

Ethics and Psychoanalysis

(Belgrade - FINAL)

'man is not only far more immoral than he believes but also far more moral than he knows,' S. Freud, The Ego and the Id, 1924

For the most part ethics are universal and not unique to psychoanalysis. In the famous saying of Hippocrates, do no harm. This sober advice remains the central edict of professional ethics. Much of ethics is enshrined in law, no violence, no theft, no fraud. It remains true that some of the ethical complaints which come to ethics committee and professional regulators are of this sort. Mostly ethics and ethical codes are written in terms of the does and don'ts of behaviour.

However, I think we also want to understand ethics in a deeper way and to consider whether psychoanalysis contributes understanding into the meaning of an ethical attitude. Freud's discoveries of the unconscious mind have radically re-oriented our views of morality and religion. You may notice in the quotation from Freud with which I have prefaced this talk, he distinguishes between beliefs and knowing. Ethics is not just about being good or right in a moral sense of which some higher being approves or punishes. Knowing and being truthful is an essential component of ethics. Ethics crosses over between behaviour and beliefs, ideals and states of mind. Psychoanalysis has helpfully clarified these categories and the connections between them, but it is a bumpy road to this knowledge. However, in the spirit of Andric, we can take some signposts along the road from psychoanalysis. Also in the spirit of Hippocrates, perhaps psychoanalysis can modestly help prevent damage.

Psychoanalysis goes beyond the literal and the concrete. It goes beyond the law to states of mind. Ethics requires of us a special psychoanalytic attitude towards depth and truthfulness. It requires a special understanding of boundaries. Boundaries as understood by psychoanalysis can be fixed, as in generational boundaries, professional boundaries, the limits of time and place. They can also be flexible and permeable as in the necessity to communicate and get across to someone how we feel. Boundaries in both permeable and impermeable senses requires an attitude towards truth and a care for the object.

In this presentation I wish to start with a description of how Freud began to change the world through his understanding of the meaning and interpretation of things. His questioning of beliefs and feelings began a journey towards truth which required creating new boundaries and a psychoanalytic attitude. I take this further with an introduction to something we find difficult to understand and put into words, which we normally call depth. Finally, I want to address the need for institutional processes to guard against these processes going wrong and doing harm to both patient and analyst.

Part I: The Beginnings and Some Foundations

I shall start by illustrating the experience of the psychoanalytic attitude from the very beginning of psychoanalysis with the famous case of Anna O, the patient of Josef Breuer, which was described in the very first psychoanalytic book, *Studies in Hysteria*, in which he describes the first breach into the realms of the unconscious. Historical research and hindsight have thrown important light on the case of Anna O. In order to take us into the psychoanalytic experience I will refer to Ron Britton's re-

interpretation of the case in his book *Sex, Death and the Superego*. As well as describing the origins of Anna O's hysteria in modern terms Britton points out that Breuer only partially describes how the case came to an end. Freud described the full version later. I will use this new understanding to illustrate the depth and the complex emotional mix ups that psychoanalysis began to investigate.

In his paper in *Studies in Hysteria*, Breuer describes having spent hours listening to Anna O, a severely hysterical woman who had retired to bed. It was clear that she was very attached erotically to her father and identified with him as he became ill and later died. Her mother excluded her from his bedroom and Anna O retired in an ill state to her own bedroom. She identified the start of her illness to an hallucination when she was nursing her father. Breuer her psychiatrist became a frequent visitor listening to her thoughts, day dreams and memories at her bedside. Between them they established the value of what she called 'chimney sweeping', the clearing of her mind of all sorts of imagination. Breuer listened to her for hours. This brought her considerable, though temporary, relief. The traumatic theory of cathartic recovery which Breuer used to explain her state and her improvement seemed to be justified, but this cure required Breuer's constant presence. In the process Anna O developed a close relationship to the newly married, Breuer. When in the care of any other doctor her state deteriorated dramatically.

When she seemed to recover from her father's death, she decided to end the treatment. In Breuer's description of the ending, Anna O arranged the last session with him in which she re-enacts the traumatic hallucination of a black snake coming towards her father, which she had when she was nursing him. This seemed to be a

cathartic finale. However, as he left Breuer was then informed of an even more frightening sequel, that Anna O was about to be delivered of his baby. This hysterical allegation frightened Breuer so much that he abandoned his patient and transferred her to another psychiatrist and to a sanatorium outside Vienna. Breuer disclosed this second version of the ending to Freud later, who commented that at this moment Breuer held the key to the neurosis in his hand and he dropped it. The key being the understanding of transference. Anna O's belief in her unconscious hysterical fantasy of the erotic relationship to her father had been transferred on to Breuer. Freud had the idea of an interpretation of this phantasy which might alleviate the traumatic consequences of this belief, an alternative to cathartic re-enactment.

The claim that Anna O was about to have Breuer's baby was not a claim of a boundary violation of which a physician needed to be frightened. After All, Anna O was not in fact pregnant, but this ending was traumatic for Breuer. In the background to Breuer's treatment of Anna O was his own marriage. His new wife was resentful of the time which Breuer spent with his patient. During the treatment Breuer hospitalised his patient rather than continue his sessions in Anna O's bedroom. His wife became pregnant and gave birth during this time, a fact which would have been known to Anna O. Breuer also had to defend himself against Anna O's romantic attachment to him, an obvious fact that he never spoke of and about which he never disclosed his own feelings. It would have been recognisable to Freud that what later became understood as countertransference, also contributed to Breuer's abandonment of his patient.

So in the first psychoanalytic case we can see many of the forces that Freud came to see as central to the mind. Firstly, the wildness of erotic and libidinal wishes, which are normally unconscious but in extreme and ill states, become manifest in a modified form. Freud uses this understanding to develop his theories of resistance and repression, the existence of drives and the structuring of the mind in the form of an Oedipus complex.

Secondly Freud discerns the repetition of Anna O's fantasies and wishes in the transference towards her doctor. Breuer is able to sensitively attune to Anna O's feelings towards her father and the family and he behaves professionally and patiently in his listening stance towards these traumatic imaginative experiences.

What Freud contributes is the realisation that this situation becomes real with Breuer, in a transferred state and that this could be interpreted. Instead of realising this himself, Breuer, at the crucial moment becomes frightened. His own countertransference, involving as it did, his new marriage and baby obscured his insight into his patient.

Breuer remained a psychiatrist, albeit a particularly sensitive one, rather than as Freud did, become the first psychoanalyst. Freud achieves a transformation by understanding that what seems to be a clinical problem, i.e. the fantasy of having conceived Breuer's child, into the insight that this is the crucial fantasy which proves the existence of transference. This transformation is based on Freud's recognition of the different the boundary distinctions between phantasy and reality. In consequence the security of a benign professional doctor/patient relationship becomes a permeable boundary of transferring past fantasy relationships in present

neurotic behaviour and is potentially available for modification. The securities in the psychoanalytic attitude become the basis of a treatment method and the creation of psychoanalytic theory.

In the case of Anna O, there was no breaking of boundaries in an ethical sense.

Perhaps it was unwise of Breuer to spend so much time at a young woman's bedside listening to her talk about her fantasies, but so far as we know, Breuer kept himself professional at all times, and in fact his patient Anna O went on to recover sufficiently over time, to live a productive life in Frankfurt. But Freud's achievement was to listen, observe and then think in a manner which gave him both a new theory of mind, and also the realisation of a whole new clinical method, of 'chimney sweeping' followed by the interpretation of unconscious phantasy. What appeared to give rise to enormous ethical anxiety led to a treatment and a fundamental step in our understanding of humankind.

The example of Anna O also illustrates the tangled mix ups that occur. To become open to the unconscious world of a patient becomes emotionally involving to a very high degree. Indeed, from the perspective of ordinary life it would be dangerous to set out down the path Freud took. But it was characteristic of Freud that he could develop a thought and move away from a moralistic point of view to one where he found meaning. Freud saw significance in Anna O's relationship with Breuer, which transferred her incestuous wishes towards her loved father on to the kindly doctor. Freud transformed the acted out unconscious fantasy into an understanding of her mental conflict at the root of her illness. In achieving this understanding, Freud introduced another form of ethics based on a new kind of exploration of the truth to

be found in the mind. He opened up a new treatment method and a whole new world view of humankind and our relationships with each other.

Freud himself did not have much time for ethics in the traditional sense. He saw morality as an obstacle to human understanding and it was doomed to failure in its efforts to make humankind better. His struggle to recognise and speak the truth whether to his patients or in public exemplified what he considered were his ethical obligations. He rather disparaged attempts to be good. He was sceptical about the possibilities of restraining the drives. What he did was to question, reflect, maintain curiosity and doubt and self awareness.

Freud later formulated an internal organisation of relationships between parts of the mind. The id – the home of the drives, the ego the workhorse of the personality trying to manage the internal forces and external demands, and the super ego providing a commentary on what should be. The super ego provides two sides to the regulation of the mind and behaviour. Partly it is the censor and the representative of social acceptability and partly it is an ideal to be aspired to containing what is conceived of as the good and the best. The super ego can support the ego's struggles with reality or attack it with criticism and guilt. As clinical work has deepened, the role of the superego as the source of unconscious guilt has become more and more significant. The internal persecution deriving from this object, tolerating little connection to reality, becomes a source of so much cruelty and illness.

In the development of psychoanalysis through time we have come to be familiar with the significance of the relationship between self and other. Today we would we

would describe this frame of object relations as the bedrock of ethics. This is the place of fulfilment or negation, love and hate, the intolerance of difference, the eternal conflict as Bion describes it between 'individualism' and 'socialism', we need each other. We want the other to be the same as us, but we also want the other to be different. If we damage the other, can we repair the other? Do we feel guilty or triumphant about our achievement and our effect upon the other?

I hope that this account of Anna O and the discoveries of the science of psychoanalysis makes it clear that the method of psychoanalysis is a special one, requiring a special psychoanalytic attitude to its practice. To research the unconscious Freud created a new method of enquiry and all significant psychoanalysis is founded on his clinical method. His method of clinical research comes down to us as free association for the patient, and evenly suspended attention for the analyst. It is based on complete confidentiality, privacy, and abstinence of contact with the analyst outside the session, a frequency of time limited sessions, an expectation of the treatment being long term. Within the session the patient is permitted complete freedom to say whatever comes to his or her mind. Outside of the psychoanalytic setting this could be called rude, or impolite, or antisocial, or even unethical. But in the security of the setting, freedom of mind and speech is necessary. Everything that the patient experiences within the setting becomes part of the transference. The patient is free to seduce the analyst. But the analyst on the other hand is not free to be seduced by the patient. The analyst listens, reflects with free floating attention on the way the patient is relating to the analyst, reflects on their own experience and associations, but does nothing. The

analyst is not permitted to do anything except maintain the frame and provide interpretation of the evolving transference relationship. This method creates an atmosphere of deprivation and a lack of gratification which creates space for the unconscious..

If this is achieved and maintained, a process develops in which the Pleasure Principle as Freud came to call it, gives way to the Reality Principle in order that understanding, thought, and psychic development can take place. Klein came to describe this process as the development of an object relationship from a paranoid schizoid position to a depressive position state in which parts of the mind and experience come together in an ethical balance. Guilt, reparation and gratitude have a partial transcendence over destructive narcissistic drives.

I have tried to illustrate and present some of the background that psychoanalysis brings to ethics. Freud challenged the existing ideas of ethical behaviour and placed the pursuit of truth and scientific enquiry at the centre of ethics. His theories gave concepts to the way that humankind relates to its fellow human beings such as the super ego. He brought scepticism to the search for goodness and cure.

The potential for psychic growth that Freud discovered is achieved through the establishment of boundaries, between inside and outside, phantasy and reality, illness and health, guilt and reparation, self and other. The maintenance of these boundaries is a fundamental ethical principle of psychoanalysis. This I think is an essential signpost.

In my opening description of the case of Anna O, there was no boundary violation. Just a mix up and a lot of anxiety. It proved not to be damaging. There have been many mix ups so to speak in psychoanalytic work. Famously Carl Jung became mixed up with Sabina Spielrein. Again in the long run, Sabina Spielrein was able to make a satisfactory life for herself and make her own contribution to the development of psychoanalysis through her work. But it was a close run thing, and by our standards Jung was very unethical to continue to be involved with her after her initial psychiatric treatment. Ferenczi was another mix up. He could not decide whether to marry the mother or the daughter both of whom were his patients. Freud too mixed things up with his daughter Anna when he tried to analyse her and he published her fantasies in an important paper. Although the context of psychoanalytic discovery in which these things took place is perhaps understandable, it is also salutary that we can all give way under pressure and boundaries can be crossed.

As a first step to sorting out these mix ups such as Breuer found himself in, Freud came to understand that the analyst cannot work, nor remain separate and boundaried with his or her patient without having their own personal analysis. The elements of Freud's own needs and discoveries are set out in his letters to Fleiss and the dreams which he uses to illustrate unconscious processes. He became changed by this self analysis and freer to pursue the discoveries of unconscious life. It set a standard for any clinical practice that the unconscious of the therapist needs to be separately understood. This self-awareness is necessary to provide patient and analyst with security from boundary infringement but also to sensitise the analyst to

the communications that need to be made in analysis. It is also the essential method by which analysts learn for themselves what psychoanalysis is and the realities of transference. The transmission of the experience of psychoanalysis through training is one of the most important and difficult things to achieve. Although personal analysis has reached a high level of requirement in analytic training, it is also important that we note that the essence of this understanding has become part of any ethical attitude.

Part II: Depth

My next signpost is the concept of depth. Depth is not easily definable. How would you describe the depth of Beethoven's music? However, much you analyse it musically, the way Beethoven conveys the depth of inner experience can only be experienced. I think much the same is true of psychoanalysis.

By the time Freud experienced the first World War, he had acquired depth in his own clinical experience, and he began to develop a new understanding which changed his theories. His view of objects as simply satisfying the drives, gave way to a deeper view of the fundamental place of internal objects and the conflicts between a narcissistic attitude and a concern for relationships. This development gave depth to his idea of reality as an orientation towards both external and internal objects, and the way internal objects become invested with love and hate. Mourning and loss are the processes by which an internal world is developed.

This theoretical development allowed I think for a recognition that the mind has a depth, which previously had been expressed through religion and cultural experience

but not science. Intuitively I think we would associate ethics with depth, but without quite being able to articulate it. The previous psychology of repression or license, pleasure or reality, does not take account of the feeling that ethics is a fundamental matter. With the recognition of mourning and loss, narcissism and hatred of the other, the emergence of emotion as a link between phantasy and perception, I think we begin to find a signpost in the direction of depth and the significance of ethics.

I want to return for a moment to Anna O. Britton in his re-interpretation of her case, points out that during her crisis which resulted in her being excluded from her parents' bedroom, a major symptom was her refusal or inability to talk normally. Whilst chimney sweeping her way through her session with Breuer, Breuer says to her that she must have felt angry at being excluded from her father's bedroom. This produced an immediate change in her and she began speaking again. Whether or not Breuer understood what he was doing, his interpretation of a hostile feeling led to a significant development. Britton elaborates his understanding of the clinical picture with the significance for Anna O of being excluded from the primal scene as the site of imagination and phantasy in the mind.

Clearly Anna O was furious and murderous at her exclusion from being in her parent's bedroom where she had unlimited access to her father and she could exclude her mother. For my purpose today, I draw attention to Breuer's observation of a hostile feeling as what Britton describes as the first psychoanalytic interpretation. It brought relief through acquiring the capacity for insight and self awareness. This example is what Klein called the depressive position in which hostile

feelings become detoxified and give way to an experience of being understood and accepted.

From this point of view, we find ourselves in the depths of the ethical attitude in psychoanalysis, that is the understanding of the depth of hostility in the mind and the processes of mourning which gives rise to secure and enduring internal development. The initial excitement and enthusiasm of the liberation of phantasy and its replacement by thought gives way to a more pessimistic and stoical view that destructiveness is inevitable in life. The fundamental ethical principle of Socrates, the good life, then becomes, a fighting for life, and the growth of knowledge. Rather than compliance with an a priori, moral code. Freud's ethical obligation to the truth of science becomes humanised. The truth that is sought for, is a human one of relationship and understanding, in which destructiveness towards the object is replaced by tolerance and reparation and gratitude. Another signpost Andric might share.

A patient who has been in analysis for 10 years, said to me recently that "she hadn't realised how deep analysis is". In her sessions she keeps crying for reasons she cannot put into words, although she knows full well much about her mother's ambivalence towards her and the traumatic impact on her during her early adolescence of her mother's attempted suicide. In adult life the patient has been unable to become part of a couple. She remains anxious about her professional achievements. She still feels on occasion terrible panics, and she cannot control her eating sufficiently. She is often late for sessions and although she trusts me in every normal way, at times she is frightened of me. She would like to end her analysis and

say it is good enough and yet she knows that she cannot live in her depths in her own way. The belief in a highly aggressive mother who dresses up her intrusions as care is difficult to modify.

I think the notion of depth that she says is in her analysis, involved in part what can be achieved by the establishment of secure boundaries. That is the external setting of regularity and attention over the years has an established reliability and a security in which she can make contact with the depth within herself. She can also recognise that I am not just a critical and intrusive figure like her mother or a collusive figure turning a blind eye like her father, She can recognise that I am thoughtful and kind as well. This reliability and security applies both to the external setting, but is also a result of my behaving in a secure and consistent way. I maintain a more or less fixed emotional attention to how she is feeling and what her thoughts mean. I maintain a degree of memory on which she can rely when her thoughts turn to her family, her work or other matters. She can also rely on a degree of predictability in my responses. If I have feelings in a session, they are not emoted. I do not convey my feelings, rather how I speak implies a capacity for emotions. I do not enact my feelings like her mother did. Rather I attempt to use my self awareness to construct a picture of the transference relationship in a timely way which synchronises with the patient and can enhance the patients' capacity for emotion. Not only words are used, but they are connected words, with an implication of communication that we call interpretation. She can trust me and the setting.

The sense of depth requires trust. Trust is important to her. A mother, already problematic in her attitude, exposed her to her attempted suicide. Her mother in

fact owes her, her life because it was my patient who ran for help. However, the daughter cannot of course trust the mother again. The proper generational boundary had been broken and reversed. Trust in the object is necessary to achieve depth and authenticity. It is hard and painful to repair. The infant needs a primary trust in her object as a template for trust in life. In psychoanalysis this must be the basic ethical obligation. Like the mother the patient/baby needs to have an experience of establishing a good object. However, this trust is based on a capacity in the analysis to recognise the existence of destructiveness. It is not about good replacing bad, or insight replacing neurotic symptoms. Nor is it about reassurance that her beliefs are simply not true.

The kind of emotional and mental capacity that emerges during an analysis is based on the establishment of meaning created through interpretation. A secure boundary in which an asymmetry is required. Secure boundaries create trust in which hostility and destructiveness and passions have their place, but do not become a retreat into fantasy. Insecure boundaries cause anxiety and damage.

Part III: The Institutional Frame

For the last part of my presentation I need to turn to the issue of when boundaries are broken, and the inherent power of dependency on the analyst is abused.

Sometimes an analyst may be under a particular personal pressure such as illness or family troubles which make them more at risk. Sometimes aging and the decline of faculties can become too serious. Analysts can be vulnerable to denial about these declines. But sometimes it has happened that pathology appears in unexpected

places and becomes more public and visible. Sometimes narcissistic aims and ambitions take precedence. Boundaries are not resilient, and harm is done.

For many years the psychoanalytic world behaved as though analysts were always ethical and that when problems occurred, they were induced by the patient. This may usually be true and the mix ups that occur are always a complicated matter, but as we have learnt very painfully on occasions, we have had to find a new position which gives space in psychoanalysis for an institutional role.

The most notorious case of boundary violation in the UK, was that of Masud Khan, who was for a short period a patient of Winnicott and subsequently his literary editor. He was a former Editor of the International Library of Psychoanalysis and Associate Editor of the International Journal, an inspirational teacher and a very talented man. His papers are still read.

Masud Khan was referred a distinguished patient by Winnicott in 1960. The patient was Wynne Godley who was one of the most important economists of the time in Britain working in the government. From the opening session Khan broke boundaries, by giving Godley a lift in his ostentatious car and disclosing in a superior and arrogant manner details of his own life. Khan actively interfered in Godley's marriage and began socialising with Godley and his wife. The six year analysis was only broken when Godley turned back to Winnicott for help after Kahn had viciously verbally attacked Godley's pregnant wife in a social setting which threatened her with a miscarriage. Winnicott then intervened.

Some 30 years later Godley published his account of the analysis. This was shocking for many reasons, not least that although some analysts, including Winnicott, knew of Kahn's abusive behaviour and boundary violations which included an affair with a candidate in analysis with him, he had not been stopped. Eventually and progressively some things were done. He lost his status as a training analyst and finally he was expelled from the Society for anti-Semitic comments published in his last book. Some elements of Godley's account of his analysis have recently been questioned. Godley believed that Kahn was in analysis with Winnicott at the time, a claim that Kahn himself made. New archival evidence from Winnicott's papers now make it clear that this was a fraudulent claim. However, there is no doubt of the seriousness of the boundary violations and the abuse to which Khan subjected his patient. There is also no doubt that that it was difficult for the British Society to intervene although there was a good deal of direct and indirect evidence of Khan's notoriety.

This case became the fulcrum around which institutional psychoanalysis came to recognise that professional regulation and an ethical structure was a fundamental requirement. During this period there was no Ethics Committee. Eventually after a full investigation following the publication of Godley's account, serious steps were taken to ensure that ethical boundaries were regulated by an Ethics Committee with powers to monitor, and if necessary, expel members in a judicial and independent manner.

The establishment of robust institutional boundaries to manage ethical matters and professional standards took time. When Godley's account was published a national

debate was taking place to extend professional regulation to psychotherapy. Our psychoanalytic bodies were very concerned that there should be a special regulatory body for the transference based therapies and that complaints and unethical behaviour were judged by those who knew what we did and its vicissitudes. But painful experience such as the Kahn case led the institutions to recognise that a small number of colleagues do remain vulnerable to unethical boundary violations. The institutional processes of regulation and accreditation are now in place in the UK and the psychoanalytic societies are linked to a body which has independent oversight of complaints and the processes of regulating professional standards.

It remains a complex matter how the unconscious processes that Freud uncovered can lead to such abuse of the power. I draw your attention to the example of Masud Khan to make the point that it can happen and it happens in ways which are hard to recognise. Khan was a great teacher of psychoanalysis. He understood a lot about it and worked hard for it. Yet probably over time the weaknesses in his character broke through in a monstrous way. His two previous analysts both had died while he was a patient. Winnicott came to rescue him and clearly appreciated his talents and provided the support he needed. There are many examples through the history of psychoanalysis in which patients or junior colleagues become something closer to disciples. The anxieties that have been felt, including Freud's own, about the ongoing struggle to establish psychoanalysis and secure it for the future are clearly present. So is narcissistic ambition. So is a compulsion to use those who depend on us to carry our own damage.

A special feature of the institutional framework which has developed is the recognition of the importance of ongoing development after qualification. Training is only the beginning of a long journey of exploration and learning. At the time I trained, post graduate seminars had developed out of informal groups which met to discuss cases. Perhaps Freud's inner circle was the model for the importance of discussion with colleagues. Usually these were with a senior more experience colleague. Now these are institutionalised as Continuing Professional Development (CPD) groups and it is a universal requirement that professional registration requires all analysts and psychotherapists to present their clinical work to colleagues. This provides a setting for learning, providing appropriate help with patients we find problematic and a gentle oversight from colleagues who become aware if we find ourselves struggling in some way. I was chair of the committee which brought in this requirement, and I consider it to be one of the most important contributions to professional development and the establishment of standards of practice. I am pleased that this innovation has been accepted without too much difficulty.

Final thoughts

As psychoanalysts, we need our right to freedom of thought, but it cannot be without boundaries, which must include a social sense in which professional standards are shared and communicated. We have to learn who can be trusted, and who should be challenged. Like with an individual patient, trust in our psychoanalytic institutions needs building up over time. Unfortunately, the establishment of consistent, truthful and boundaried organisations is not easy in our world which so rapidly turns to the excitement of falseness and applauds the erosion of institutions.

However, psychoanalysis has found out something about the processes which underlie ethics. It has put firmly before us the limits of rationality and the struggles to adapt instinctual life to a complex world. It has described the inevitable conflicts between the individualism and the socialism, as Bion put it, the struggle of the narcissistic and the object relation. Psychoanalysis has revealed the primitive processes of omnipotence and the struggle to accommodate to reality. It shows that we do have to try to move out of paradise with its fantasies of pleasure and limitlessness to a world of limits and consequences. As practising psychoanalysts we have to be self reflective all the time and incorporate it into our methods.

The quotation from Freud with which I prefaced this talk, also takes us into a different place where our potential for damage is known about and so is our potential for reparation and recovery. This requires a painful struggle to differentiate the good intention from the nihilistic impulse, to establish boundaries and to use thought to construct the ethical.