

CHAPTER 1

INTRODUCTION: ETHICS AND PSYCHOTHERAPY

Just as volcanic eruptions can suddenly and catastrophically change forever their surrounding landscapes, so conceptual innovations can irrevocably alter the way we experience ourselves and our worlds. As powerful and shocking as the eruptions at Thera and Pompeii were for Minoan and Roman cultures, they were minor in comparison with the great eruptions of thought in classical Athens, the Italian Renaissance, and the Northern European Enlightenment that transformed our way of living and conceiving the world. Conceptual innovations are usually quiet events that happen without battles, changes of political boundaries, or shifts in power, but they affect our lives far more profoundly. We can no longer be Athenian democrats arguing politics on the Pnyx, Roman slaves toiling for the Empire, or Enlightenment scientists probing the secrets of the universe in our private home laboratories, for the concepts that fueled these forms of life have been destroyed and replaced by others.

A recent conceptual revolution portends to be one of the most powerful ever, for it has shattered a two-thousand-year-old idea concerning what human beings are and how the human mind functions. In disclosing how consciousness

is only a part of the human psyche, and far from the most powerful part at that, Nietzsche, Freud, Jung, and others can claim the most important discovery in our century of discoveries, for they illumined unconscious processes that had previously never been understood or even recognized. While scientific discoveries have changed our knowledge of the universe and technological discoveries have transformed patterns of ordinary life, these changes would mean nothing if they were not responded to by people's psyches, and no discourse has been able to disclose and alter the processes, powers, and dynamics of the psyche more profoundly than that of psychoanalysis and psychotherapy.

As Freud and Jung acknowledged, the unconscious was well known to poets and philosophers long before its "discovery" at the end of the nineteenth century. Humans have always experienced inexplicable psychic events such as dreams, slips of the tongue, momentary forgetfulness, hysterical incapacities, obsessive rituals, and other behaviors that are irrational, unproductive, and stubbornly resistant to conscious attempts to change them. What was "discovered" in the discovery of the unconscious was that this realm of human experience was far more extensive, systematic, and pervasive in human lives than previously thought. Where formerly the unconscious had been associated with irrational quirks and limited to an unfortunate few human beings or a few sporadic events in a normal person's life, it was now discovered to be part of everyone's psyche and to work so systematically that its processes could be charted, understood, and altered with therapeutic techniques. What previously were anomalous events in human experience that seemed to have no rhyme or reason now became understandable. Even more miraculously, those forms of unconscious activity that were so persistent and debilitating as to be termed diseases were found to be treatable.

However, the discovery of the unconscious has gone far beyond medical applications, for it has transformed our entire way of thinking about human activity. The concepts of psychoanalytical theory have entered many discourses, such

as biography, literary criticism, historical analysis, and law, and have taken up residency in ordinary language, where terms such as repression, defense, resistance, projection, neurosis, depression, and Freudian slip are now commonplace. Psychotherapy has become so central in our society that Alasdair MacIntyre proclaimed the therapist to be one of the three types of life that define our age.¹

Yet, with the important exceptions of several Anglo-American thinkers, the Frankfort School, and some other Continental philosophers, the discovery of the unconscious has barely been recognized by that field which traditionally has had the function of elucidating human life: philosophy. There are numerous reasons for philosophy's neglect of the unconscious, including its recent turning away from its traditional inquiries concerning the meaning of human existence to more technical epistemological, logical, and linguistic concerns. But we must still ask why the discovery of the unconscious has not affected that branch of philosophy which deals directly with questions of what constitutes human agency, intentionality, and responsibility: ethics.

Most contemporary ethicists either examine the language of morality or argue about the comparative merits of pragmatic ethics, virtue ethics, Kantian ethics, and utilitarianism, attempting to make adjustments to their favorite kind of ethics in light of criticisms raised by those in other camps. But all of these ethical positions presuppose that human beings are free to direct their own lives and take full responsibility for both the values they hold and the actions they perform. They assume that humans can become fully aware of the forces motivating them, determine which of these forces is ethically superior to the others, and act on the basis of this awareness. Yet, this is exactly the psychology that the discovery of the unconscious calls into question.

Paradoxically, rather than challenging traditional ethical notions, many psychoanalytical theorists have adopted a number of the values and concepts of ethics without realizing that the discovery of the unconscious calls these values and concepts into question. The most widely held goal of

psychotherapy is to promote the autonomy of patients—to help them overcome impulses, obsessions, fixations, and other unconscious determinations of conscious life and action. In summarizing the key goals of psychotherapy, Erwin Singer said that “health becomes defined by the degree to which a person is free to perceive himself as an independently acting and reacting unit, experiences consciously the choices at his disposal, and makes choices with a conscious sense of responsibility for them.”² Rem B. Edwards agrees in defining mental health as the attainment of “rational autonomy.”³ Here are the traditional goals of ethics now seen as the aims of psychotherapy. That is, the predominant view within psychotherapy understands this field to be in the service of traditional ethical aims. Yet, the discovery of the unconscious calls into question the psychological theory on which ethics was founded. It not only challenges the possibility of ethical autonomy and personal responsibility but questions the very worth of these values. Yet, the mainstream of psychotherapy has ignored this challenge and merely assumed the same ends as ethics.

The failure of ethicists to respond to the discovery of the unconscious and the reluctance of psychotherapy to question fully the values of ethics has meant that for close to a century we have lived with two conceptual schemes for understanding and evaluating human activity that are in many ways incompatible. Ethics, for instance, assumes that humans are in almost all cases free to control their actions and hence are responsible for them. Thus, illegal, immoral, and antisocial activities are understood as freely chosen, and the proper response to them is some form of censure or punishment. However, the reigning notion in psychotherapy is that such acts are primarily governed by pathological forces working in the unconscious that are the result of flawed developmental histories. Persons with such unfortunate lives need therapy, not punishment.

The conceptual isolation of these two primary discourses concerning human agency enervates the conceptual vitality of the culture and leaves us with a sense of confu-

sion when the two conflict. How should we treat people who commit crimes but are acting compulsively out of unconscious motivations that they do not recognize or understand? They are not insane, but they also are not free. Are they to be treated the same as others who are not so disturbed? Should we amend our social customs and laws to excuse persons from moral and legal responsibilities if the unconscious controls their actions? When alcoholics ruin their families, abuse their children, and harm others, are they to be pitied because they are suffering from an addiction—an unconscious force over which they have no control—or are they to be morally reprimanded? Are self-absorbed narcissists who use other people as means to their own satisfactions to be ethically censured or medically treated with psychotherapy?

Nowhere has this confusion between the two ways of understanding agency, intentionality, and responsibility been more evident than in the first trial of Eric and Lyle Menendez for the brutal shotgun murders of their parents. The prosecution claimed that the brothers consciously intended the acts and were thus responsible for them, while the defense countered with the argument that the sexual and psychological abuse the brothers suffered in childhood created unconscious and uncontrollable urges to kill their parents. The juries' (there was one trial with two juries) inability to come to a decision concerning the guilt of the brothers represents in the most poignant way possible the confusion current American society experiences concerning its understanding of motivation and responsibility.

How do we need to alter the notion of responsibility if we understand all human beings as having unconscious motivations? How are we to conceive of optimal ways of living if we give up the notion that mind is equivalent to consciousness and believe that unconscious factors play large roles in everyone's lives? These are questions of utmost seriousness with which our culture must come to terms if it is going to achieve a coherent set of beliefs about what it means to be and act as a human being.

The most important attempt in recent literature to deal with the relation of a theory of the unconscious to ethics is M. Scott Peck's *People of the Lie*. Peck commences his book with a number of clinical vignettes, one of which concerns Bobby, a fifteen year old boy whose older brother Stuart had committed suicide with a .22 caliber rifle. Although Bobby appeared to handle this tragedy well when it happened, his grades soon went from a B average to failing, he became increasingly noncommunicative, stole a car, crashed it, and was apprehended by the police. Finally, he was referred to Peck's clinic.

Peck found Bobby to be severely depressed. He did not know how he felt about Stuart's death, why he was now failing his courses, or why he stole the car. The only glimmer in Bobby's flat and lifeless speech came when he thought of the possibility of living with his Aunt Helen. Then, without emotion, he related that while he had asked for a tennis racquet for Christmas that year, what he had received was a gun—the same .22 caliber rifle with which Stuart had killed himself!

Bobby's parents were a "quiet, orderly, solid"⁴ working couple who kept a spotless house and attended church every Sunday. Yet, in this seemingly normal household, something was so insidious that it drove one of their sons to suicide and another into an acute depression—a kind of living suicide. In their interview with Peck, they said they had no idea why Stuart had killed himself. While they had noticed that Bobby was depressed, they assumed that this was a normal response to Stuart's suicide, would soon pass, and did not call for therapeutic intervention. Bobby's school had recommended counseling, but they did not take this suggestion seriously nor were they terribly concerned about his failing grades. Besides, they said, "It's not that easy for us to take Bobby here or there during weekdays. We're both working people you know. . . . We can't be just taking off from our jobs every day. We've got a living to make, you know."⁵

When the possibility was raised concerning Bobby living with his Aunt Helen, it was rejected, because Helen was

only a cleaning woman. Finally, when asked why they gave Bobby Stuart's suicide weapon for a Christmas present, they replied: "It's a good present for a boy his age. Most boys his age would give their eyeteeth for a gun. . . . We couldn't afford to get him a new gun. . . . Money doesn't grow on trees, you know. We're just ordinary working people."⁶ To Peck's suggestion that they were giving Bobby the message to follow in Stuart's footsteps, they retorted: "We haven't been to college and learned all kinds of fancy ways of thinking. We're just simple working people. We can't be expected to think of all these things."⁷

Bobby's parents seemed to be so riveted on appearing to have an ideal household, that they had little concern for the growth and development of their sons as individuals. Their sons had to fit their ideal, their time schedules, their understanding of the world. The sons could not have lives of their own. They also appear to lack certain normal emotions. Most parents could not stand to see or touch the gun that killed their son, yet Bobby's parents kept the gun and gave it to their other son as a present. Somehow a concern for money and frugality had overridden their ability to feel grief and rage at their son's death. Ordinarily, I think we would see Bobby's parents as "little" people with a somewhat distorted sense of priorities. But Peck takes two important steps beyond this normal characterization. First, he says that Bobby's parents are evil—morally evil. Second, in being evil, they are suffering from a form of mental illness: narcissism.

The first step is extraordinary, for Peck is claiming that his training and insights as a psychotherapist allow him to make moral judgments concerning whether persons are evil that are not typically available to those not so trained. According to Peck, "evil is that force, residing either inside or outside of human beings, that seeks to kill life or liveliness. And goodness is its opposite. Goodness is that which promotes life and liveliness."⁸ Evil people are those who have the desire "to control others—to make them controllable, to foster their dependency, to discourage their

capacity to think for themselves, to diminish their unpredictability and originality, to keep them in line.”⁹ These life-negating people usually do not break any laws or moral codes. Bobby’s parents were church-going uprighteous citizens who did not cheat, steal, lie, commit adultery, and so on. Indeed, not breaking laws or moral codes is an essential part of evil according to Peck, for evil people above all want to appear to be good. But, “their ‘goodness’ is all on a level of pretense. It is, in effect, a lie. This is why they are the ‘people of the lie.’”¹⁰

It is this pharisaic hiddenness that allows evil people like Bobby’s parents to persistently and subtly destroy other human beings without being caught or even recognized. Such people are not consciously aware of their evil. If they happen to get a glimpse of it, they deny this awareness with such defenses as projecting their evil onto others, constructing even firmer foundations for appearing good, or, like Bobby’s parents, rationalizing any questionable actions, such as giving Stuart’s suicide weapon to Bobby.

In his analysis of evil, Peck shows that our ordinary ways of identifying and dealing with evil are inadequate. A Kantian looking at Bobby’s parents could find no evil, for no moral law is broken, and utilitarians would find the conscious intentions of their acts to be concerned with producing the most good for all. But Peck sees that the most pervasive and devastating forms of evil do not occur at the level of conventionally defined immoral or illegal acts. Assessment of the moral worth of actions on the basis of agents’ conscious intentions rarely is able to detect fundamental and pervasive sources of evil. Bobby’s parents thought they were being good parents and, undoubtedly, appeared this way to their friends. But, with the insights and tools of psychoanalytic theory, we can get behind the masks of pretense and see that, in fact, they were systematically (albeit unconsciously) destroying their sons. With our usual focus, nothing looks out of place in Bobby’s home—everything is quite normal—but with our psychoanalytic lens we can detect what ethics fails to see: an invisible cancerous evil annihilating everything it touches.

In bringing psychoanalytic theory to the recognition and exposure of evil, Peck creatively interrelates psychotherapy and ethics. Previous to the discovery of the unconscious and its hidden intentions, our ability to deal with the causes of human suffering was severely limited, as it was confined to overt and consciously intended acts of aggression. While common enough, such acts are far less common than the unconscious covert acts of aggression that quietly destroy the wills of others, reduce their positive self-images, make them dependent, undermine their confidence, or control their behaviors. Thus, Peck thinks that ethics will be less impotent in the face of these unconsciously intended acts if it can learn to use the concepts and diagnostic insights of psychotherapy.

However, this step of using the tools of psychotherapy to expose evils that might have remained hidden in conventional moral life leads Peck to another claim which is more problematic: that evil is a form of mental illness, a subcategory of narcissistic personality disorders. People who suffer from this type of narcissism have an overly grandiose sense of self-importance as a compensatory defense against low self-esteem. They get their feelings of importance by appearing to others and themselves to perfectly meet the standards of their society. Hence, they are driven, like Bobby's parents, to maintain a spotless social image, while at the same time taking out unconscious rage for their narcissistic injuries on others in ways that cannot be detected. They are incapable of recognizing the independent worth of others and often intrude into their lives, using them to try to satisfy their insatiable pathological needs for affirmation and revenge.

They recognize no power or standard higher than their own wills. While their narcissism stems from severe injuries or neglect in childhood, Peck also claims that narcissists make a number of choices that bend them on the path of evil.¹¹

Peck envisions ethics and psychoanalytic theory conjoining to form a "psychology of evil." This new psychology

will retain both the reprobative power of ethical language along with the healing tools of psychotherapy. In dealing with another patient, George, who had made a pact with the devil to free himself from delusions and obsessions, Peck confronts him with a moral judgment ("You are evil") rather than a clinical diagnosis ("You suffer from a narcissistic personality disorder"). Why?

At such moments we are required to choose a vantage point. When George told me of his pact with the devil, I was faced with the choice of whether to regard it as just another typical neurotic symptom or as a moment of moral crisis. If I chose the first possibility, no immediate action was mandated on my part, if the latter, I owed it to George and the world to throw myself with all the vigor I could muster into the moral fray. Which way to decide? In choosing to see George's pact—even if it was all in his mind—as immoral, and confronting him with his immorality, I certainly picked the more dramatic alternative. Herein lies, I believe, a rule of thumb. If, at a particular moment, we are in a position in which we must choose a particular model, we should probably choose the most dramatic one—that is, the one that imparts to the event being studied the greatest possible significance.¹²

But how are we to define "significance?" Is it that which is most likely to change George? To change George into what? Is our ideal of what George should be psychotherapy's ideal of a healthy human being or the reigning moral ideal of a good human being? This is the crucial question that Peck does not ask, nor does he inquire into whether psychotherapy should be in the business of constructing ideals at all or whether the common moral ideal is an adequate one, given the discovery of the unconscious.

Rather, Peck assumes that the ideals of health and morality will be one and the same and that we can use either language to achieve the same goal, depending on which one has the most dramatic impact on the patient. Yet, when we carefully examine ethics and psychotherapy, we

see that these discourses cannot be used interchangeably, for they are profoundly at odds with one another on how we are to conceive of human agency and responsibility.

If we make a 'moral' or 'ethical' claim about what George or Bobby's parents are doing and call it evil, we imply that they freely choose what they do, are responsible for it, and should be censured in some way. But if we make a medical claim and say that these people are suffering from narcissistic personality disorders, then we do not think that they freely choose what they do, but are controlled by unconscious forces. Despite Peck's saying that people partly "choose" to become narcissists (and Freud's saying that persons "choose" to flee into illness rather than face unbearable conflicts), this "choosing" is hardly the same as the free conscious choice that grounds ethical decisions. These "choices" are usually economic determinations made by the unconscious to avoid conflict or interior disintegration. Since narcissists are not acting freely, they are not fully responsible for their actions, and the proper response to their illnesses is treatment, not punishment. There can be no simple equation of evil with illness, for these terms belong to two different "language games" that have different ways of understanding human activity.¹³

Thus, the discourses of psychological health and ethics seem to be deeply at odds in their comprehensions of human activity and ways to deal with it. What are we to do with this conflict? We might, like Nietzsche, want to eliminate ethics as a repressive, dissimulating language that crushes individual spontaneity and coronate health as the reigning value discourse. However, there is nothing in the value of optimizing one's health that would lead one to values of social responsibility or living according to principles rather than individual needs and desires. Such a value system would certainly endanger the fabric of social life.

On the other hand, we could, like Alasdair MacIntyre and Stuart Hampshire,¹⁴ dismiss the notion of the unconscious as having any relevance for understanding and evaluating intentional activity. But, if we do this, then we lose

the most important theory of human behavior developed in the contemporary world and its tools for seeing and dealing with hidden forms of evil. Further, since the theory of the unconscious is now central to the culture, we simply arrive back at our starting place—a culture divided between two incommensurable discourses for understanding and evaluating human actions.

In order to resolve this conflict we need, first, to understand why ethics is so intrinsically bound to a psychology of conscious intentionality and rational control. This we can do by seeing how and why ethics arose in ancient Athens as a value discourse that opposed the reigning normative systems of tradition and desire. Then, we need to analyze the discovery and important mappings of the unconscious to see why the moral psychology of ethics is not only called into question but also exposed as being partially responsible for numerous psychological and social pathologies. Finally, we must find some point of intersection where these crucial discourses can meet and mutually adjust to one another.

I believe this point of intersection is the concept of *maturity*. Maturity is the central concept of psychological health, for health is understood as that which leads to or promotes the achievement of adult functionality. Pathologies are often talked about as fixations at or regressions to earlier stages of development. These regressions prevent us from performing adult functions, enjoying certain facets of adult life, or having mature emotional responses to situations. However, maturity is also the primary value of ancient ethics in general and Aristotle's ethics in particular. Classical ethics is centered on the question of what constitutes the good life, and answers to this question were usually formulated in conceptions of what the life of the fully mature person should be.

Thus, if we return to the question of what a good life might be, of what it means to be a fully mature human being, we can locate a place where the new theory of human nature proposed by the discoverers of the unconscious can

intersect with the concepts, methods, and values of ethics. The value system of health needs such a union because its concept of maturity lacks both a moral dimension and a justification for a number of hidden ethical assumptions. That is, although health's concept of maturity is put forth as an empirical discovery, it clearly contains a number of assumptions about what is valuable in life that it can neither justify nor connect up with a coherent system of moral values.

That ethics also needs to return to a theory of the good is not so evident. In fact, most ethical theorists would probably see such a return as a conservative regression to an unworkable and impossibly biased theory, one which attempts to force all people to live according to a narrow ideal that inevitably favors a certain gender and a certain class. Indeed, the primary conceptual ground for the formation of the modern world was the replacement of the classical and Christian theories of the good by the liberal theory that individuals could choose to determine what was good for themselves and pursue this good so long as they did not violate the rights of others to pursue their own visions of the good. Almost all modern ethical systems have either relinquished a theory of good in favor of rights and moral duties or reduced the good to pleasure that people can define or specify as they please.

Yet, modern ethical theories that lack a notion of what constitutes a good life have come under increasingly powerful attacks for their abstractness, unworkable generality, and especially their inability to justify why individuals should act ethically.¹⁵ While encouraging people to define what is good for themselves and pursue it, modern ethical theories also demand that people constrain their pursuits within a system of justice that respects the rights of others. But why should we curtail the pursuit of our own self-interests for the sake of the rights of others? Despite some valiant attempts by contemporary theorists such as John Rawls, Alan Gewirth, and Jürgen Habermas to give reasons for this constraint, none of these reasons can be compelling for people who understand the rational to be that

which is most effective in achieving what is in their self-interests.¹⁶ Indeed, without some theory of the good, it is difficult to imagine how such an argument could possibly be made. That is, the only argument that could convince committed egoists, who believe they can get away with unethical actions, is to show them that by becoming ethical persons they will reap more personal good.

This is just the argument I will attempt to make in part 2. I will try to show that the people who are most able to know and realize their own good are those who take an ethical stance toward the world. Crucial to this argument will be replacing the modern view of human beings which sees them as independent entities with a set of unspecified desires by a view that understands all humans to have intersubjective origins and relations throughout life and who have a set of basic needs, some of which can not be realized without becoming a person who respects and empathizes with others. This view of human nature cannot be fully developed without a theory of the unconscious.

While I conceive this enterprise as being a resurrection of Aristotelian ethics, it is an Aristotle after the discovery of the unconscious, Darwin's replacement of teleological biology with an evolutionary one, and the recognition that the grounds for ethics must extend beyond the prejudices of the author's particular gender, race, culture, and class. The current concept of maturity is still firmly based in male/upperclass experience, overemphasizing the values of individuation, autonomy, and self-sufficiency, while de-emphasizing values clustered around interdependency, socialness, and intimacy—values that are seen as more central to the lives of women and ethnic cultures. Our new concept of maturity must take into account the experiences of these peoples.

That is, we must be wary not to reinvent a theory of the good that constricts human well-being to a certain form of life, such as the philosophical life that was advocated by almost all the classical ethicists, or the Christian life of piety. Our ideal of the good must allow for a vast variety of

life-styles and choices, but it must also show that no matter what life-style is chosen, it is always to one's benefit to be a moral person. If the discovery of the unconscious can help us establish this conclusion, then it will not be the great enemy of morality as it has so often been taken to be, but, perhaps, its greatest ally. However, we must be careful here, for the moral person we are talking about is not the old conception of a conscious rational agent fully in control of all her intentions, but a new kind of person, one for whom the unconscious is an essential part of who one is as a human being.