

Ethics and the Analytical Process

I should point out that my training, as well as my practice, is eminently empirical. I am a psychologist, a Jungian analyst working for twenty-five years in a clinical practice that has brought me face-to-face with my patients. Because of my psychological rather than philosophical frame of reference, therefore, I propose to deal with the three topics of the issue to hand — that is, ethics, health and illness — from a practical point of view. This is why the topic of ethics and psychotherapy or, more specifically, of ethics and the analytical process, is important to me: one which means undertaking it from clinical experience in a practice that is based on the Jungian framework.

When we talk about psychotherapy, we presuppose that a therapy of the psyche is not only possible, but also desirable. We have to assume that there is psychic illness as well as psychic health. But what does this mean? What parameter can we use to understand health and illness? Is a suffering being a sick being? Could someone who is not suffering, who is functioning effectively in society, be determined as healthy, as a consequence? Is a person who is socially maladjusted by definition, therefore, sick?

By answering affirmatively to these questions and using such unambiguous and apparently safe parameters might lead us to serious errors of judgement. A psychopath, for example, does not suffer and can be very well-adjusted and socially affluent, as can so many successful but corrupt people in society. Is this health? In contrast, those artists who dive into their unconscious, offering renewal, creativity, and questions for society, can obviously suffer and may not always be considered socially well-adjusted. Should we then say that such people are sick?

I believe, in fact, that our reflections on health must go beyond such intrinsic parameters as suf-

fering or adjustment. In clinical practice, patients seek us out because they feel unwell in some way. They may have a symptom that bothers them, or a conflict that they can't resolve; they may turn to us because of feelings of dissatisfaction due to diffuse discouragement, or because they don't feel any of these things and it is just that their wife or husband cannot stand them any longer. Whatever their motivations, our patients bring with them an expectation of cure or relief; our consulting rooms are, after all, heirs of the church confessional on the one hand and the medical practice on the other.

But what is healing, psychically speaking? How can we know *a priori* what is good or bad for our patients? A priest certainly knows how to guide his faithful: for the laws have already been revealed to him and he knows what is sin and what is salvation. The doctor also knows what is good for his patients, whether that might be referral for drug treatment or surgery. The former follows the religious moral code and the latter the latest developments in science pertaining to bodily health. And what of the analyst, what is our work based on?

Whether fortunately or unfortunately, our dealings with the psyche do not permit us advance knowledge of what is good or bad for a given patient (Jung, 1981a) — not if we intend to respect their individuality, essence and uniqueness. I'm therefore speaking from the point of view of analysis, as I rule out any adaptive work as being considered psychotherapeutic.

I will try to avoid theoretical concepts, but some I believe are necessary. We have determined that we cannot know *a priori* what is good or bad for our patients, if we intend to respect their individuality, their essence, if we intend to respect their individuation. Individuation implies becoming an in-dividual; that is an indivis-

ible whole: unique through the differentiation of characteristics that are in themselves universal and archetypal. For, just as no two physical bodies are the same, no two psyches are the same and, therefore, no two individuations are the same.

This raises the question of the ethics of individuation, of the need to actualize what we potentially are. Individuation is a process that leads to the Self as psychic totality. At birth, a baby is not a blank slate but a being that already carries the entire framework of the collective unconscious, as a development potential that is common to humanity. The collective unconscious, unlike the individual unconscious, is not a personal acquisition. The contents of the collective unconscious have not been repressed or forgotten. Instead, we could say that human experience repeated over millions of years has created the residual psychic structures that have become archetypes. These structures, in turn, exert their influence on human experience by tending to organize it according to a pre-existing pattern.

Inherent in the concept of the collective unconscious is the concept of archetype. Archetypes are potentialities, tendencies. They are inherited patterns that structure and coordinate the development of consciousness. An archetype is expressed, on the one hand, as an image associated with the spirit and, on the other, as an instinct associated with biology. Archetypes, therefore, embrace the potential for psychic and bodily development.

I am speaking, thus, of a vision of humanity in which cultural development is inherent to being human, in which the movement towards such development is natural, in which the unconscious is potentially creative. Culture does not depend on the repression of instincts in order to exist; it is natural, it is inherent within human development to form culture. The archetype therefore implies psychophysical potential that can be actualized as long as the environmental conditions are right.

Consciousness is born from the collective unconscious, and from this differentiation the ego is formed as the center of consciousness. Concentration, continuity and directionality are conditions necessary for the development of consciousness. As a consequence, a certain one-sidedness is inevitable and, with this, the opposing polarity to that assumed by consciousness will constellate in the unconscious — and from and concomitantly with the formation of the ego, the shadow from the conscious will form in the unconscious as a depository for everything with which the ego cannot identify.

What we observe in practice is that whenever a conscious attitude has been sufficiently developed, another challenge arises, whether experienced internally or externally. It could be said that in every well-developed form there is always the germ of an opposite. In the Chinese paradox, sunrise begins at midnight. Contemporary physicist Marcelo Gleiser (1997, p. 220) tells us: “The price of the new is the decline in order”. Confucius said that confusion establishes itself when man has put everything in order.

That is, we are in constant movement, in constant transformation. The conscious and the unconscious function in a compensatory way. Not only is the unconscious compensatory in relation to the conscious attitude, but consciousness is also relative to the unconscious content that is constellated at a given moment, in a veritable system of feedback. What is absent within the conscious constellates itself in the unconscious.

In affirming this, we are not referring to mere complementary distribution (Jung, 1981b), but to compensatory functioning that has specific sense, which is that of individuation. Individuation, as we have said, moves towards the Self as psychic totality. Individuation leads us to the path of totality.

The Self, in its archetypal essence, is transcendent and therefore the object of mystical revelations and religions. But as an archetypal image it is immanent and expressed through symbols: as a symbol of the totality, of the

union of opposites, of the organizing core, the source of energy for individuation, the impulse to become who we really are, to establish our own identity.

During the second half of life, it becomes clear that the center of the psyche is not consciousness, the ego, but the Self. It is not what we are in our unique totality that is our subjective responsibility, but rather our responsibility is what we do with this in reality.

When a living organism finds itself cut off from its roots, it loses connection with the foundations of its existence and falls ill. The Self seeks to realize itself despite potential internal or external resistance.

The initial discrimination of the consciousness, in its development, of what is good or bad has naturally generated, as we have seen, the formation of the shadow as the depository of aspects opposite to those with which the consciousness identifies itself. The shadow is easily projected onto others and, as a result, the true nature of the other is lost (Stein, 1995).

The need for individuation, that is, the achievement of the totality of the Self, requires the withdrawal of projections, a confrontation with the shadow; and it is precisely from an integration of the shadow that ethical capacity is activated.

It is necessary to make a distinction here between what we call ethics and moral code. The Greek word *ethos* and the Latin word *mores* seem to have similar meanings as customary ways of acting in society and adopting social values (Proulx, 1994). Morality, however, is associated with an accepted list of rules and values of a given culture; while ethics can variously mean a theoretical reflection on morality by specialists — in this case philosophers — or even the individual capacity to question socially accepted morality, from the point of view of personal ethical awareness. We are talking therefore of a confrontation between collective morality and personal ethics, between moral code and personal ethical awareness.

The significant difference from a Jungian perspective to facing this confrontation is the initiative of the unconscious in relation to it, as we shall see.

Since the work of Freud, it has been common in our culture to identify ethical awareness with the superego as an internalized moral code based on education, the environment and the family. But, as we have seen, we start from the notion of the archetypal and potentially creative collective unconscious, and from this point of view ethics is archetypal and moral code is also the result of human nature itself at a collective level. We would say, therefore, that the unconscious psyche, and not a specific introjected moral code, is the origin of ethical consciousness.

The founder of a new moral code, whether religious, social or political, is always a revolutionary who follows an inner voice and captures the transformations that are taking place in the collective unconscious, and who opposes the dominant collective values of their time. The ability to develop a moral code, as much as the ethics of each individuation, is both archetypal and inherent to human nature.

On an individual level, we could say that there are different ethical needs, depending on the moment of individuation. Initially, the ego differentiates itself from the unconscious and, having identified with a polarity, considered to be good, naturally forms the shadow in the unconscious, depository of the opposite polarity identified with evil. There is an archetypal potentiality, natural for this development, but this moment can still be identified with the introjection of the moral code of the society from which an individual comes and, therefore, with the formation of the superego as the internalization of parental figures representing power and authority.

The ideal ego is formed as part of this same process, as a desire to identify with positive parental figures and the persona, the most superficial segment of the psyche, which has the function of social adaptation.

In a second moment, the psyche determines a need to confront the unconscious and integrate the polarities formed in the shadow, since the Self is seeking its totality. In the shadow, not only repressed and incompatible polarities are found, but also potentialities that could not be fulfilled. The ideal ego and superego then give way to the Self.

The ego can no longer identify simply with the persona, with the ideal ego, and follow the super-egoic moral code. There is a moment when conflicts arise that will lead to the search for a personal ethical conscience, derived from the need of the Self. This is from where conflicts of duty and ethical dilemma arise (Jung, 1981c). Not infrequently, these conflicts begin from experiences of a heavy conscience or dreams that question the egoic stance, questioning that does not always coincide with the moral code. There is the experience of an inner voice, which can be sensed as the voice of God or of the Devil, and which presents the individual with a need that clashes with the moral code.

It is quite possible to reject the inner voice in favor of the moral code, but this betrayal of one's own individuation will have the price of neurosis. Accepting the conflict, living with its ultimate consequences, and establishing a dialogue with the unconscious implies reflection, experience, sometimes suffering and necessarily a broadening of consciousness — and this is the essence of ethical consciousness, the exercise of free will through the experience of a conflict that cannot be resolved solely intellectually, but that requires the whole being to do so. The nature of the ethical solution is in agreement with the deepest essence of the personality, with the whole that encompasses the conscious and the unconscious and therefore transcends the ego. This experience raises for itself the question of life's meaning — what does life want from me?

I believe that this helps to clarify what I said at the beginning about the impossibility of knowing *a priori* what is good or bad for a particular patient. In the unconscious, lies the driving force

not only of individual life, but also of collective history. We are referring to a psyche that seeks new developments in consciousness, whether at an individual or collective level.

Our Western world lives, from the Judeo-Christian myth, the need for perfection and, therefore, the projection of the shadow; God is identified with the *Summum Bonum* and, therefore, evil is seen as the absence of good. It's easy in this context to identify with the persona, with the prevailing moral code, and to project evil onto others, individually or collectively, as for example in the so-called "axis of evil" or in the Israel vs. Palestine conflict, which recently took the guise of the USA vs. the Soviet Union, among others.

Confronting the shadow means accepting one's own imperfection, one's own flaws: only then can one come to terms with one's own sense of individuation, one which can no longer be based on the collective. Only by integrating the shadow can we develop a sense of solidarity, ethical responsibility and tolerance for differences. Only then will the projection of the shadow and the need for a scapegoat in a supposedly ethical struggle to abolish evil finally cease.

In the Middle Ages, collective values demanded acceptance of the Old Testament worldview, and all that was scientific was considered heresy (Neumann, 1991). From the Renaissance onwards, the moral basis moved away from religion towards science and reason; collective values began to demand a scientific worldview, and religious tendencies were condemned as superstitions. From the scientific approach onwards, the myth of objectivity darkly avoids ethical questioning; objectivity is taken as truth and the emotional is thereby excluded, which is an essential part of the ethical conflict.

I think it is now clearer why we cannot use social adaptation and the presence or the absence of suffering as parameters for health or illness. If we intend to look at the ethical question placed in the analytical process, we cannot do so from collective moral values. We need to respect the

individuation of each patient, the actualization of what each one potentially is.

We have observed that individuals who are dissociated from their roots become ill. The Self seeks its fulfillment despite internal or external resistance, and the unmet needs of individuation become physical or psychic symptoms. Life is in constant movement, in constant transformation, and a paralysis of this movement constitutes illness.

We have seen that the unconscious works in a compensatory way in relation to consciousness, in a system of feedback that has the meaning of individuation. Therefore, what is missing from consciousness is found in the unconscious and is expressed through symbols.

It is necessary here to clarify the concept of symbol in analytical psychology. A symbol is the best possible expression of something unknown to consciousness. That's why we talk about the living symbol, full of meaning, which will enrich consciousness. It is very different from both a sign, which is an analogous or abbreviated expression of something known, and an allegory, which is a paraphrase of something equally known.

The symbol, as an archetypal expression, has a biological polarity and can be expressed through bodily sensations or physical symptoms; it also has a spiritual polarity, which can be expressed through psychic symptoms or through widely differing images: in dreams, fantasies, and projections, but also collectively in myths, legends, religions, and art, etc.

The analyst will then try to work towards re-establishing the lost dialog between the conscious and the unconscious, by initiating an elaboration of the symbols brought by the patient. A wide range of techniques can be used for this purpose. By working with dreams, fantasies, projections, transference and countertransference, and with the symbols that appear in the patient-analyst relationship. Different means can be used to give expression to the symbols, such as drawing, clay, the sandbox, or dramatization. Symbolic amplifications can be

made based on patient association or mythological or folkloric material.

In short, there is no single correct technique, just as there is no universal elixir. The widely varying techniques can help re-establish a dialog with the unconscious and, again, each case will require its own specific approach.

It may even be the case that we are not the best analyst for a particular patient and that he or she may develop better with a colleague who has personality traits that better match those of the patient. But how can an analyst be powerful enough to know everything about another person's individuation? As we said at the beginning, we cannot know *a priori* anything that is good or bad for our patients. We will need to walk together on a journey of discovery: unraveling mysteries, opening ourselves up to the new, as well recovering what has been lost along the way; finding that which may prove to be essential to continue a journey in which doubts, fears and uncertainties are to be endured. Accepting the anguish of giving up barriers that once protected us but now suffocate us, raising awareness of conflicts and needs so that the meaning of this life can be recovered, and the dignity and ethics of this individuation rescued.

But what empowers the analyst to be the companion for such an endeavor?

The myth of analysis is certainly that of the wounded healer (Groscheck, 1983). Chiron, the Centaur, who initiated Asclepius into the arts of healing, was an eternally wounded being, and it was precisely from the experience of this eternally open wound that his possibility of healing arose. For this reason, in addition to theoretical training, an analyst needs to have experience and knowledge of their own wounds, one reason why an analyst's own analysis and supervision are essential. The patient who seeks us out identifies as the wounded or sick polarity and projects onto the analyst the polarity of the healer and of health. If the analyst identifies as health and projects illness onto the patient, no transformation can take place. Only when an analyst

comes into contact with their own wounds will a patient come into contact with their inner healer and a new dynamic begin. An analyst needs to be able to take on a patient's illness and experience their wounded side, their own vulnerability. For this reason, a patient is by necessity significant for their analyst's individuation, and this is a path of development together.

If an analyst cannot be mobilized by a patient's wounds, analysis cannot take place;

it will be paralyzed by the initial projection of the analyst-healer and the wounded patient. Like Chiron, it is in reliving our own wounds that we can mobilize creative transformation, opening ourselves up to the needs of the Self, to what life asks of us and to the ethical development of each individuation. ■

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Resumo

Ética e processo analítico

A autora aborda e tece considerações acerca das noções de saúde e de doença na perspectiva junguiana. A seguir, discute o que seria a cura no processo analítico. Tece elaborações sobre o significado da ética do processo de in-

dividuação. Revê a questão da consciência ética individual vis-à-vis com o código moral de determinada cultura. Finaliza refletindo sobre a ética envolvida no processo analítico e na relação paciente-analista. ■

Palavras-chave: ética, saúde, doença, processo de individuação, processo analítico.

Resumen

Ética y Proceso Analítico

La autora inicialmente aborda los conceptos de salud y enfermedad desde una perspectiva junguiana. A continuación, analiza la cura en el proceso analítico, elaborando sobre el significado de la ética del proceso de individuación y revi-

sando la cuestión de la conciencia individual en relación al código moral de una cultura determinada. Finaliza reflexionando sobre la ética involucrada en el proceso analítico y en la relación paciente-analista. ■

Palabras clave: ética, salud, enfermedad, proceso de individuación, proceso analítico.

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