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Transference and Countertheories, From a Moral Standpoint

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Abstract: Although Alfred Adler is known as one of the first relationalists, he pays scant attention to the therapeutic relationship per se. The landscape changes with Ferenczi, O. Rank and H. Racker, and as interpersonalists and relationalists of neo-Freudian and object relations schools explicitly take up the questions of love and hate in the analytic setting. For Jung and Lacan, it is not only acknowledged but methodologically key that desire play itself out in the clinical space as it does everywhere else, but particularly here, given the paradoxical combination of intimacy and inhibition that characterizes this dyadic situation. It has by now become commonplace in the literature to acknowledge erotic (or anti-erotic) feelings, one-sidedly or mutually, and take these as normal and as contributive to the therapeutic process. Yet what does it mean that relationship "feelings" can be utilized therapeutically? And how is it that asymmetry - imbalance of power and knowledge - can be construed as therapeutic in a clinical context, but unhealthy in "real" relationships? This essay begins with an overview of friendship in general, best articulated by Aristotle; and then broadly surveys the normative implications of the instrumentalization of relationships and feelings in clinical work. Such considerations may either confound or greatly enrich our conception of practical reason.

Keywords: Transference, Countertransference, Social Feeling, Friendship, Regulative Ideal, Categorical Imperative, Instrumentalization, Practical Reason

1. Introduction

It is remarkable that although Alfred Adler, to his credit, is known as one of the first relationalists - by which is meant, that mind or "thinking" is viewed as essentially and inextricably socially embedded, the product of social relationships; and despite his emphasis on the importance of social feeling, he devotes little to no attention to the therapeutic relationship per se. This landscape changes with Ferenczi, O. Rank and H. Racker, and as interpersonalists and relationalists of neo-Freudian and object relations schools explicitly take up the questions of love, hate and everything in between, in the analytic setting. For Jung and Lacan, it is not only acknowledged but methodologically key that desire play itself out in the clinical space as it does everywhere else, but particularly here, given the paradoxical combination of intimacy and inhibition that characterizes this dyadic situation. It has by now become commonplace in the literature to acknowledge erotic (or anti-erotic) feelings, one-sidedly or mutually, and to take these as grist for the mill, as normal and as contributive to the therapeutic process. Yet what does it mean that relationship "feelings" can be utilized therapeutically? Should not a loving relationship be an end in itself, and never merely a means? Is it fundamentally unfair, even exploitative, to elicit desires for connection and mutuality in a patient which can never be realized in that setting? What is odd is not the admission of love, hate, attraction or disgust in the consulting room, but rather that the significance of their use in technique is still markedly undertheorized. Whether understood as alliance, transference, real relationship, mutual analysis, holding environment, or analytic, symbolic, or imaginary third, what transpires between patient and therapist has not been seriously scrutinized for its normative implications. From a moral standpoint, it remains, across all theoretical approaches and especially to the public, shrouded in mystery and ambiguity.

Shocking as this allegation may seem, take the simple question: are therapist and patient friends? There is no

definitive answer. On the one hand, no, they are not. Friendships are real-life phenomena and therapy is not real life. Friendship involves mutuality and reciprocity, whereas therapy is radically asymmetrical: the focus is on the patient and their welfare, much the way (allegedly) a parent's focus is (supposedly) on the child's needs and development, not their own. On the other hand, it is sometimes claimed that the therapeutic relationship is a variety of friendship. This is presumably an egalitarian gesture. But if it is a friendship, then what sort? We might call on Aristotle and ask whether it could be described as a friendship of honor and virtue, of pleasure, or of utility. Therapy is a service; therefore, it is a friendship of utility. But friendships of utility are shallow, and so this cannot explain the intensity of affect and attachment that comes about. Neither could we say that the therapeutic arrangement lends itself very well to the notion of a pleasure-friendship: it is remunerative social and medical work and not necessarily pleasurable, though perhaps one can always argue that encouragement and companionship and progress and doing good (the former mainly for the patient, the latter for the doctor) bring pleasure (the pleasure supervenes, as it were). But this is not an end in itself, whereas in friendships of pleasure, the purpose is the enjoyment itself. Surely psychotherapists are not entertainers or hetaerae. Friendship of virtue, then? But this would require reciprocity of admiration, affection, and disclosure, comparable character and developmental levels, common interests, and so forth, as well as the concrete intimacies of shared life, which take time and energy, and cannot therefore be allocated to more than very few. The analytic frame (also a business requirement) precludes any real sort of socializing, self-disclosure is radically one-sided, one must accommodate many patients, and asymmetry of competence and character are presupposed as *raison d'etre* of treatment. If, by some accident, there is fondness on the part of the therapist for the patient (which is conceded occasionally in a sincere, if tepid, manner, though more often in blandishments referring to the distal "privilege" of helping or witnessing), it is carefully guarded against, dissected and labeled as countertransference, never lived out or acted upon, but is instrumental: it is to be used as a means to an end (to cure). Yet is not the joy of love, as an intrinsic good, this mutual admiration, support and shared living, the purpose and end of all genuine friendships and intimacies? Scour the therapeutic and analytic literature, and the contradictions and confusions multiply exponentially. The therapeutic relationship is a sort of friendship; but then again, it isn't. Therapy is merely a service; but then the patient would be merely a thing to be fixed, not a person, and therapeutic relations merely instrumental, with no intrinsic value, and this cannot be, or can it? The therapeutic arrangement is temporary and impersonal, and yet, for it to be effective, the deepest and most wrenching of personal feelings must become involved, for any beneficial effect to transpire. Then, after baring one's soul for months or years (while never experiencing reciprocation or even the gift of knowing, really and truly, what such baring has meant to the listener, or what *they, personally* have really meant to the listener), the patient will leave the consulting room forever, the therapist and patient will not encounter each other again, each will live out their life and sooner or later die, neither will know of it or care, and all will be as if the two had never met. Not only that, but the patient is merely one of a great many cases, his or her spot on the chair or couch occupied in exactly the same way by countless others, all of whom might arguably have exactly the same importance for the therapist, even if there are trivial differences in individual detail. Can such a leveling-down, such detachment, such transience, such instrumentalization of attachment and emotion, be called friendship, in any sense of the term? If not, then what do we call it? Medical procedure? Business transaction? Social work?

We call it therapy or analysis, the purpose of which is to improve character and alleviate psychic suffering. Like Aristotelian friendships of pleasure or utility, as a relationship it is not an end in itself: the end of the therapeutic relationship lies outside of itself, beyond itself. The patient should rejoin the world and leave therapy behind. A friendship of virtue is an end in itself because each friend is an end in themselves for the other, admired and cherished for the character they have and not for any incidental good or service. Alliances of pleasure and utility, on the other hand, have extrinsic purposes which, when served or expired, no longer bind the participants to each other. So too with therapy: when the patient grows well, the relationship is no longer needed, and is dissolved. While it endures, the therapeutic framework ensures that the alliance serve only this and no other aim. We can call the therapeutic bond a friendship of sorts, then, after all. But, to follow Aristotelian logic – which is also common sense, is it not? - it is of a very inferior sort: a transaction for some gain (the patient's healing, and, by extension, the improvement of society), rather than for the sake of one another and shared personal life.

2. Transference, Love and Friendship

From both the common sense and Aristotelian point of view, the therapeutic relationship is a utilitarian transaction, a friendship of sorts for it involves human interchange, but of the lowest rank where friendships are valuated. The therapist is a doctor who provides palliative services to one's character: a noble profession, to be sure, absolutely indispensable at times, but the corresponding human relation isn't noble at all. It is, surely, as crass and impersonal as that of a mechanic, say, to a machine on an assembly line. Practical, efficient, temporary, a ministration requiring technical skill, if of a high and refined degree - the *technē* of personality. The legal ethics of the profession reinforces – and sometimes enforces, lest there be sentimental confusions – this understanding, as does the more speculative academic literature. Melanie Klein [6] admonishes analysts in training never to care too much about a particular patient, never to become too involved emotionally, and this despite her conviction that the patient's taking the therapist as remedial

"good object" is the ultimate mechanism of healing as she conceives it. John Shlien [9] admits in his "countertheory" of transference that since attentive and empathic listening are, phenomenologically speaking, constitutive elements of the structure of all loving relationships, the therapist's use of these "devices" comprises a basic sort of love-making; that the patient is not wrong when he or she senses this, and that part of the therapist's duty, in light of this fact, is to take responsibility for the impact of her loving behavior on her patient. But what would taking responsibility involve, exactly? Adlerian approaches stress the lack of "social feeling" as the source of all pathology, the solution to which is to restore the patient's faith in the value of relationships and social cooperation. Irving Yalom, though not ostensibly an Adlerian, nevertheless summarizes the therapeutic approach that follows from this logic: the patient should learn to love the therapist so that he or she can learn to love others in outside life. Presumably, then, the therapeutic love is the pretend or practice love whilst in "real life" it turns into something "real", with intrinsic, as opposed to merely instrumental, value. One wonders how such alchemy – base metal into gold – could be accomplished. Not to mention that instrumentalizing "love" in one context undermines its intrinsic value in another. Lawrence Friedman [4] writes of the "analytic love" of an analyst for a patient, claiming it is a real and sincere feeling which recognizes the uniqueness and value of the patient; but the patient's feelings are granted no such status. His or her love for the analyst is not real, it is merely the automatized manifestation of internalized relational patterns, schemata with origins in the past, incidentally directed at the therapist, and which by definition does not, and cannot, have the real person of the analyst as its object. One wonders what type of love can claim sincerity for itself but refuse to recognize requital on behalf of the beloved, refuse to grant the beloved's feelings any equality or legitimacy *qua* love. Even infants are given more credit: the mother-infant bond is most certainly a two-way street, that's why it works so well. May we – dare we – speak here of a conceptual double bind, of incoherence, of absurdity? I may love you, but your feelings for me are of a lower sort, they do not qualify. In claiming love on my part but denying it on yours, I undermine my own. Nussbaum [8] brings some healthy skepticism as well, in her plain response to Friedman: analytic love, you say? Well, if I, the patient, were to drop off the planet from one moment to the next, would it matter, very much, do you think? Do you hold me in mind every day, as I do you? Do you long for my company and touch, as people do when they love, feel bereft between sessions, sad when they end, incomplete without me in your life, as I am without you?

No doubt ample attention is paid to the therapist's feelings insofar as they are considered "countertransference". This is no concession of professionalism. It is, on the contrary, the professionalization, the scientism, of feelings. In this way, interpersonal relations are rendered impersonal, the intersubjective becomes merely objective, and hence manageable, controllable. Feelings are translated into scientifically observable and describable phenomena as a necessary first step in preparing the way for technique. They (interpersonal relations, "object relations") are, after all, the therapeutic currency, technical mastery over which comprises the mutative action that should lead to the restructuring of the patient's personality (note the one-way directionality). But focus on transference and countertransference does not make the clinical approach more "relational". It abstracts, rather, from precisely that which makes relationships what they are – namely affections and attachments (or detachments) attendant on prioritizations, idealizations, devaluations, and consummations of various sorts [10]. The process of appraisal and bestowal which comprises our normative attitude toward the world is defanged, as it were: leveled out in the (supposedly) value-neutral manner of the present-at-hand, a series of "theres" (if not "nows"), spread out for measurement and quantification beneath the scientific gaze, the quintessential "patient etherized upon a table" - as the poetic existentialists like to say.

The terminology of countertransference accomplishes an ontological two-step away from the interpersonal world. First, as "counter" to the transference, these "feelings" are not really feelings, if by that we understand, as has been mentioned, evaluative affective relations that presuppose investment in, perception of, and attachment or aversion to persons, things, or ideas. Countertransference is reaction to the transference, and the latter is not personal: transference consists in automatic schemata superimposed upon "reality". It does not take the real attributes of its objects into account quite simply because it does not perceive them. Countertransference, then, as reactive to non-feelings (transference), detaches itself one step further by making its phenomena "present-at-hand" (to objectify, "know" and manipulate). In taking an objectivating stance toward automatized behavior, we are thus twice removed from a world in which persons, ideas and things *matter to us*. Feeling is to begin with made blind, and then, to add insult to injury, it is made inert. Anyone who has spent time steeped in psychoanalytic literature can't help but come away with a case of anomie, and a lurking suspicion of regress. If it is all technique, against what would one measure the worth or purpose of anything? If therapeutic relationships are propaedeutic relationships – preparing the patient for "real" relationships in the "real" world, which would presumably have intrinsic and final rather than mere pseudo-value, then would the patient's feelings and attachments in therapy be propaedeutic feelings and attachments? What might be the difference between a propaedeutic feeling and a real one? Perhaps it is an ontological distinction of the Kantian sort – appearance of a feeling rather than feeling-in-itself. Would feelings differ in kind or just in status? If different in kind, it is difficult to see how they could be preparative. If in status, what marks the difference? Perhaps it is a question of their proper object, as many suggest: the object of a patient's feeling isn't the real person of the analyst. Unlikely as this may be, the question would nevertheless follow, how would anyone ever know, in life, whether the purported object of

one's love (or hate) is the real object? Could it ever be the real object? Always? Never? On birthdays and bank holidays?

Academic philosophy has only interpreted the world, it is said, and this remains true despite the political idealism of the twentieth century, for its abstruse hairsplitting will always be inaccessible and incomprehensible to the public as long as there is a distinction between lay and academic life (and as long as folk have practical exigencies to tend to). Therapists, on the other hand, as contemporary philosophers to the public, are in a position to change the world, one in-the-flesh person at a time. Still, there is the worry that along this way, one has lost sight of something, and that this something is somehow the fulcrum upon which the mechanics rest.

3. Thinking and Regulative Ideals

How the role of the psychoanalyst, or psychodynamic therapist, or supportive therapist is conceived, depends of course on which theory of mind and pathology one embraces. The converse is also true: one's theory of mind and psychic illness is a variant of, and consequent upon, what one imagines the cure and its agent to be. If one's theory of mind and pathology is classically psychoanalytic, then "technical neutrality" is the therapeutic means. As Kernberg [5] describes, the roles of analyst and analysand are clearly delineated. The analysand is to free associate and the analyst interprets the transference, defense and resistance. The analysand's "mind" consists in their superego, id, acting ego, and external reality; the analyst is to play, and thereby supplement and augment, the role of the patient's observing ego.

Technical neutrality refers to the analyst's interpretive equidistance from the patient's superego, id, acting ego, and external reality – that is, his approach to the material from the position of the observing segment of the patient's ego. Technical neutrality implies a concerned objectivity that permits the highlighting of the transference and its analysis as an implicit distortion of the "normal" therapeutic relationship established at the outset by setting up the frame and defining the tasks of both participants (free association for the patient, interpretation for the analyst).

By siding with the "rational" part of the patient's "mind" (the "observing ego"), the less reflective, automatized or "irrational" aspects can be identified in the here and now of the transference and defense, "caught in the act" and exposed to the light of day – to critical, reflective consideration. They are subjected, in other words, to the deliberative and relatively detached ("technically neutral") consideration *of someone else*. The unconscious is made conscious, the pre-reflective is reflected upon, irrational beliefs are uncovered for what they are. By way of a reflective stance on pre-reflective experience, a negation or differentiation – quite simply a distance – emerges, a "third" realm co-created within the therapeutic couple. It is the "space of reasons", or of reasoning. What was initially, presumably for the patient's entire life, taken by them as immutable fact, is questioned – suspended or bracketed. There has been opened, for the first time or at any rate for the first time *with a trusted other*, a validated space for alternative perspectives and therefore for freedom and choice and ultimately, it is hoped, a more authentic, more suitable or at least more carefully considered choice of living for the patient. Ideally, over the course of the analysis, this process of detachment, differentiation and reflection should be acquired by the patient as an autonomous and valued practice, to be continued independently and refined in their life outside of therapy. The patient learns, quite simply, to think, to live thoughtfully, and to prioritize such a way of life.

Whether conceived as the patient's incipient or increased capacity for symbolic and differentiated thinking, for mentalization or reflective function, for imaginative "play" in a transitional space, for movement from the paranoid-schizoid to the depressive position; or as the debunking of false beliefs; or as the abandonment of a compulsive drive for fantasized superiority and omnipotence in favor of tolerance for a more realistic perception of self and others, the common theme, from a meta-perspective, is profoundly Socratic. The analyst is midwife to thinking. It scarcely seems to matter exactly what theoretical framework or technique is employed – though empirical research does, and should, aim to correlate the efficacy of specific approaches with specified patient populations. Thinking makes us better. Better able to love and to work, as Freud would have it, which is really another way of saying that it increases our social feeling and social interest, is it not? To strengthen and deepen reciprocal and mutual attachments that are mediated by reason ("higher order" attachments), and which conduce to both self-realization and the general "progress of mankind" – is this not the universal aim of all therapy, be it philosophical or psychotherapeutic, or for that matter artistic? Is this not the cultivation of the capacity for friendship, be it as "friend to oneself" in the Aristotelian sense (integration, psychoanalytically), or as friend to others (an ability dependent on, but reflexive with, intrapsychic integration)? Are not those who facilitate this cultivation of our thinking and friendship capacities - of our virtues in other words -, are they not our truest friends, in the fullest Aristotelian sense? And, would the ideal of this sort of friendship not count as affectively and morally regulative?

Still, the role of the philosophical therapist is remedial. Survival and civilization take their toll: the automatization of behavioral protocols, of internalized "object relations", is adaptive, as far as it goes [12, 2]. Our working memory has very limited capacity. Collectively and individually, all but the tip of the iceberg remains, and must necessarily remain, largely out of explicit awareness. Language, that store of communal knowledge, is indeed "structured like the unconscious" – it runs offline most of the time. Memory inscription, the creation of "mental solids" [11], got a bad rap with post-modernist, post-structuralist and deconstructivist thinkers as the "reification" of thought – that tendency to treat the products of deliberation as permanent entities, or essences. But the fact is we cannot do without

representational thinking and the symbols it establishes as "third" "things" – neither me nor you, neither this nor that, but something like Platonic ideas: concepts, abstractions inhabiting an in-between realm, the mental furniture of transitional space, of imaginative play, containers and tools for sorting, unifying, and differentiating experience. The laying down of tracks, the creation of this furniture, the inscription of memory or internal working models of "reality" is a necessary cognitive process. "Transference" or predictive processing - active inference using these working models (concepts) gleaned from past and perception - is how we navigate the world [13]. Nevertheless, without reverie – the suspension of predictive inference, the bracketing of concrete and "natural" attitudes in favor of imaginative perspective taking (what-would-it-be-like curiosity, "fictional" extrapolation), there could never be new experience, to begin with. Before the concept comes the condition for its possibility: the scaffolding for the entertaining of "as-if" scenarios. "Thinking" is, at the very least, a two-fold process, requiring both flexibility and repetition, alternately the sedimentation and the suspension of belief. The aptitude for revision in light of new evidence, changing circumstance, or simply to accommodate growth must balance the stability, when necessary, of identity – of "fixation of belief". A Socratic intervention tests this balance: are inherited paradigms, unexamined presuppositions (inferences and working models) equal to our present task? Do they serve us well? Can we imagine otherwise, or better? Do we dare? The pull to automatization is strong, hard-wired into us, as it were; its loosening is inevitably disconcerting. The human condition, as Heidegger notes, is a constant tension between submission to tradition and convention (the "they"), on the one hand; and existential anxiety in the face of the Nothing - the *Lichtung* or uncharted space of possibility - on the other.

4. Reason and Passion

It is only recently that the separation between motivation and justification has been problematized in ethical theory. Classical and Hellenistic culture did not recognize this distinction [7]. Hume thinks it is nonsense. He complains of the delusion, by rationalists of his day, that reason alone ("logical thinking", presumably) can supply the basis for action. For Hume, only the passions have the power to move us. We deceive ourselves when we suppose otherwise. We might, he thinks, imagine that the impetus for our behavior, at least whilst we deliberate, is not based on feeling but rather on "reasoning" (some sort of practical syllogism). But even so, the premises of those syllogisms are always hypothetical imperatives, as Foot would later point out in her criticism of Kant: *if* you want this, *then* that course of action is justified as a means. Kant's categorical imperative reduces, in Foot's [3] view, to a system of hypothetical imperatives. It is the comforting illusion of those who wish to identify as rational beings by basing their moral choices on a special kind of dialectical interplay between generalization and consequentialism: act in such a way that the maxim of your action could be universalized as a law of nature. But firstly, as Anscombe [1] points out, what counts as a relevant description of the maxim? An action, with its meaning and intent, can be described any number of ways, depending on one's point of view and perspicacity. And who's to say what should be universally mandated? If I believe eating animals is wrong, I could certainly will a general state of affairs where no animals get eaten. I might will the universalization of any of my preferences, but willing them in this way doesn't make them particularly rational - it just makes them preferences that I should like to foist upon the world, instead of keeping them quietly to myself. The will to generalize, and the consequentialist planning, do not, in other words, liberate us from our desires and inclinations. They merely enable us to hide our true motives from ourselves, while also making us, to put it bluntly, bullies (or allowing us to remain so). Not only this: we imagine that we arrogate to ourselves an extraordinary freedom from all contingency, from all earthly determination, from our finitude in short – godlike! - when we suppose that we are ever capable of a "will" based exclusively upon "thinking" rather than "feeling". We like to believe that we can remove ourselves, essentially, from the causal chain, and become, for all intents and purposes, first movers. Such tactics did not occur to Plato or Aristotle, and certainly not to the Stoics, Epicureans and Skeptics [7]. They are, it is rumored, the perverse outcome of a Judeo-Christian obsession with purification – the idea that one can somehow be free of the sin of the world, that we can rise cleanly above its impact upon us, at least in moral matters. But for Greco-Roman thinkers, the desire to be a rational being, to base action on sound reasoning rather than unmediated impulse, was still a desire, no less than any other. The question for them was which desires to pursue and encourage, not whether one could act from "reason" rather than "passion". One should aim to act, rather, quite precisely out of a passion, or love, of reason and all that sustains it.

5. Conclusion

Now, in defense of Kant, it can be argued that this is what he had in mind, too. The first and second formulations of the categorical imperative (act only according to that maxim which you can will that it should become a universal law; treat humanity, in your own person and in that of every other, as an end and never simply as a means) seek to elicit very particular activities from us. We must devise principles for our actions, and this is cognitively demanding. It requires us to simulate hypothetical scenarios, discern consequences, test for logical consistency, and consider the perspectives of others – ideally, the perspective of everyone else ever. And we are commanded not only to take account of other points of view, but to assign them a value equal to our own. So, for example, in making a decision about whether to fire an employee who is chronically late, we would need to do the following, if it is to count as a moral act: first, we would need to consider the employee's behavior and intentions by

imaginatively putting ourselves in their place. In order to do this with any accuracy, we need true theories of mind – of motivations and mental states – in addition to familiarity with their circumstances; this requires experience and exposure to a wide enough array of credible theories. It would help to possess the initiative and open-mindedness to investigate or extrapolate whatever we inevitably will not yet know. We would need virtual simulating capacities, in order to predict potential outcomes of our decisions. We'd need in addition the ability, and the inclination, to test for logical coherence when we generalize from the particular case – the "what if everyone did as I do" bit. Finally, in order for any of this to get off the ground, we would need to care: we would need to be invested in what others think, feel and experience, we'd have to be concerned for how individuals and the world at large are impacted by our decision, and it would have had to have been important to us, all along in our life hitherto, what other people undergo, in order for us to have had the curiosity, to begin with, to have explored the world enough to have gathered sufficient true information, axiomatic or not, about it. And for all this to genuinely matter to us would require personal responsibility and agency, which is to say, a meaningful sense of self as a unity over time, that can act and impact the world, a self for whom the world and what happens in it is important because we have skin in the game: we care about what happens to others, present and future, because we think of them as other potential versions of ourselves, but we also think of them as separate others whom we need in various ways for our own survival and flourishing. We perceive and acknowledge the real and material impact of our behavior, we have desires for specific outcomes which we feel empowered to bring about, and we risk our own suffering, and by empathic extension, the suffering of others as though they were ourselves, if we fail. Kant's categorical imperative may seem mere intellectualization if considered superficially; but on closer inspection, it urges no facile separation of thinking from feeling, logic from desire, or reasoning from material existence. Quite the contrary: what Kant's moral theory aims at is practical reason and this is exactly what it says it is, namely, concrete life – feeling, need and desire - as mediated by thinking; or, otherwise stated, a manner of living in which particular kinds of cognitive and emotional habits are cultivated and prioritized.

The complexity of "practical reason" entails, then, that it can go wrong in a great variety of - or perhaps endless - ways. Evaluation of what it means for it to go right is equally fraught, involving, like all philosophical endeavor, the work of conceptual clarification and normative appraisal. Where do the standards ever come from, particularly when society is suspected of being more or less corrupt, the public more or less misled? What a therapy aims to correct, how such correction is conceived, and what sort of role the doctor-philosopher plays depend on how one identifies the distortions ("diseases") of any particular historical period or culture as variables of, hypothetically, unchanging truths about "human nature". But our investigations are truncated if they end here. How precisely the therapeutic "alliance" is to be understood, what place it is given in public and intimate life, are not only matters of clinical technique (of instrumental reason); they go to the heart of what we value and how we organize around our values – what we love, what we despise, what it means to love and despise, and what we owe to one another. Talk therapy is an interaction in which "reasoning" – conceptual, linguistic activity and exchange - not only rectifies, or "cures", but takes up (or rather, continues) a central and enduring place in the lives of individuals, in their interrelations, and in social, economic, and political life. The question of this relationship is fundamentally the question of what thinking can and should be to us.

References

[1] Anscombe, G. E. M. (1958). Modern Moral Philosophy. *Philosophy* 33 (124) 1-16.

[2] Bargh, J. A. & Chartrand, T. L. (1999). The Unbearable Automaticity of Being. *American Psychologist,* 54 (7), 462-479.

[3] Foot, P. (1972). Morality as a System of Hypothetical Imperatives. *The Philosophical Review*, 81 (3), 305-316.

[4] Friedman, L. (2005). Is There a Special Psychoanalytic Love? *Journal of the American Psychoanalytic Association*, 53 (2).

[5] Kernberg, O. (2004). *Aggressivity, Narcissism, and Self-Destructiveness in the Psychotherapeutic Relationship*. New Haven and London: Yale University Press, 102.

[6] Klein, M. (2017). *Lectures on Technique*. London: Routledge.

[7] Nussbaum, M. (1994). *The Therapy of Desire: Theory and Practice in Hellenistic Ethics*. Princeton and Oxford: Princeton University Press.

[8] Nussbaum, M. (2005). Analytic Love and Human Vulnerability: A Comment on Lawrence Friedman's "Is there a Special Psychoanalytic Love?" *Journal of the American Psychoanalytic Association*, 53 (2).

[9] Shlien, J. (2003). A Countertheory of Transference. In *To Lead an Honorable Life*. Ross-on-Wye: PCCS Books.

[10] Singer, I. (2001). *Feeling and Imagination: The Vibrant Flux of Our Existence*. New York: Rowman & Littlefield Publishers, Inc.

[11] Solms, M. (2013). The Conscious Id. *Neuropsychoanalysis*, 2013, 15 (1), 5-19.

[12] Solms, M. (2019). The Hard Problem of Consciousness and the Free Energy Principle. *Frontiers in Psychology*, 9 (2714).

[13] Williford, K., Bennequin, D., Friston, K., and Rudrauf, D. (2018). The Projective Consciousness Model and Phenomenal Selfhood. *Frontiers in Psychology*, 9 (2571).