmedical writers have flirted with this idea (Freud, 1925b; London; Rogers). Szasz has written in *The Myth of Mental Illness*:

Questions such as: "How does man live?" and "How ought man to live?" traditionally have been the domains of philosophy, ethics, and religion. Psychology—and psychiatry, as a branch of it—was closely allied to philosophy and ethics until the latter part of the nineteenth century. Since then, psychologists have considered themselves empirical scientists whose methods and theories are allegedly no different from those of the physicist or biologist. But insofar as psychologists address themselves to the two questions raised above, their methods and theories do differ, to some extent, from those of the natural scientists. If these considerations are valid, psychiatrists cannot expect to solve ethical problems by medical means. [p. 8]

Szasz's own brand of ethics has drawn criticism, especially his insistence on absolute autonomy. The patient is responsible for himself, even in matters of abortion and suicide. Much confusion is generated by the failure to distinguish this ethic of autonomy from his overall thesis that some ethic is always inherent in psychotherapy.

One must hold a tight line in describing therapy as applied ethics, for any "exceptions" to the ethical nature of therapy soon burgeon out into monstrosities of thinly veiled manipulations of the patient's ethics. As an illustration of this danger, London has come near to calling therapy applied ethics, but then he has made some exceptions. He has decided that there are "technical problems" in therapy which can be

dealt with empirically "without seriously invading the patient's value system and without challenging his moral code. . . ." This reasoning, that some therapeutic manipulations have little or no ethical complexion, then unleashes the science of behavioral modification upon the patient. London has written:

Wolpe's treatments consist of training the patient to attempt sex relations *only* when ". . . he has an unmistakable, positive desire to do so, for otherwise he may very well consolidate, or even extend his sexual inhibitions. . . ." The training necessarily requires that he learn to identify and avoid those situations in which sex may be anxiety-arousing, and that he learn also to seek out women who are capable of arousing him "in a desirable way . . . and when in the company of one of them, to 'let himself go' freely as the circumstances allow." . . . Surely no treatment could be more 'symptom specific' than this in its objectives—the problem is the inhibition of sexuality, so the treatment is the disinhibition of sexuality. [pp. 88-89]

Surely, we must recognize how thoroughly moral this treatment is, even though its morals are consistent with twentieth-century "sexual freedom," as well as with benevolent authoritarianism. The patient's old morality has been rationalized away by a new authority in the first therapeutic interview, and the patient fails to confront the issue of autonomy which might free him to develop his own sexual ethic without the help of benevolent authority.

Even in the presence of an obvious consensus between patient and therapist, there is still need to examine the implicit values. Values ego-syntonic with the patient rarely become apparent except in conflict between therapist and patient, yet these shared values may be quite crucial to the life of the patient in a manner which neither he nor the therapist is willing to examine. Only by opening *everything* in the therapy to critical evaluation does psychotherapy become different from

counseling. If this position is taken, it becomes of considerable pragmatic importance to define all the ethical rules governing the therapy and to acknowledge that therapy itself is applied ethics. Szasz in *The Ethics of Psychoanalysis* is the only therapist to have attempted this. That this particular work of his is relatively unknown reflects the lack of attention to these matters within psychiatry as a whole.

THERAPEUTIC TECHNIQUE AND AUTONOMY

Psychoanalytic psychotherapy needs some modifications in line with the analysis of psychotherapy as an ethical procedure. Previously psychotherapists have focused upon the sources of the patient's ethics from his family and culture. In addition, it is now necessary to focus upon the sources of the patient's ethics from within the therapeutic procedure itself. First, there must be recognition and analysis of such basic concepts as "The Fundamental Rule" and "Normality," and of many others as well. Second, the therapist's particular ethical values must be made explicit as they become important in transactions with the patient. In this manner the patient becomes alerted to the sources of his changing ethical views, and he becomes alerted to the possibility of choice and change. Otherwise the patient responds to the therapist's values with much the same naive unawareness as he originally experienced with his parents. By recognizing that psychotherapy is applied ethics, we come out from behind the authority of "science" and "medicine" and "insight" and frankly recognize with the patient that he has freedom to pick and choose among different ethical views. He can become as free from us as from his parents. Becker has nicely summed this up:

To be unconscious of the crucial factors

in the situation to which one is adjusting, is to repeat as an adult the early slavery of the child. It is to consent to have had one's choices constricted by the accidents of being thrown into a certain kind of world, a world beyond one's powers, beyond one's right to question, beyond one's capacity to change. [1964; p. 205]

So long as we maintain the myth of a value-free psychotherapy, we commit two basic ethical crimes. First, we involve patients in relationships with us without making them aware of the implications of these relationships. That is, we sell them "medical treatment" when in fact we offer them an ethical reevaluation of their lives with a new ethic implicit in the evaluation itself. Second, we leave ourselves open for sale to the highest bidder, whether it be the state hospital (Szasz, 1963a; Fromm), the society (Krosner), the federal government (Szasz, 1963a; Fromm), or some advertising agency (Gouldner). That is, if we strive to perform like physicists, then like physicists (Hill) we shall suddenly awaken to wonder what sort of atomic age monster we have created. On the other hand, as Rychlak noted, by declaring our ethical position, we in effect climb into the psychotherapeutic apparatus with the patient and perform, not as a manipulator, but as an expert co-worker in the enterprise of value analysis and value making. Becker put this orientation into its broadest perspective when he declared:

The science of man in society—the science of control over human action—must then be a science of the maximization of individual choice. This means that the locus of control will reside in the individual actor himself, rather than in 'science' as an esoteric, controlling institution. Human science in a democratic society must be a science which places the shaping of human possibility in the hands of the individuals themselves. [1964; p. 216]

AUTONOMY AND PERSONAL FREEDOM

Personal freedom is a concept too complex for any detailed consideration

here, but it must be briefly contrasted with the notion of autonomy in order to refine the definition of autonomy. Personal freedom refers to the manner in which a person conducts his life out in the world. It refers to the degree of freedom in relation to the world and to other people. And of course there are grave limitations upon this, including everything from social convention to political repression and the inescapability of death. Personal freedom can rarely approximate any kind of absolute, and some autonomous decisions can even lead to a gross loss of personal freedom, such as the decision to risk jail or death for one's ideals or for a cause.

Autonomy, on the other hand, refers to the internal life of the individual—to his capacity to think for himself and to remain the absolute ethical and moral judge of his own thoughts and conduct. Autonomy refers to man's right and man's capacity to take responsibility for himself. Like Socrates, an autonomous man may choose to end his own life; but, like Socrates, he will assume responsibility for this action, even against the contrary ethical ideals of his peers. This is the meaning of autonomy, and when presented in this absolute form, it may offend many who believe that nothing is absolute and that all things need be tempered. I do not think we need moderation in promoting autonomy. Each man's thoughts are his own. And no one else's! That this is also a basis for the good life and for the conduct of psychotherapy is certainly an issue that requires much more than a statement or an argument. But the promotion of the ethic of autonomy is only a secondary or tangential aim of this paper. The main point remains the inseparability of ethics and psychotherapy, and the necessity of viewing psychotherapy as applied ethics, whatever ethic one

chooses as the foundation of his psychology and psychotherapy.

DISCUSSION

The conception of psychotherapy as applied ethics may seem to open the door to multiple unrelated activities all flourishing under the banner of psychotherapy. But this has already occurred, precisely because we have ignored the ethical nature of psychotherapy. The various therapies have fragmented into all sorts of splinter groups, each of which promotes different ethics and each of which is rooted in differing and largely unstated ethical assumptions. Even staff conferences within the same group are like the Tower of Babel. One man's great therapeutic maneuver is another's blunder, even within relatively homogeneous groups. The splintering has taken place, and in part because few practitioners have thoroughly examined the values which they are promoting, and even fewer have considered that every maneuver promotes an ethic. This must be the common principle for understanding all psychosocial therapy—that psychosocial therapy in any form is the application of science and technique to the moral conduct of man. With this basic understanding, we can then examine and compare various therapies, both for their ideals and for the manner in which their techniques implement or fail to implement these ideals. No longer will it be a matter of "preference" or "effectiveness" alone in choosing behavioral modification, depth therapy, psychodrama, or some other psychosocial therapy. The first questions will have to be these: What value does the therapy promote, and, specifically, does it enhance the individual's autonomy? Then professionals and clients alike may have some greater awareness of what each school of therapy has in mind for its clients.

An important semantic and practical question is the degree to which ethics and technique can be separated from each other and discussed in isolation from each other. For example, the question is asked: Is the fundamental rule both a technique and an ethic? Or is it one or the other exclusively? Are the two, ethics and technique, contradictory in any sense? I tend to take a pragmatic view—that labeling must be looked upon strictly in the light of its functional implications. If one wishes to label the fundamental rule a scientific technique in order to study the practical details of its use in therapy, I find nothing wrong with this. *But* if one calls it a technique in order to temporarily disregard its ethical implications, then I become alarmed, for one cannot safely separate technique and ethics even in the smallest detail when dealing with humans in social situations.

This can be illustrated by examining the manner in which the fundamental rule is presented to the patient. Is the patient *urged* to say everything that comes to his mind? Is he told he should speak freely? Or is the possibility of speaking freely presented as *one* alternative, a choice, that is open to him? Unless care is taken, both the patient and the therapist can turn the fundamental rule into one more *ought* (as Freud tended to do), one more imperative which robs the patient of his autonomy. The patient may play into this by justifying submissiveness on the grounds that he's simply supposed to "say whatever comes to my mind." And a therapist, when under pressure and in conflict with his client, may make the mistake of urging the client to "reveal all" when the client has rational reason for his defensiveness. In short, ethical and technical approaches to psychotherapy are not contradictory unless the ethical aspect is left out. Whenever that happens, the patient's

autonomy is likely to suffer. In fact, the more "technical" a therapy appears, such as hypnosis, drug therapy, conditioning therapy, the more likely that the client's autonomy is under assault.

In concluding, I wish to touch upon three clinical issues which immediately come to mind in looking upon psychotherapy as applied ethics, and especially in promoting the ethic of autonomy as the basis of insight therapy. The first issue is love within the therapeutic setting, the second is suicide, and the third is termination.

There is no reason why the autonomous therapist cannot show warmth and concern for his patient. He may love his patient, but the love involves respect for the individual's absolute autonomy in regard to him. This kind of love then may become the focal point of the analysis of transference, because the patient to the extent that he is not autonomous is likely to demand that the therapist show his love and concern by taking over for him, reassuring him, making decisions for him, and the like. "If you love me, you'll take over for me," is a major ethical challenge which many patients throw before their therapists.

The related problem of the suicidal patient is the most difficult one which confronts the autonomous psychotherapist. The nonautonomous patient in effect says, "If you love me, you'll save me." But more fundamental than the issue "Should the patient be allowed to kill himself?" is the question "Should a man take complete responsibility for his own life and death?" If we believe anything that the existentialists have taught us, we cannot intervene in a man's life decisions without robbing his life of its fundamental experiential quality—man as a maker of his own decisions, even the decision to live or to die.

When the issue of suicide is put into this context, it becomes more difficult

to dismiss Szasz for espousing a thoroughly autonomous therapy in which the therapist does not interfere in any way in the patient's life. Around such issues as suicide and incipient psychosis, we become confused and uncertain. We respond as "human beings"—that is, as social beings who cannot bear to see others suffer or die. We forget that life consists of something more than the avoidance of death and suffering (Breggin, 1965). And we forget that the therapist who promises rescue may be making a false promise that he cannot keep, one that may even be more likely to lead to suicidal gestures that end up as actual suicides. All these issues must be the subject for analysis, not intervention, in psychoanalytic therapy. On the other hand, if the therapist wishes to save his patient's life or to save him from psychosis, he obviously can choose to *try*—but he is then no longer doing analytic therapy, and he has attempted to save his patient at the cost of obscuring the basic issue of life—that each human being is responsible for himself.

I have made a similar point in regard to the coercion of so-called voluntary patients in an allegedly open hospital (Breggin, 1964). There may be various reasons to imprison people and to rob them of both their external freedom and their internal autonomy, but it does no one any good to overlook the implications of this activity. Mental hospitalization, whether to prevent suicide or to treat psychosis, is a gross application of ethics; it is political ethics, or the application of socially sanctioned coercion. To call such patients voluntary, to call such hospitals open, and to conceptualize this within the same context as autonomous therapy—all such false categorizing is likely to add to the confusion, impotence, and frustration so common in the lives of mental patients. That many professionals do not see that analytic therapy is

totally inconsistent with mental hospitalization indicates the degree of confusion within the profession and the need for an analysis of the underlying ethics in the various forms of psychiatric treatment.

These issues are as complex as life itself, and I do not present them and summarize my views with any intention of providing ultimate solutions. I bring them up to demonstrate that therapy is *at all times* a matter of applied ethics and that the therapist must be willing in *every instance* to examine the ethics which he promotes and implements.

The final question involves termination in autonomous psychotherapy, and in many ways it is the key issue, for it provides the context for the relationship between client and therapist, and is often the ultimate test of autonomy within the therapy. Does the client assume full responsibility for the beginning and the ending of therapy, or does he share this with the therapist? If the model is autonomy, then the client must assume full responsibility. Not only does the therapist refuse to make these decisions for the client, but also the therapist must point out to the client any attempts he may make to avoid taking full responsibility for the termination. The analyst may of course suggest that an agreed-upon termination is preferable (Szasz, 1965), as it is in any collaborative relationship, but he must not make this agreement a requirement. Similarly, the analyst may interpret unconscious forces which seem to be compelling the patient to terminate, or he may even wish to communicate some of his fears or concerns about an apparently premature termination, but this must be done without implying that he has a monopoly on good judgment or that his approval is required before termination.

Few therapists would suggest that the client's parent should have some final say concerning when the client should terminate or modify his relationship with the parent, unless the client is a child. Few therapists would even require an agreement between the client and his wife, or his boss, or his lawyer, before the termination of those relationships. Nor would the therapist expect an agreement between himself and the client before the client terminated any one of those relationships. Yet when the termination of the therapy comes up, the therapist may be prone to seize this decision as one in which the therapist should have a voice. In doing this, the analyst promotes a regressive relationship, a dependent, heteronomous one, and the client may then show symptoms of anxiety, confusion, impotence, and frustration as he tries to come to grips with this new regressive situation. The analyst is then likely to feel confirmed in his opinion that the patient is unready for termination, and hence the cycle accelerates. Actually the patient may be responding to a betrayal of trust. The analyst turns out to promote the client's autonomy in regard to everyone except himself! Hence patients often regress toward the end of treatment, and hence treatments may go on and on beyond their natural termination. In the instance of a training analysis, when it is understood beforehand that the analyst's agreement is the key in the termination and in the client's "graduation" from an institute, then the therapeutic setting is initially set up as a fundamentally dependent, submissive, and heteronomous one. In this sense there is no betrayal of trust, but simply a betrayal of autonomy from the start.

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