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Origins of the ethical attitude

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Abstract: This paper seeks to explore the genesis of the capacity for an ethical attitude, personally and professionally. As analysts working in intimate clinical settings, ethics is at the foundation of our professional lives, as it is at the foundation of our humanity and what it is we struggle towards in our own personal development.

The ethical attitude presupposes special responsibilities that we choose to adopt in relation to another. Thus, a parallel situation pertains between caregiver and child and between analyst and patient: they are not equal partners, but nevertheless are in a situation of mutuality, shared subjectivity, and reciprocal influence.

The basic premiss of this paper is that the analytic attitude is an ethical attitude, and that the ethical attitude is a developmental achievement, and as such it may reach beyond the depressive position.

Key words: analytic attitude, beyond the depressive position, ethical attitude, neurosciences, shadow.

Introduction

Edward Bond, the contemporary British playwright, in a conversation with John Tusa on Radio 4, defined the pursuit of humanness in terms similar to those that I have in mind when I think about what it means to have an ethical attitude, whether in our professional work or in our lives as ordinary human beings. He said that in pursuing our humanness – which, he added, is a need, not a want – we struggle to enact our humanity, which may be to refrain from enacting something; to listen to the totality of the reality that we have in our minds; then to make a choice; to eschew codes and rules; but to develop imagination through the ongoing pursuit of truth, justice, and aesthetic and philosophical reflection; to keep humanness actively alive in the psyche.

In considering what it means to be human, Bond touched on a number of aspects that are also basic to ethical thinking and behaviour. First, it is an active and energetic way of being, without necessarily acting, or indeed without enacting, something. For example, we know that in working with our patients there is considerable effort involved in dealing with the forces of the repetition compulsion and our unconscious collusion, as analysts, with it.

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Bond suggests that the pursuit of humanness is hardwired in us (a need, not a want) and therefore innate, a drive. He evoked the image of 'listening to the totality of the reality that there is in one's mind'. This is similar to the analyst's examination of the total transference/countertransference situation. It is only then that a choice of whether or not to act is made, and, if so, how to act or how not to act. He stipulated that being human was not about blindly following a code, although I would argue that having a written code of professional ethics can be very useful, especially if we are charged to judge whether and in what ways another, a colleague, or indeed we ourselves have transgressed into unethical behaviour. But to stay with the spirit of what Bond was meaning, to be human means to not blindly follow a code, but to pursue justice and truth, and to develop imagination through aesthetic and philosophical reflection, using our vast internal repertoire, and then to make a choice – a choice to say something, to do something, or to not do or say something. And finally he spoke of the need to work at keeping humanness alive in the psyche. In Bond's view, to be human is to be ethical, and to be human and ethical requires energy, and sometimes suffering, and certainly mental struggle.

In working with pragmatic ethical issues in professional Ethics Committees, I began to consider such underlying questions as, where does a capacity for ethical thinking and behaviour come from? Is it innate, or do we learn it? Are we born with an ethical capacity – is it an archetypal potential that awaits activation by the right circumstances? Or do we learn it through socializing processes and the quality of our object relations? And why is there so little about the origins of the ethical attitude in analytic literature?

The more I thought about these questions, the more I realized that ethics is with us professionally all the time in the consulting room, hour by hour, day by day. Even though we are not necessarily made consciously aware of our ethical attitude as we work, we are, as professionals, constantly living within an ethical dimension. Every action that we take in relation to our patients and supervisees has an ethical aspect which, if ignored, can have serious implications for our capacity to maintain the analytic attitude, the analytic frame, and to do our analytic work.

Historical perspectives

Over and over in the *Collected Works*, Jung stressed the centrality of moral and ethical values as being deeply implicated in psychotherapeutic treatment. He stressed the emotional value of ethical ideas and the fact that ethical issues require that affect and thought struggle together to reach ethical discernment (see, for example, Jung 1964, paras 855ff).

It is, therefore, surprising that, with a few notable exceptions, there is a dearth of theoretical work or published clinical material within psychoanalysis or analytical psychology that seeks directly to address the nature and origins of the ethical attitude, whether in developmental or archetypal terms.

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Furthermore, there is little attempt to locate it as an intrinsic component of the self and of the analytic attitude which seeks to protect the development of the self and of that so intimate of relationships, between patient and analyst.

Both psychoanalysis and analytical psychology have formulated theories that seek to understand those psychic states and mechanisms that can affect the attainment of the ethical attitude and the conditions that underpin it, including what may happen within the personality that can prevent or block its attainment. Freud and Jung shared common ground in viewing the psyche as suffused with the ubiquitous presence of unconscious conflict, of psychological processes and behaviour that are multi-determined and multi-motivated, of unconscious and subversive impulses and desires that can undermine conscious intent, and of the counterbalancing possibility within the psyche of conscious ego choice, moral energy and ethical struggle. To this shared view, Jung added a deep conviction regarding the overriding teleological nature of the self's continued search to become itself, even in the face of dire internal resistance or malign external forces. All these elements are components of a profound view of the psyche that has a direct bearing on our understanding of the attainment of an ethical attitude.

Freud pointed to the development of two regulating systems relevant to moral behaviour that seem to reflect the operation of the talion law and the principle of agape respectively. They are: (i) the superego, which is related to the internalization of (usually) the parental figures representing power and authority and capable of evoking in talionic ways such affects as shame, humiliation, the fear of revenge, and the desire for triumph; and (ii) the ego ideal, based on more agapaic emotions such as empathic guilt and the wish to preserve and identify with the internalized good parents. Later, Klein would elaborate the dual system of the paranoid/schizoid and depressive positions. Although she did not specify them in these terms, the paranoid/schizoid position may be thought of as operating according to talionic principles, and these may give way to the more agapaic responses of the depressive position through the capacity for concern and reparation.

For Jung, the understanding of the teleological unfolding of the self operating through the transcendent function over the stages of an entire life underpins a view of the self's ethical capacity. In particular, the recognition and integration of the shadow is crucial to the self's capacity to develop and grow, to individuate and thereby to fulfil the self's ethical nature. As Murray Stein (1995) has said, 'for Jung ... ethics is the action of the whole person, the self'.

Jung repeatedly acknowledged (for example, Jung 1959/1968, paras 14–16) that the shadow is a moral problem that challenges the whole of the personality, requiring considerable moral effort to overcome, and meeting considerable resistance in the process of gaining self-knowledge. The shadow, that portion of the self that the ego designates as bad and projects as unwanted, carries what is treacherous and subversive – what is unethical and

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immoral – within the self and hides it, relegating its contents to unconscious areas within the psyche where it can then be lived out in projection, using and abusing the other as a vehicle for holding the bad aspects of the self. To withdraw shadow projections can require tremendous struggle of an ethical nature, bringing to consciousness what is unconscious and projected.

To the extent that the other is used as an object of projection, the self remains thereby split and diminished, evoking narcissistic self-care defences that are often perverse in nature. Thus can the knowledge of the true and subjective reality of the other be lost. In accepting the pain of engaging in the struggle to overcome such splits and to integrate the shadow, the ethical capacity will have been activated, and meaning and value thereby generated.

Philosophical perspectives

It is not possible in this context to review the entire philosophical literature regarding ethics. For the purposes of this article a brief selection is made that seeks to elaborate and underpin the argument.

The self is not called upon to be ethical in a vacuum. In the struggle to integrate the shadow, the self must recognize the substantive reality and subjectivity of the other. Buber's (1937/1958) concept of the I-thou relationship as a dialogistic encounter between two subjectivities has relevance here. The teleological project of the self to achieve wholeness requires the withdrawal of projections and the integration of their contents. The self cannot be whole if parts of it are unknown and projected outside itself, in particular its immoral and unethical parts.

It is integral to the notion of the self that it is at once separate *and* related, divided within itself and instinctively seeking integration and relationship. The contemporary moral philosopher Bauman (1993) has pointed out that the self's ethical capacity is derived not from shared ontological reality – the facts of shared existence – but rather from value and meaning which are different, higher and unconditional. This is a philosophical position similar in kind to Kant's notion of the categorical imperative. It is the unique and non-reversible nature of my responsibility to another, *regardless* of whether the other sees their duties in the same way towards me, that makes me an ethical being.

Where does this value, this meaning, this sense of unconditional responsibility, come from? How do we account for the self's willingness to tolerate the ethical burden, that real struggle involved in the withdrawal of projections and integrating the shadow?

Neuroscientific perspectives

The internalization of the experience of non-talionic relating nourishes psychically, mentally and emotionally, as recent neuropsychological research has indicated (Schore 1994). The early experiences of a very young self just

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beginning development occur, in Fordham's (1969/1994) terms, through the processes of deintegration and reintegration and within the context of a holding environment. This environment, which can be envisaged as a familial breast, allows the infant the experience of being held without undue fear of retaliation or undue regard to placating another for its survival. This allows the young self securely to experience the freedom to express him or her self as an authentic being. When these conditions are not met, pathologies of the self arise. This total situation in turn becomes the basis for the potential eventually to develop an ethical capacity.

The new field of psychoneurobiology has shown that the development *post partum* of the neural circuitry and structures of the infant's brain which regulate the development of the higher human capacities (i.e., cognitive and socioaffective) are dependent on the existence and quality of the early interactions between infant and mother or caregiver. Daniel Stern (1985) has made a powerful contribution to this area from the field of developmental psychology, where he has analysed the different modes of fit and attunement between the infant and its mother that create the basic patterns of being and becoming that characterize individuals as their unique selves. The emphasis here is on mutuality, with both infant and mother actively generating exchanges, with direct impact on the development of the infant's neural circuitry.

Thus, since the infant instinctively seeks to participate in activating the type, number and timing of these mutual exchanges, we can infer that the infant, a proactive partner, is thereby participating directly in the development of its own neural circuitry, in its own neural growth. Moreover, it is this particular circuitry that determines the cognitive and socioaffective activity, which must eventually have bearing on and underpin the achievement of these higher psychological capacities, including the ethical capacity. This suggests that there are grounds for considering that the ethical capacity is, at least in part, innate, derived from the earliest, instinctually driven exchanges with its primary caregiver, including exchanges initiated by the baby and, at least in part, influenced by environmental factors, by the impact of that very caregiver's capacity to be responsive to and to initiate appropriate and meaningful interactions with the self (see Solomon 2000a, for a fuller discussion).

Emergence of an ethical capacity

In considering these questions and perspectives, I wish to offer an image to highlight an archetypal potential for ethical capacity. In thinking about the possible origins of the ethical attitude, a primordial image emerges of a combined parental – or perhaps a combined familial – picture. What I am combining is Winnicott's (1964) evocative notions of primary maternal preoccupation leading eventually to the ordinarily devoted mother and the notion of the discerning, discriminating thinking function which is often imaged symbolically in masculine, paternal terms. It is through the combination

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of these functions – of devotion and thinking – that the ethical attitude is maintained in the parental couple, eventually internalized in the psyche and activated as the self and ego in dynamic relation. This is first experienced by the infant as its recipient as an evoked archetypal potential in the self, with, I would conjecture, a mixture of unconscious identification and gratitude – also unconscious but experienced bodily as 'not-anxiety'. The function of the ordinarily devoted mother is a deeply ethical mode in its instinctual and unconditional devotedness to another, her infant, overcoming her narcissistic needs and frustrated rages, her shadow projections, and resisting by and large the impulse to skew her infant's development through undue acquiescence to her requirements. Of course, later she will leave this state of primary preoccupation and devotedness and will begin the processes of socialization which are so necessary a part of ethical development – the capacity to say, in different ways, 'no', thereby establishing boundaries and expectations of self regulation, including those in relation to others. To this image of ordinary devotedness to a nascent self I am combining the notion of the discriminating and thinking function of the masculine principle. The activation of an archetypal potential for eventual ethical behaviour will be thus reinforced in ordinary, good enough situations by caregivers capable of sharing acts of thoughtful devotedness and of empathic thinking about their infant.

I am conjecturing that the identification with and internalization of the agapaic function of the parental figures in their empathic holding as well as their thinking and discriminating aspects trigger or catalyse a nascent ethical capacity in a young mind, the first steps of which include those primitive acts of discriminating good and bad which constitute the foundations of splitting and projection. Early (as well as later) splitting and projecting may therefore be instances of primitive moral activity, what Samuels (1989) calls original morality – the expulsion from the self of what is unwanted and felt to be bad onto the other, where it is identified as bad and eschewed. Even in situations where the good is split and projected, it is in the service of maintaining a discriminating, but highly defensive, psychic structure. So we come full circle: the primitive acts of discriminating the bad, and splitting it off from the psyche by projection into the caretakers, constitute the very preconditions for the creation of the shadow which eventually will require a further ethical action of reintegration – a first, primordial or prototypical moral discernment prior to the state where there is sufficient ego strength for anything resembling proper moral or ethical behaviour to arise.

As we posit, following Fordham (1969/1994), the self as a primary integrate, autonomous but very much in relation to another or others, so we are alone as moral beings while at the same time finding our moral nature in relation to others. To truly find another represents a transcendence of narcissistic ways of relating in which the other is appropriated for use in the internal world, denying the other's subjective reality. To live with the implications of this – a capacity to recognize and relate to the truth of the other – is a step in the

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development of – and perhaps eventually beyond – the depressive position. The depressive position is usually considered to contain acts of reparation through guilt and fear that the object may have been damaged and therefore may be unable to go on caring for one's self (Hinshelwood 1989). As such, acts of reparation remain contingent on preserving the other for the benefit of the self. The ethical attitude envisaged here goes beyond this contingency and suggests a non-contingent realm of ethical behaviour. This situation has direct implications for what transpires in the consulting room between the analytic couple (see Solomon 2000b for further discussion).

Emergence of an ethical capacity in the consulting room

Much of the work between patient and analyst concerns the vicissitudes in the modes of and capacity for *coniunctio* between them. Jung emphasized the importance of mutuality in the relationship between patient and doctor, and he was very aware of the psychological dangers and ethical pressures that arise from this, as aspects of what he called unconscious identity, or *participation mystique* (Jung 1964, para. 852), now usually conceptualized as projective identification, in which primitive levels of communication can lead to states of greatly reduced psychological differentiation between the two individuals within the relating pair. This is now thought of as the countertransference. However helpful such states may be in providing immediate conduits for unconscious communication, thus enhancing countertransference information, the very real dangers are clear. Unconscious identification without the discriminating function of thinking and reflection can lead to the perversion of the ethical attitude. Boundaries may then be crossed, unhelpful enactments occur, actings out become possibilities, and the safety of the container lost, curtailing thereby the psychological freedom necessary to carry out the analytic work (examples of which are set out in detail by Gabbard & Lester 1995).

The 'special act of ethical reflection', as Jung called it (Jung 1964, para. 852), as it appears in the consulting room, itself requires special conditions, in particular the maintenance and protection of boundaried space, the *vas bene clausum*, or in Langs' (1974) terms, the analytic frame. In the unequal analytic relationship, maintaining a boundaried space ensures that the analytic work may proceed safely and with the necessary analytical freedom so that regression and states of powerful deintegration and sometimes dramatic disintegration can occur. Inevitably, the analytic frame may be called into question, and in this volume Wiener (2001) has discussed some of the issues that may be involved, requiring the maintenance of what she has called 'ethical space'. This indicates the importance of ongoing supervision or consultation in analytic practice post qualification.

The unbalanced nature of the analytic dyad resembles the situation that I described earlier in which one person takes on unconditional ethical responsibilities towards another who is not obliged to reciprocate in an equal way; so, too, in the consulting room, where the analyst undertakes the maintenance of an

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ethical attitude which the patient is not called upon to adhere to in the same way. Of course, the patient abides by other rules, such as payment of fees and regular attendance (within certain parameters). In the urgency of the analytic situation, unconscionable pressure may be brought to bear on the analytic relationship, putting both participants at risk. The situation can be experienced in such a drastic way that neither patient nor analyst feels that a solution is possible. Lambert (1981) has discussed the importance for the ongoing treatment that the analyst maintain an agapaic function in the face of the patient's and the analyst's own impulses to behave according to the talion law. If such pressure can be contained in the holding environment of the analyst's capacity for agape, it is then that, as Jung stated, the transcendent function may be evoked.

For example, a supervisee was seeing a patient three times per week in an analysis that had been established over some time when it was discovered that the patient was paying the analyst with money that was the result of milking the system in which she worked. In her work the patient was responsible for uncovering the fraudulent activities of others, a responsibility in which she took great pride and satisfaction. She was in a relationship where her partner was always sailing close to the wind regarding criminal behaviour, and their marital home had been acquired substantially through ill begotten gains. Accepting the fraudulent money brought into question whether the analyst was drawn into the patient's perverse system, and the implications of this touched on the supervision which was being paid for in part by the patient's fees. Should the analyst accept the money in the hope that through the analytic work the patient would be able to reach an understanding about her need to behave in a near criminal way, so to increase the possibility of her leading a more ethical life? Should the analyst confront the patient and refuse to accept the money? Does the analyst have responsibilities for reporting the situation to the referring agency, or even to the patient's employers? What were my role and responsibilities as the supervisor?

In this case, the action of the transcendent function as it arose in the patient was provisional and complex, involving both concrete enactments and symbolic representations. The patient became pregnant and went through to term, withdrawing from work for a prolonged maternity leave. She continued with her analysis at a less intensive rate, and allowed herself to become an ordinarily devoted mother, not without ambivalence, but with some positive internal psychic changes. The supervisory couple considered that it was in part through actively and empathically discussing together the ethical dimension of the patient's situation, without relaying this overtly to the patient, that made it possible for the patient to move on psychically.

Beyond the depressive position

If the attainment of an ethical attitude is a developmental achievement, then we could venture a view that the ethical attitude is a developmental position.

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In Hinshelwood's (1989) definition, 'position' is 'the characteristic posture that the ego takes up with respect to its objects'. The emphasis I would make is on the *quality* of the relationship between self and other and the meaning of the relationship for each – an interior and exterior situation.

Jung stressed the teleological view of the self in which the innate capacity for the self to become itself through the process of individuation was a fundamental aspect. An ethically mature attitude is not predicated on the ethical behaviour of the other towards the self, but rather is founded on the earliest experience of the unconditional devotedness of another in relation to the self, regardless of the self's relation to the other. In Klein's view, on the other hand, the capacity for guilt, concern and the wish for reparation seen in the infant results from the self's capacity to imagine the damage it has caused the other and thus how the other's wish or capacity to go on loving and caring for the self may be diminished or disappear. It also represents the concern for and fear of the loss of the self's own internal good objects which are necessary in supporting the ongoing viability of the self and without which psychic dissolution may occur (see Klein 1935, pp. 282–310; 1940, pp. 311–38). Here is an internal accounting system at work which remains related in this way to the anxieties evoked by the talion law of the paranoid/schizoid position.

In the teleological perspective in which the self is always becoming more itself, the self is supported in its development through the symbolic capacity of the transcendent function and the creative resources of the unconscious. In speaking about the struggle with an ethical conflict which can leave the person feeling locked in a dilemma from which there seems to be no possible development or recourse, Jung states:

> The deciding factor appears to be something else [than an accepted rule or custom]: it proceeds not from the traditional moral code but from the unconscious foundation of the personality. The decision is drawn from dark and deep waters. ... If one is sufficiently conscientious the conflict is endured to the end ... The nature of the solution is in accord with the deepest foundations of the personality as well as with its wholeness; it embraces conscious and unconscious and therefore transcends the ego … a conflict of duty [finds] its solution through the creation of a third standpoint.
>
> Jung 1964, paras 856–7

We have seen that it is not always possible to achieve a positive outcome to the struggle to find another in such a way as to relate in an ethical manner. This is as true in the consulting room as outside it, and involves an ethical struggle on the part of patient as well as analyst. It may be that the achievement of an ethical attitude will depend on the apprehension of being related to ethically, prior to the development in the self of an ethical capacity. Freedom from appropriation for narcissistic use in another's intimate, internal world, may precede the ability to relate ethically to an intimate other. This is the result of the rule of abstinence, whether familial between generations, or professional, between patient and analyst, who are also of two different

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(analytic) generations. In conditions where such freedom was not available, the self may have had to devise ways of protecting itself from such incursions, erecting defences of the self, and a loss of ethical capacity may have ensued. Much analytic work is then devoted to reinstating this freedom, through facing up to the inevitable forces of sabotage which seek to undermine the ethical, analytical work.

Conclusion

The struggle for psychological wholeness and the integration of the projected shadow brings pain and requires sacrifice. But it is also a satisfying achievement to the self to attain ever increasing states of truth, moral freedom, meaning and value. The achievement of an accommodation between the conflicting needs for closeness and the need for differentiation and separation require the self to be in constant struggle with itself and with the close other, the pitfalls of which are seen in the varieties of narcissistic object relating that occur outside and inside the consulting room. This struggle is at the source of the ethical capacity. It is when the fit between states of closeness and states of differentiation is wrong, skewed, or intolerably uncomfortable, that we can find ourselves cast out of the ethical domain and into a part object, perverse way of relating.

The analyst attempts to provide an ongoing and reliable experience of an unconditional analytic and ethical attitude that survives, despite the patient's attacks or evasions and despite the analyst's failures and absences, so that the patient may develop and grow. In the course of this process, psychic wounds, some of which were based on earlier ethical failures of the original caregivers, may be given an opportunity to be transformed.

In this article I have explored ways in which the self finds, defines, creates and struggles with ethical value. An ethical attitude is a crucial part of the analytical and psychotherapeutic relationship, and not just an addendum to the practitioner's work. It may take some time in working analytically for a practitioner to appreciate how integral the ethical attitude is to analytic work. It is just as difficult a task for the patient. If it is experienced by the analyst simply as the patient's problem, then analytic work may become no more than an intellectual exercise, and the Code of Ethics a mere checklist that may be forgotten as long as it is not transgressed. Analytic practice and the ethical attitude are intimately bound together; each permeates the other and defines and gives value to the other. This reflects the analytic relationship itself in which, as Jung stressed, both partners make themselves available to, and are liable to be changed by, the encounter with the other. This is the essence of the analytic work and of the ethical attitude. Thus, we may say that the analytic attitude is an ethical attitude and therefore that the analytic attitude is embedded deeply within our humanness.

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Translation of Abstract

Cet article cherche à explorer la genèse de l'attitude analytique d'un point de vue personnel et professionnel. Pour nous analystes qui travaillons dans l'intime mis en place dans le cadre de la clinique, l'éthique est au fondement même de notre vie professionnelle, comme elle est au fondement de notre humanité, et de ce avec quoi nous nous bataillons dans notre développement personnel. L'attitude éthique présuppose des responsabilitiés que nous choisissons de porter dans la relation à l'autre. De ce fait, on peut voir un parallèle entre la situation qui existe entre l'enfant et celui ou celle qui en prend soin, et la situation entre l'analyste et son patient; ils ne sont pas des partenaires ayant des positions égales, tout en étant cependant dans une situation de mutualité, de subjectivité partagée, et d'influence réciproque. Le présupposé de base est que l'attitude analytique est une attitude éthique, que l'attitude éthique est une réalisation du développement, et en tant que telle, cette attitude peut tendre vers un dépassement de la position dépressive.

Diese Arbeit versucht die Entstehung der Fähigkeit für eine ethische Einstellung zu untersuchen, sowohl im persönlichen als auch im professionellen Bereich. Für uns Analytiker, die in intimen klinischen Settings arbeiten, befindet sich Ethik am Grunde unseres beruflichen Lebens, so wie sie sich auch am Grunde unserer Menschlichkeit befindet und dasjenige darstellt, auf das hin wir uns bemühen in unserer persönlichen Entwicklung. Die ethische Einstellung setzt spezielle Verantwortlichkeiten voraus, die wir uns in der Beziehung zu anderen anzunehmen entschlossen haben. So gibt es eine parallele Situation zwischen Fürsorgeperson und Kind einerseits und Analytiker und Patient andererseits: keine gleichen Partner, sind beide jedoch in einer Situation der Gegenseitigkeit, geteilter Subjektivität und reziproker Einflußnahme aufeinander. Die Grundannahme besteht darin, daß es sich bei der analytischen um eine ethische Einstellung handelt, und daß die ethische Einstellung darüberhinaus eine Leistung in der Entwicklung darstellt, die als solche über die depressive Position hinaus reichen kann.

In questo lavoro si tenta di esplorare la genesi della capacità di un atteggiamento etico, da un punto di vista sia personale che professionale. In quanto analisti che lavorano in un setting clinico privato l'etica è al fondamento della nostra vita professionale, come lo è al fondamento della nostra umanità e nel nostro sviluppo personale noi lottiamo per raggiungerla. L'atteggiamento etico presuppone responsabilità particolari che noi decidiamo di assumerci nei confronti di un altro. Esiste una situazione parallela tra chi cura e il bambino e tra analista e paziente: essi non sono partners uguali, purtuttavia sono in una condizione di mutualità, di soggettività condivisa e di influenza reciproca. La premessa di base è che l'atteggiamento analitico è un atteggiamento etico e che l'atteggiamento etico è una conquista evolutiva e in quanto tale va oltre la posizione depressiva.

Este trabajo busca explorar la génesis de la capacidad para una actitud ética, personal y profesionalmente. Como analista que trabaja en la intimidad del contexto clínico, la

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ética se encuentra en el fundamento de nuestra vida profesional, tal como se encuentra en la base de nuestra humanidad y en aquello por lo cual luchamos en nuestro propio desarrollo personal. La actitud ética presupone responsabilidades especiales que escogemos adoptar en relación al otro. Por lo tanto, se puede establecer una situación similar entre quien cuida y el ni-õ bajo su resposabilidad y el analista y su paciente: ellos no participan en igualdda de condiciones. pero sin embargo se hayan en una relación de mutualidad, de subjetividad compartida, y de influencia recíproca. La premisa básica es que la actitud analítica es una actitud ética, y que la actitud ética es un logro del desarrollo, y en consecuencia ella debe estar mas allá de la posición depresiva.

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