

### 1.5 *Theory, technique and ethics*

Freud often said that psychoanalysis was a theory of personality, a method of psychotherapy and an instrument of scientific investigation, wanting to point out that due to a special condition intrinsic to that discipline the method of investigation coincides with the curative procedure, because in the measure in which one knows oneself one can modify one's personality—that is, cure oneself. This circumstance is not only valid as a philosophical principle, but it is also an empirical fact of Freudian investigation. It need not have been so, but in fact Freud's great finding—that by discovering certain situations (traumas, memories or conflicts), the symptoms of the illness are modified and the personality becomes enriched—broadens and reorganizes itself. This curious circumstance unifies in one single activity the cure and the investigation, as shown in Hanna Segal's lucid exposition (1962) in the Symposium of Curative Factors at the Edinburgh Congress. Bleger (1971) also dealt with this point in discussing the psychological interview.

Just as there is a strict correlation between psychoanalytic theory and technique and investigation, so the relation between ethics and technique also arises in a singular manner in psychoanalysis. It can even be said that ethics are a part of the technique, or, in another way, that what gives sense and coherence to the technical norms of psychoanalysis are its ethical roots. Ethics are integrated into the scientific theory of psychoanalysis not as a simple moral aspiration but as a necessity of its praxis.

A failure of ethics in psychoanalysis leads inexorably to technical failure, as its basic principles, especially those that structure the setting, are founded on the ethical concepts of equality, respect and search for truth. A dissociation between theory and praxis, always lamentable, is doubly so in psychoanalysis, because it ruins our instrument of work. In other dis-

ciplines it is feasible, up to a certain point, to maintain a dissociation between the profession and private life, but this is impossible for the analyst.

No one is going to pretend that the analyst has no failings, weaknesses, duplicities or dissociations, but he should be able to accept them deep down inside in consideration of the method, of truth and of the patient. The analyst has his own unconscious, his own personality as his working tool; this is why the relation between the ethics and the technique becomes so urgent and indissoluble.

One of the principles Freud proposed, one that is simultaneously technical, theoretical and ethical, is that we should not give in to the *furor curandis*; and today we know without doubt that *furor curandis* is a problem of countertransference. Nevertheless this principle does not affect what I have just said, because we should not lose sight of Freud's warning, which is different from the desire to cure when it means fulfilling our task. (Further on I will have something to say about Bion's 1967 proposal that the analyst work "without memory and without desire", and also about Lacan's "desire of the analyst", 1958a.)

The *furor curandis* theme leads us back to ethics, because Freud's warning is no more than the application of a more general principle, the *rule of abstinence*. Analysis, Freud affirms at the Nuremberg Congress (1910d) and reiterates many times (1915a, 1919a, etc.), has to proceed in privation, in frustration, in abstinence. This rule can be understood in many ways, but in any case no one will doubt that Freud means that the analyst cannot give the patient direct satisfactions, because should the latter achieve these, the process comes to a halt, takes a wrong turn, is perverted. In another way it can be said that direct satisfaction takes away from the patient the capacity to symbolize. Now the rule of abstinence, which is a technical device for the analysis, is an ethical norm for the analyst. This is clearly because the technical principle of not giving the analysand direct satisfaction has its corollary in the ethical principle of not accepting those he can offer us. Just as we cannot satisfy the patient's curiosity, for example, neither can we satisfy our own. From the analyst's point of view, what the analysand says comprises only associations, fulfilling the fundamental rule; and what he associates can be considered only as information pertinent to his case.

What we have just said covers the problem of professional confidentiality and redefines it in a stricter, more rigorous way, whereby it becomes for the analyst an aspect of the rule of abstinence. To the extent that the analyst can take what the analysand says only as material, the analysand never informs him of anything; nothing the patient says can the analyst say that he had said, because the analysand has only given his material. And material is, by definition, what informs us about the patient's internal world.

Free-floating attention implies receiving in the same manner all the patient's associations; to the extent that the analyst tries to obtain from them information that is not pertinent to the analytic situation, he is func-

tioning badly, he has become a (perhaps perverse) scopophilic child. Furthermore, experience shows that when floating attention is perturbed, there operates, usually, the analysand's projection. Therefore, the analyst's disturbance should be considered a problem of countertransference or projective counter-identification, if we follow Grinberg (e.g. 1963).

What I have just set out is not only a technical and an ethical principle, but also a healthy mental hygiene measure of protection for the analyst. As Freud says in "Wild' Psychoanalysis" (1910k), we have no right to judge our colleagues and third parties in general through the affirmations of the patients, which we should always hear with a benevolent, critical doubt. In other words—and this is stringently logical—everything the patient says is opinion and not fact. It is clear how difficult it is to establish and maintain this attitude in practice, but I think in the measure in which we understand it, it will be easier to achieve it. The fundamental norm is, once again, the rule of abstinence: to the extent that information does not violate the rule of abstinence, it is pertinent and it is simply material; if not, the rule of abstinence has been transgressed. At times, it is only the feeling of the analyst, and in the last instance his countertransference, that can help him in this difficult discrimination.

The principle just given should not be taken rigidly, without flexibility. Some general information the patient could give us collaterally can be accepted as such without violating the norms of our work (for example, if the analysand tells us that the lift is not working). Similarly, there can be deviations that do not add up to a fault, to the extent that they are within cultural usage, and this give and take does not lose sight of the general movement of the process. But the basic rule remains: no intervention of the analyst is valid if it violates the rule of abstinence.