

DETERMINISM AND FREEDOM IN PSYCHOANALYSIS: AWARENESS AND RESPONSIBILITY

A ROUND TABLE DISCUSSION

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Values, determinism and responsibility are basic topics that recur with nagging persistence in spite of unpleasant memories of rehashed clichés and pointless meanderings. They recur, however, for very good reasons. No matter how unsatisfactory our answers, the issues exist and require continuous reconsideration.

The key word in our topic is responsibility. It is the main characteristic of what we mean by maturity, and it is also considered to be very square. This nicely illustrates our dilemma. Because of this atmospheric bias, we may do well to reacquaint ourselves with the word. Its ingredients are response and ability. Ability refers to "being able" to do something, as well as to do it "ably," that is, well. The English word response is less active than the French *répondre* or the German *antworten*, meaning to reply or answer. The German word for responsibility *Verantwortung* seems to be most appropriate as it means to answer for one's actions. The emphasis is thus on our ability to reply adequately to the challenges of a situation according to our best judgment. It includes the necessities of a given situation as well as an activity of consideration and decision on our part.

When we use the word awareness in relation to responsibility we do not mean self-awareness. We mean a more comprehensive awareness. When we are responsible, we are alive to a situation; we note the given requirements; we are aware of our role in it, aware of our potential contribution, aware of what

efforts such action may demand, and aware of potential obstacles and the consequences of our action and inaction. Our evaluation is directed towards the issue, the situation, our evaluation of it, and our plans for it. An analytic self-awareness is always limited.

Analytic self-contemplation is a tool towards greater awareness and responsiveness to the world. While the cure is taken, however, the patient submerges in a partial aspect and loses the larger perspective. It is a problem Freud was well aware of when he established the rule that a patient was not to make major changes in his living arrangements while in analysis. If we treat a depressed patient, and sense a smoldering antagonism against someone, we will encourage a more direct expression of his feeling. The patient may benefit from this airing, but he does not necessarily gain perspective. Chances are he should never have been in the situation he found himself in, that he never participated with interest, and that his own undercurrent antagonism had much to do with creating negative responses in his surroundings. Our assumption or hope as therapists tends to be that an awareness of repressed emotional aspects will lead to a wisely balanced mode of action. This hope is sometimes justified. At other times it leads to a pseudo-insight into other people's action but not into one's own. I think we need to distinguish three separate activities in order to avoid confusion in our own working hypotheses. The most difficult one is our own sound appraisal of the inter-

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acting forces that have shaped the patient's life; second, the activity of empathetic understanding of the patient; and third, our therapeutic activities which bring aspects into focus because we think it helps the patient.

The many post-Freudian contributions to psychoanalysis have led psychiatrists to borrow concepts from different frames of references, to compose their own potpourri without clarifying their basic premises.

Freud started out with a distinct frame of reference: Pathology was caused by conflicts between id and superego forces, which led to repressions and defensive operations by the ego, for which a price had to be paid in energy currency. The aim was to lift repressions, void the need for defensive maneuvering and liberate energy which could then be channeled into constructive causes, an activity he called sublimation. Freud took society for granted and aimed at the individual's creative adaptivity to society. He did not speak of self-realization, as far as I know. He, in fact, concerned himself little with the meaning of sublimation, as his search was directed to childhood conflicts and their pathological consequences. We thus assumed that if we were not victims of pathological processes we would act maturely. Normality was defined by the absence of pathology. This conceptual vacuum concerning good functioning has plagued us ever since. Erik Erikson is the only outstanding author who has and is grappling with this most essential problem. In spite of the popularity of his books, his main messages have not penetrated into the body of our thinking. *Insight and Responsibility* is the significant title of his latest book, indicating that insight has to embrace a sense of responsibility for the area we touch. He sees responsibility as part of a mutually dependent relationship between the individual and society, one giving significance to the other.

The problem of our relationship to society has acquired a sense of urgency. In Freud's earlier years it was not only Freud who took society for granted, but society also took itself for granted. It is well worth while to read the late Franz Alexander's autobiographical comment on the social atmosphere of his early youth:

The world was a good place to live in, and a safe and stable place. Time and space were still absolutes, and so was the

family, the government, and the economic system. For the present-day youth it is hard to believe that at the turn of the century the existing economic and political systems appeared to us as established forever. Gold was a solid basis for trade, four per cent interest on savings was a guarantee of future security, and moral principles and rules of social behavior were settled. Such critics as Shaw, Ibsen, Wedekind, Kierkegaard and Nietzsche had not yet found a public hearing and were considered to be eccentrics, neurotics or malcontents.

The emphasis is on security and on the acceptance of the basic mores. Therapists, then, knew what they meant by normal behavior without having to define it. Our present era is distinctly different. Traditions are uprooted. The slogans speak of the age of anxiety, the isolation of man, alienation, the meaninglessness and absurdity of life. In Freud's time society seemed well structured and difficulties arose from excessive superego restrictions. Our problems are basically different from those which Freud confronted. We deal with individuals who are lost, not because of excessive pressure, but because meaningful patterns are not readily available. The individual has to structure his own life. He has freedom and choice. But if he fails to exercise these prerogatives, he finds himself a meaningless body in a meaningless situation. The pendulum also has swung in another area. A steady society and established mores favored superego activities and repression of inappropriate subjective feelings and impulses. Now we are apt to encounter people who have unearthed all shades of emotions, but who do not know what to do with and where to take their discoveries. The problem does not lie in the existence of these feelings, but in the absence of a frame of existence. They do not know what to expect of themselves, what good functioning means, where their behavior is inadequate, and where they have to make some effort in order to achieve a more desirable way of existence. I would like to stress that disturbing feelings, resentments, depressions, jealousies and irritabilities exist very often not because of the associative antecedents to these feelings, but because of an absence of vision of a better way of proceeding.

Many of our discussions about values have been very misleading. We speak about values as if they were purely a matter of self-determination. We do have choices, but they are within the limits of the essential requirements of a situation. If you plan a garden you can choose between grass, flagstones, perennials, annuals, trees and bushes in any variation but only within the limits set by the size and shadiness of the garden, by the condition of the soil, by your willingness to give time and care, and by the individual requirements which go with the function of our particular role. Choice and individual approaches are subject to our respect for these inherent necessities.

The phrase "having choices" obscures one basic condition: if we do not make decisions other forces will shape our lives. Patients have a way of complaining about the meaninglessness of an activity, as if life has cheated them out of something which is due them. The meaninglessness then justifies their neglect of whatever they were supposed to do. Meaning comes with individual care and mastery of some appropriate skill—an unpopular requirement for our present life style of alienation and absurdity. Timestyles have always existed. Our lifestyle concerns us only at the point where alienation stops being fun and real trouble develops. We see so many young woebegones who self-consciously meander into nothingness and suddenly hit bottom.

The worst thing we can do for these patients is to stress that they are the unfortunate victims of undermining home or life situations. This is not easy, as we are deeply steeped in deterministic psychology. We may believe in instinctual determinants, if we are orthodox. We believe in cultural determinants if we are

NeoFreudian; we see determinants in interpersonal processes if we are Sullivanians. Or we conceive them in the intricacies of neurotic conflicts if we are Horneyans. Even the Existentialists, avowed enemies of determinism, end up by chaining the patient in a world conceived by himself as they are apt to minimize goals and existing structures. Of past masters, only Otto Rank conceded a will to the individual. The moment we formulate neurotic drives as compulsive, as driven by anxiety, we show disrespect for the individual's most precious possession: that, for better or for worse, he did have a mind of his own and that much of his behavior, be it neurotic or not, was decided and intended. It was not an automatic response but his answer to the situation. We have to understand previous and present life circumstances and to appreciate the outer and inner difficulties. But the patient needs to know that his response was his. It may have come naturally; it is usually understandable; it may have been justified or foolish, but it was his.

Our maxim with children is that they will not be responsible unless we give them responsibility. The same may be said of our patients. We cannot expect them to develop a sense of responsibility if we do not concede them responsibility for their past and for their present life.

In summary: The goal of mental health has to encompass the integrative quality of behavior which we call responsibility. We have thought of the individual in isolation rather than as an integrative part of society. We have thus deprived the individual of his functional role. Both society and he will greatly

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