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## Preface

Although by no means the exclusive preserve of psychoanalysis, the theme of this issue of *American Imago* is indubitably central to it. The question at hand is whether, as Edmund Wilson (1941) maintained in his classic exposition of the myth of Philoctetes as a paradigm of creativity, the “wound” of neurosis is inseparable from the “bow” of artistic power, or whether, as Lionel Trilling (1947) rejoined, “there is in fact no causal connection” between art and neurosis (169), and “whatever elements of neurosis” the artist may have “in common with his fellow mortals, the one part of him that is healthy, by any conceivable definition of health, is that which gives him the power to conceive, to plan, to work, and to bring his work to a conclusion” (175).

The four essays here assembled are all landmark contributions to the understanding of their respective subjects. The absence of fanfare in George Mandelbaum’s title, “On Ben Jonson’s Comedies,” perhaps belies the dazzling quality of his reconstruction of the lasting reverberations in Jonson’s plays of the death of his father before Jonson’s birth and his mother’s subsequent remarriage to a bricklayer almost certainly before her son had reached the age of three. Donald Capps’s “Erik H. Erikson, Norman Rockwell, and the Therapeutic Functions of a Questionable Painting” takes off from the little-known fact that Rockwell was Erikson’s patient at the Austen Riggs Center in Stockbridge, Massachusetts, during the 1950s to offer a beautiful and searching exploration, centered on the painting *The Art Critic*, of the roots of Rockwell’s creativity in his relationships with women—above all, his mother but also his first two wives—as well as in his second wife’s relationship to their three sons. Janet Hadda’s “Ginsberg in Hospital,” which has the distinction of garnering a story in the *Los Angeles Times* (Timberg 2007), draws on unpublished records to argue that Ginsberg’s 1949 stay at the Psychiatric Institute of Columbia Presbyterian Hospital, far

from being either irrelevant or harmful to his artistic development—as previous scholars have presumed—in fact furnished an atmosphere of safety that allowed him to come to terms with the chaos arising from his mother’s schizophrenia, and thus to find his own voice and become the poet of *Howl*. Finally, in a comprehensive reinterpretation of the life and work of Harry Stack Sullivan, Carlton Cornett proposes that Sullivan’s concept of the malevolent transformation of the personality served as a means of “explaining himself to himself,” and ought to be set beside the traditional paradigms of Sullivan’s self-avowed schizophrenic illness and homosexuality as a frame of reference for understanding both his greatness as a psychoanalytic theorist and his human limitations.

This long-overdue issue is a time for both farewells and new beginnings. It marks the completion of my seventh year as editor of *American Imago*. With deep regret, I must say goodbye to Kristen Smith, my graduate assistant at the University of Florida for the past four years. Indefatigable and tenacious, Kristen has saved me from incalculable errors and embarrassments. Not only I but all of our authors are lastingly in her debt. Fortunately, we look forward to welcoming on board Matthew Snyder, who shows every promise of living up to the standard set by his two predecessors, Kristen Smith and Sarah Mallonee, and leaving his own distinguished mark on the journal in the years ahead. In addition, thanks to the generosity of The Johns Hopkins University Press, we will from now on be the beneficiaries of the talents of Gina Atkinson, already legendary in psychoanalytic circles as the managing editor of *The Psychoanalytic Quarterly*, who will serve as the copy editor of our annual guest-edited Fall issue.

I am also delighted to welcome Ellen Handler Spitz as our third regular columnist. Inspired by the example of Warren Poland, Spitz will regale our readers “Apropos the Arts,” beginning with her meditation on a recent exhibit, “Weaving Women’s Words,” at the Jewish Museum of Maryland in Baltimore. It suffices to read “When Art Takes Hold” to be persuaded anew that Spitz writes from a place of emotional depth and intellectual luminosity that few, if any, can match. Ensclosed in his “Clinician’s Corner,” Poland distills another inimitable potion of analytic and human wisdom in “Father-Son Ups and

Downs.” And in his “Letter from London,” Brett Kahr brilliantly rounds out our columns with “Tissues,” the latest in his series of pointillist sketches of facets of the psychotherapeutic encounter that are almost invariably passed over in silence by conventional handbooks for perplexed practitioners.

Our closing section on books features a dialogue between Robert A. Burt, Alexander M. Bickel Professor of Law at Yale, and Elyn R. Saks, Orrin B. Evans Professor of Law, Psychology, Psychoanalysis, and the Behavioral Sciences at the University of Southern California, about Saks’s sublime autobiographical memoir, *The Center Cannot Hold: My Journey through Madness*. Originally commissioned by Anne Dailey for her Fall 2007 special issue, “Legal Analysis,” this innovative format for a collaborative book review will captivate readers as the interlocutors raise issues that dovetail no less perfectly with the theme of “pathology and creativity.”

Finally, my loyal left hand, Vera J. Camden, utilizes her review of Phillip Freeman’s *sui generis* collection, *Adaptations: Disquisitions on Psychoanalysis, 1997–2006*, as the springboard for a melancholy reflection, channeling both Swift’s “Modest Proposal” and Shakespeare’s *King Lear*, on the contemporary state of American psychoanalysis. If the upshot of Camden’s epilogue is to affirm the kernel of truth in Karl Kraus’s satirical apothegm that psychoanalysis is itself the disease of which it purports to be the cure, then this only underscores the irreducible paradox that psychoanalysis, like art, is indeed inseparable from neurosis while being simultaneously a supreme expression of the human striving for health.

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## On Ben Jonson's Comedies

*This paper examines Ben Jonson's comedies from the psychoanalytic point of view. The author argues that Jonson's comedies embody derivatives of his unconscious memories as well as of the fantasies they engendered. These derivatives appear in a recurrent sequential pattern of scenes in his work. Comedies embodying these patterns helped Jonson to keep his memories buried; when his effort at mastery broke down, he "acted out." The action and structure of the comedies also functioned as a continuing defense against depression, the syndrome that Freud in his day called "melancholia." Jonson's great failing as a playwright—his continuing inability to create lifelike, three-dimensional characters—resulted from his inability to detach himself sufficiently from the pressure exerted by his inner life.*

### Introduction

Ben Jonson (1572–1638) is the earliest English author whose life and character are clearly and sharply etched by historical documents. In being accessible to biographical analysis, he differs radically from the two great masters of comedy—Shakespeare (1564–1616) and Molière (1622–1673)—about both of whom we know very little. Many of the documents we have about Jonson are directly connected with, and arise from, two of the central, recurring motifs of his life. The first is his continuing inability to maintain a stable and moderate level of self-esteem. Jonson's struggle with the issue of self-esteem reveals itself in his highly inflated, arguably grandiose view of himself and his role as a writer. In his poems and reported conversations with others, as well as in the numerous addenda to his plays, Jonson

I am indebted to Norman Holland and Lee Grossman for helpful comments on earlier versions of this paper and to Marvin Nierenberg for encouragement during its writing.



continually proclaimed that he was not only the moral spokesman of his society but the ultimate arbiter of its literary taste; only he, he repeatedly insisted, knew what a great play was and only he could write one. Along with this self-inflation, Jonson evidenced extreme sensitivity to criticism or failure. To these he would often publicly respond with intense, vituperative anger or with a haughty withdrawal into a cold and aloof indifference.

The second major motif of Jonson's life is aptly summarized at the very beginning of David Riggs's acclaimed biography: "Jonson is like a prudent businessman who periodically feels an irresistible urge to go to the racetrack. Just as one would expect, he loses everything he owns by the end of the day" (1989, 2). As this portrait suggests, Jonson repeatedly engaged in actions that he could not control and that were radically at odds with the image he had of himself; often, they caused him great harm. In sum, he "acted out." Jonson provoked repeated verbal and physical altercations with others and several times ran seriously afoul of the law. On separate occasions, and "for no apparent reason" (Riggs 1989, 3), he killed two men at swordpoint.

Jonson's comedies are of continuing interest for at least two reasons. The first involves their unique place in the history of comedy. Jonson is the first major English author consistently to write plays that lie outside a comedic tradition stretching back to Greek New Comedy, of which the sole surviving exemplar is Menander's *Dyskolos* (316 BC). Plays in this tradition endlessly vary a pattern in which a young man desires a woman, an older man stands in his way, and the young man then finally marries the woman, the older one's power having somehow been nullified. Jonson's comedies do not draw on this tradition, that is, they do not arise out of transparent oedipal fantasies: the hero of the typical Jonsonian comedy does not desire a woman; its action does not advance towards coupling and marriage. The comedies thus challenge the psychoanalytically minded to consider their unusual origin as well as their content and structure.

The comedies are also of interest because they invite a foray into areas generally considered the purview of connoisseurship. Jonson was in his prime considered "the leading comic playwright of his age" (Riggs 1989, 245), superior even to Shakespeare (Bentley 1945). Nowadays, however, his comedies are rarely performed and are known primarily to scholars. As

Jonas Barish observes: "Probably no major author in English has suffered such a catastrophic decline in popularity since his own day as has Ben Jonson" (1963b, 1). The comedies thus further challenge the psychoanalytically minded to consider their value, that is, to consider whether they are great or even especially good plays.

As even this cursory introduction to Jonson suggests, it is difficult to say much about him without addressing the relation between pathology and creativity. On this complex topic I can only appeal to an observation made by Phillip Weissman (1965) that one of the central tasks of the playwright is to "contain his personal tendencies towards action" (24), especially the "tendency toward neurotic acting out" (25). A playwright's acting out in real life, Weissman continues, "may parallel the characteristic actions and themes of his dramas," and in such cases his "entire creative energies and resources are drained off by such actions" (25). Implicit in these observations is the suggestion not only that a playwright's life may embody some of the elements found in his plays but that his plays may embody elements found in his life. In Jonson's case, I propose, one of these cannot be fully understood without the other, but this is not meant to suggest that they are the same. In Jonson's comedies, the impulse to act out was inhibited and slowed down, was transformed into imaginary action carried out by imaginary characters, was attached to language, was harmonized with Jonson's other internal needs, and was designed to achieve deliberate, complex effects on his society; in brief, in the plays the impulse to act out came under the sway of Jonson's ego. It might then be argued that the distance between Jonson's life and his art is simultaneously the distance between pathology and creativity, whose seat is the ego and whose quality is performance determined by the processes occurring within that ego.

I need to acknowledge at the outset that the elements on which I focus in Jonson served "multiple functions" (Waelder 1936) and can be described in ways other than those I propose. That in itself does not, however, negate what I say. I am also prepared to concede the often speculative nature of my observations. Although we know a great deal about Jonson, we do not have the types of observations that have been validated in a clinical setting nor do we have the diaries and personal letters

that are often used nowadays as partial replacements for such observations. The concept of what constitutes information was very different four hundred years ago from what it is today, and the means necessary for its storage—paper, artificial light—were much less readily available than they eventually came to be. We have no extant letters by Shakespeare, twenty-two by Jonson, and over four thousand by Chekhov. Needless to say, our knowledge of Jonson is incomplete and fragmented. The fragments, however, form a coherent image of his inner make-up that can illuminate many of the most salient as well as the most puzzling features of his comedies. My aim in this essay is to examine these features from a psychoanalytic point of view.

### **Background**

Jonson was the posthumous and, as far as has been determined, only child of a minister. According to Jonson in his conversations in 1618 with William Drummond of Hawthornden, his father had not always been a man of the cloth. The family's fortunes had apparently risen when Jonson's grandfather left his home in Scotland to serve Henry VIII. During the subsequent reign of the Catholic Mary Tudor, however, Jonson's father, apparently having refused to convert to Catholicism, was imprisoned and deprived of his estate. The father eventually took up his calling and then died a month before Jonson was born. At some unknown point in Jonson's childhood—Herford speculates when Jonson was "two or three years at most, and probably sooner" (Herford and Simpson 1925–1952, 1:2)<sup>1</sup>—his mother married a bricklayer.

Jonson's mother figures in one very remarkable anecdote, recounted by Jonson to Drummond. In 1604, when the Scottish James I had been on the English throne for about a year, Jonson joined two other men in writing a play containing scurrilous references to Scots. After the play was performed, one of the men was arrested; the other apparently fled London. Jonson, who had already spent time in jail once before on charges of sedition and once before on charges of murder, voluntarily imprisoned himself. Rumors initially circulated that the men were to be sentenced to have their ears and noses cut off, but

they were eventually released with their appendages intact. In Drummond's words:

After their delivery, he [Jonson] banqueted all his friends; there was Camden, Selden and others. At the midst of the feast his old mother drank to him and showed him a paper, which she had (if the sentence had taken execution) to have mixed in the prison among his drink—which was full of lusty, strong poison. And that she was no churl she told, she minded first to have drunk of it herself. (Herford and Simpson 1925–1952, 1:140)

This anecdote, narrated in 1618 and referring to events that occurred in 1604, functions, I propose, as a screen for events that began to unfold around 1574/1575, roughly the time when Jonson's mother might have remarried. To establish a connection between the mother's remarriage and her planned visit to her imprisoned son, we must make two relatively safe assumptions. We must assume first that an impoverished widow who evidences such a cavalier attitude towards her own life would have married a bricklayer less out of concern for her own needs than out of concern for those of her growing and beloved son. We must also assume that a mother who feels compelled to tell her son about a planned effort to help him in prison would also have told him of any actual efforts she made on his behalf during his childhood. Thus, like the visit she planned during Jonson's imprisonment, the mother's second marriage—similarly presented by her to him as a loving act intended for his benefit—would, nevertheless, have been experienced by him as poisonous.

Jonson's lifelong efforts to come to terms with this poison are evident throughout his comedies. This is not to say that Jonson's experiences before and after his mother's remarriage were unimportant nor is it to say that many of Jonson's feelings and inner states both before and after could not have become attached to the marriage itself. However, much of what is most distinct in Jonson's work appears to be rooted in his continuing efforts to master the internal forces set in motion by the impact of that marriage. For example, as one scholar has noted: "Jonsonian comedy constantly plays upon its participants the

cosmic joke of encouraging each to think himself central, while its author knows they are everyone tangential" (Jackson 1969, 22). We can speculate that the characters' comically misguided belief in their own centrality partly represents Jonson's effort to transform his passively experienced sense of loss into something he could actively control in his art. We can also speculate that the satiric thrust of much of Jonson's work represents his response to that loss as well. Jonson's recurrent, often enraged portraits of people who are not all what they believe themselves to be would then partly represent his veiled perception that his mother had married for what he believed to be the basest of motives while hypocritically proclaiming that she had acted on the noblest.

### Memories

Playwrights may often be consciously involved in presenting their social, religious, or political views; unconsciously, they are "often involved in a literary re-creation of forgotten childhood memories" (Weissman 1965, 26). The nature of Jonson's memories as well as of the fantasies they engendered are evident in a sequential pattern of scenes that recurs throughout his comedies. These memories and fantasies underpin not only major elements of his work but his acting out as well. The memories and fantasies are of particular value in understanding the most dramatic event in Jonson's adult life—his killing of an actor and his subsequent conviction for murder.

Perhaps the clearest example of the fantasy-memory pattern is evident in *Every Man Out of His Humour* (1599), the "longest extant English Renaissance play" (Shapiro 1991, 56), Jonson's first "hit" (Kay 1970, 230–31) and arguably his most eccentric work. *Every Man Out* depicts characters in—and eventually out of—their "humour." By this term, Jonson meant a particular obsession or compulsion that causes a person continually to feel or behave in a given bizarre way.

The humour characters that are at the center of much of the play's action appear in the second act, which is essentially divided into two scenes. The scenes call immense attention to themselves. They are not causally connected and do not

follow each other according to any apparent principle; with minor changes, the scenes could be reversed without affecting the forward movement or meaning of the play. In addition, each of the two scenes introduces one of the only two male-female couples in the play. The act thus raises questions about why Jonson chose to present the specific couples he does and whether versions of these couples appear elsewhere in his plays. The act as a whole also leads us to wonder about the principles governing the relation between the two scenes and whether those principles are also evident in other causally disconnected scenes in Jonson's comedies.

In the second act's first scene, Jonson depicts Puntarvolo, a knight whose humour it is to leave his castle each morning to go hunting, and upon his return in the evening to enact with his wife an odd play of his own devising. As dramatized by Jonson, Puntarvolo appears before his own castle in the evening and presents himself as an unknown lost knight; his wife and her lady-in-waiting pretend not to recognize who he is. As the lost knight, Puntarvolo asks about the master of the castle, i.e., himself, and is told that the master is "courteous," "magnanimous," "bountiful," "learned," "well-traveled," and "religious" (2.2.49–66). When Puntarvolo then asks if he can stay in the castle overnight, his wife declares that in her husband's absence she does not allow strangers to enter, but since the knight before her is so full of "innated virtues" and is so "worthy a person" (2.3.55–59), she cannot but invite him in.

Given what we know of Jonson, it seems safe to view this scene as a reference to a highly pleasurable, wish-fulfilling fantasy that he developed as a child in response to the newly arrived stranger who every evening after work became the center of his mother's attention. In the fantasy, Jonson-Puntarvolo reestablishes himself once again as the praiseworthy center of that attention. Moreover, in the fantasy, the stranger who began to appear in the Jonson household every evening turns out not to be a stranger at all; rather, he is the man to whom the woman of the house has always been attached and to whom she has always belonged, namely Jonson-Puntarvolo himself. Puntarvolo is thus at the center of a compensatory fantasy that undoes the loss of the mother as well as the deflated sense of self accompanying that loss.

In the next scene, a stranger arrives once again, but there is no pleasure in that arrival, only intense anguish and pain. The scene is centered on a man whose humour is constantly, frantically and always unsuccessfully to try to please his wife. He strews flowers about his house because she said she liked the smell of flowers, but she declares that she likes the smell of live flowers, not cut ones, and derides him for not understanding the difference and for creating a stink. The reason the man, Deliro, cannot please his wife becomes apparent later in the scene. Fastidius Briske, a repulsive vain braggart, appears, and Deliro's wife instantly falls head over heels in love with him; eventually, she is caught sexually embracing him. As a result of her sudden love for the newly arrived Briske, the wife always measures everything Deliro does against what Briske does, and Deliro always comes up short. During the course of this scene, Deliro's relative, Fungoso, also appears. Fungoso's humour is to be just like Briske by dressing like him; however, much to Fungoso's dismay, every time he appears in an outfit that he saw Briske wearing, Briske appears in yet another, newer outfit. Whereas we previously encountered derivatives of a happy, wish-fulfilling fantasy, we now encounter derivatives of painful memories. With the arrival of the stepfather, Jonson—like Deliro—would have felt that he could never please his mother. And like Fungoso, he would have felt that he was always one step behind the powerful figure of his stepfather.

At least three observations need to be made about these derivatives. First, Puntarvolo's "wife" is primarily the object not of his romantic or sexual interest but of his need to repair his damaged sense of self and to maintain his inflated self-esteem. As a character, she has little, if any, reality outside the immediate satisfaction of these needs. Second, while the derivatives of the fantasies and memories may embody visual and auditory elements, they consist primarily of powerful affective states. To be at one with the mother is—like Puntarvolo—to experience a heightened sense of self-esteem and a feeling of ebullience. Not to be at one with the mother is—like Deliro and Fungoso—to feel unimportant, deflated, and empty. Finally, and perhaps most importantly, the derivatives of Jonson's memories coalesce around one central issue: the mother married, Jonson tells us here, because she fell in love with the stranger and wanted sexu-

ally to embrace him. As will shortly become clearer, Jonson's central repressed memory of his mother as well as his central reproach against her is that she married to satisfy her sexual needs.

The sequence evident in *Every Man Out* recurs throughout Jonson's comedies. Jonson repeatedly pens two causally disconnected scenes. The initial scene embodies his wish-fulfilling fantasy of a sexless reunion with his mother or of an idealized mother who remains chastely attached to him. He then follows this wish-fulfilling scene with one that contains a memory of his married mother as sexual and degraded. With the rarest of exceptions, these two women are the only ones who have any significant role in the action of his plays, and many of the plays contain only these two women. In Jonson's comedies, female sexuality cannot then be sanctioned—as it is in Shakespeare's—by marriage nor does it lead to procreation and thus to a celebration of the harmony between the rhythms of human life and the larger rhythms of nature. Instead, female sexuality is for Jonson in his comedies something inherently vile and repulsive, just as it is for Hamlet, whose mother also remarried.<sup>2</sup>

For example, in the opening scene of *A Tale of a Tub* (1597?), we are introduced to Lady Tub, a virtuous widow who remains faithful to the memory of her dead husband and her son. In the next, causally disconnected scene we encounter Audrey Turfe, who is motivated by a "frank and enterprising sexuality" and by a "crude desire for a husband" (Herford and Simpson 1925–1952, 1:300). During the course of the play Audrey is content to go along with four men, one after the other, in the hope of marriage and the sexual satisfaction that marriage brings. Her first attempted marriage, it is worth noting, is to John Clay, a tile-maker, and a character then jokingly notes that Audrey is marrying beneath her, "turf" being above "clay." In *The Poetaster* (1601), Ovid is banished from Rome and takes leave of his beloved Julia. In a balcony scene reminiscent of the one in *Romeo and Juliet*, the two lovers swear to be true to one another even though they are to be apart. During the course of the next, causally disconnected scene, Virgil appears and reads from Book 4 of the *Aeneid*, which he is in the process of composing. The lengthy passage Virgil reads in Jonson's translation refers to the incident in which Dido—irrationally



driven by passion and deluding herself into believing that she is married—first has sex with Aeneas. “She calls this wedlock,” declares Virgil reading from *The Aeneid*, “and with that fair name / Covers her fault” (5.2.72–73). In *Volpone* (1605), in what is arguably the most impassioned scene in Jonson, the eponymous hero offers Celia extraordinary rewards if she will submit to him sexually; she is not, however, moved by his promises of material wealth and, instead, like the fantasized mother, remains sexually chaste. In the next, causally disconnected scene, Lady Wouldbe quarrels with Peregrine and then to appease him offers herself sexually to him.

The fantasy–memory sequence appears not only in isolated double scenes but often extends over the course of an entire play. Jonson divides the derivatives of his fantasies and memories into small snippets, then develops each snippet into a scene, and as he advances the action of the plays precedes a referent to a memory with a referent to a fantasy. In the process, he creates a dramatic structure that is most clearly evident in *Every Man in His Humour* (1598), not Jonson's greatest comedy but in many ways his most important.

*Every Man In* was not Jonson's first play, but he called it “the first” fruit of his labor (Herford and Simpson 1925–1952, 3:301), painstakingly revised it after its initial production, and presented it as the first play in his *Works* (1616). The great care Jonson lavished on the comedy and the prominence he gave it suggest that it had extraordinary personal significance for him. This, in turn, long misled scholars into believing it was a great success, which it was not (Kay 1970, 229). *Every Man In* was first performed sometime between September 7 and September 20, 1598 (Jackson 1969, 225). On September 22, Jonson quarreled with Gabriel Spencer, who had acted in the play, and killed him. Jonson was arrested, tried and found guilty of willful murder. As a result, he lost his possessions and had his left thumb branded to indicate that he had been convicted of a capital offense; he only escaped hanging through a legal technicality. The proximity of the reception accorded *Every Man In* and the murder of Spencer suggests that the two were related. I would further propose, however, that many of the needs Jonson attempted to satisfy through *Every Man In* he attempted to satisfy through the murder of Spencer as well. Those needs—crystallized in

one case in a play and in another in action—are evident in the fantasy–memory structure of *Every Man In*.

The content and structure of *Every Man In* are complex and can perhaps be most clearly understood when described two times, initially in general terms and then in specific ones. Towards the beginning of the play, Jonson presents a sequence of two causally disconnected scenes that sets in motion two lines of action. The first scene initiates a fantasy of a reunion with the mother; the second, a memory of her sexuality. Jonson then introduces other subsidiary lines of action that are offshoots or extensions of the initial two lines and develops many of these lines independently of each other so that they do not intersect. The play thus initially consists of a series of largely parallel, seemingly disconnected actions.

The scenes that advance the derivatives of Jonson's memories are at the heart of the play and generate its action and structure. These scenes not only determine the nature of the fantasy-bearing scenes around them but also underpin Jonson's gradual movement of the play towards its *catastasis*, the dramatic climax that habitually appears at the end of the fourth act of Jonson's comedies. Initially, the memory-bearing scenes in *Every Man In* contain only an indirect and veiled reference to the mother's sexuality. However, as the play progresses, its action makes the sexual nature of the mother's behavior more and more explicit. When the mother's sexuality begins to achieve a high level of transparency, Jonson first completes his wish-fulfilling fantasy of a reunion with the mother and then brings many of the hitherto disconnected, parallel lines of action together so that they suddenly intersect to produce the play's comedic climax. The ostensible purpose of the climax is to produce uproarious laughter. As characters from different spheres of action unexpectedly come together, there is farcical mistaken identity and hilarious confusion about exactly what has taken place. We never really know—Jonson laughingly insists at the very point when the mother's sexuality is clearest—what has happened or who has made it happen. This confusion, the pleasure of the preceding fantasized reunion with the mother and the generally manic mood, serves to screen the actual, underlying memory of the mother's sexuality as well as the painful feelings associated with that memory. *Every Man In* thus simultaneously

satisfies a need to allow the memory to emerge and a need to keep it deeply buried, a twofold process that accounts for the remarkable number of sexual experiences that women in this and other of Jonson's comedies *almost* have.

To speak more concretely, as in *Every Man Out*, Jonson's fantasies and memories in *Every Man In* revolve around the play's male-female couples. His fantasies center on Edward and Bridget, who marry during the course of the play; his memories center on Cob and Kately and their respective wives. In the opening scene of *Every Man In*, Edward—generally viewed by critics as Jonson's representative in the play—receives a letter inviting him to London, where he eventually meets Bridget. After this opening fantasy-bearing scene with Edward, there follows a causally disconnected memory-bearing scene in which Cob informs us that a stranger, Bobadill, is living in his household. Bobadill, a vain braggart and show-off, is a boarder in the Cob household and sleeps every night by himself on a bench while Cob and his wife sleep with each other in their bed. In other words, the newly arrived stranger in the Jonson-Cob household is a temporary guest, *not* a permanent member, and that guest sleeps by himself, *not* with the woman of the house. Jonson's fantasized reunion with his mother moves towards its climax when Edward and Bridget finally meet; when we next encounter them together, they are married. However, the intensity of the pleasure that accompanies this fantasized reunion serves to compensate for the painful memory of loss that engendered it.

The nature of that memory is evident after the reunion. After Edward and Bridget meet (4.2), first Kately appears (4.3), and then Cob (4.4). Kately's humour is to experience constant, intense fear that his wife will take up sexually with another man, and we now see him in the throes of this fear. Like Kately, Cob also suddenly and inexplicably is overcome with such fear, and he now leaves his wife with the admonition that she is "flesh and blood" and therefore easily "tempted"; he warns her in overtly sexual terms to "keep the door shut upon all comers" (27-28). The Kately-Cob duo at the heart of Jonson's memories subsequently resurfaces and the play reaches its comedic climax in front of Cob's house. First Edward's father, who has followed Edward to London, arrives in pursuit of his son. Then Kately arrives in pursuit of his wife; he is now comically full of

anguish because he mistakenly believes his wife has engaged in sex with Edward's father. Next Cob appears and beats his wife in the comically mistaken belief that she also has taken up with Edward's father. Jonson thus moves *Every Man In* to a climax that echoes the Puntavolo–Deliro sequence in *Every Man Out*. First, he moves to the climax of a wish-fulfilling fantasy in which a man and a woman—Edward and Bridget—are united. Then, he moves the play to the climax of a memory in which male characters are overwhelmed by feelings of humiliation, betrayal, jealousy and rage—all brought about by the men's belief that their women have engaged in sex with the father of the man who most clearly represents Jonson in the play. Such feelings appear to have been close to the surface in Jonson, and he attempted to screen them in a number of ways. One screen was the comedic action and structure of *Every Man In*; another was the frenetic excitement that accompanies dangerous, forbidden, pseudo-masculine acts such as the brutal, senseless killing of Spencer.

It is worth noting that the pattern evident in *Every Man In* appears in varied forms in other of Jonson's comedies. Thus, in the fourth-act comedic climax of *The Alchemist* (1610), the play's two women—Lady Pliant, a widow, and Doll Common, a prostitute—are offstage at the same time and to all appearances engaged in sex with two different men. As in *Every Man In*, neither woman turns out to have had sex with anyone.

Somewhat similarly, in *The Magnetic Lady* (1632) Jonson goes to extraordinary lengths to insist on the asexual nature of his mother, represented in the play both by Lady Loadstone, a "virtuous widow" (Herford and Simpson 1925–1952, 6:511) and by Lady Loadstone's niece. The Lady Loadstone–niece duo is *not* poor; both women are fabulously wealthy. In fact, the niece comes with an enormous dowry. The niece will only receive her dowry if she remains sexually chaste, however, and she is unexpectedly delivered of an illegitimate child during the course of the play. Astoundingly, this ultimate biological proof of sexuality proves not to be an impediment to the niece's chastity, and it turns out that she is, in fact, a "virgin, and unvitiated" (4.8.54). This miracle occurs because the niece was secretly exchanged at birth for another infant girl, and it is this other girl, not the niece, who has now delivered a child. Lady Loadstone's actual niece, a

virgin, marries Lady Loadstone's good friend, Compass—clearly Jonson's representative in the play. Lady Loadstone herself is so overcome by these happy events that she suddenly declares she will marry Captain Ironside, a gruff, plain-speaking, skilled swordsman described as a brother to Compass and another representative of Jonson in the play. In the fantasy that underpins the play and that by implication compensates for a mirroring memory, the sixty-year-old Jonson is thus once again reunited with his widowed mother, who remains a virgin.<sup>3</sup>

### Judgments

It would appear that the sexuality of female characters is intimately related to the content and structure of Jonson's comedies. As might be expected, the sexuality of male characters is also important, and connected to that of the women. However, to clarify the nature of these connections, we will need to change the point of view from which we consider Jonson. We have thus far viewed him in terms of what was conscious and unconscious in him, a distinction that was at the heart of Freud's topographic theory and eventually subsumed under his structural theory. Among the reasons for Freud's shift to the structural theory was his increasing focus on the superego, both for its role in the development of the psyche and for its role in the syndrome that Freud had earlier called "melancholia." Examination of male sexuality in Jonson's comedies leads us continually to encounter the judging, punishing functions ascribed to the superego as well as elements of the ego ideal, a more benign part of the superego. We too, then, are now led to consider Jonson not in terms of what was conscious and unconscious in him but in terms of the psychic agencies first described by Freud's structural theory.

Discussion of male sexuality in Jonson's comedies most profitably begins with the remarkably odd ending of *Volpone*. The oddity involves the play's two central male characters. At the play's end, the two—Bonario and Volpone—along with Celia and other characters appear before the Avocatori, or judges, to hear their fates. Bonario is the admirable young hero of the play and Celia is ravishingly beautiful, yet at the end there is not

the slightest hint of romance or sexual passion between them; as Gabrielle Bernhard Jackson has noted, “the clear mandate for romance between Celia and Bonario is ignored” by Jonson (1969, 7). As puzzling as the lack of sexual drive in Bonario is the brutal punishment the judges hand down to Volpone. He is guilty of horrendous behavior, but his punishment seems out of proportion to his crime nor is it a fitting end for a play that purports to be a comedy rather than a tragedy.

The ending of *Volpone* becomes less odd when placed in the context of Jonson’s other comedies. Versions of the Bonario–Volpone duo appear in three of Jonson’s four greatest comedies: *Volpone* (1606), *Epicoene* (1609), and *The Alchemist* (1610). In addition, each member of the Bonario–Volpone duo is moved through a similar pattern of action in each of these plays. Despite the differences among the three plays, their deep structure is therefore the same.

*Volpone*, *Epicoene*, and *The Alchemist* each includes a “good” male character. The distinguishing feature of the “good” character is that he has no sexual urges or, if he does have any, he does not act on them. Bonario has no interest in Celia because he is sexless. In *Epicoene*, Dauphine is courted by the Collegiate Ladies but rebuffs and mocks them all. In *The Alchemist*, Face gives the great prize of the play, the rich widow Pliant, over to his master. Each of these asexual bachelors is rewarded. Bonario receives his father’s money; Dauphine, his uncle’s; and Face is taken back into the good graces of his master.

In the three comedies Jonson also includes a “bad” male character whose “badness” is defined by his having acted on his sexual urges. Volpone attempts to seduce, then force himself on Celia. In *Epicoene*, Morose marries in order to sire an heir. Mammon, in *The Alchemist*, attempts to seduce Doll Common. Whereas each of Jonson’s “good” asexual characters is rewarded, each of the “bad” ones is harshly punished.

Each of these sexual males becomes the object of intense aggression discharged by characters who carry out the functions of a vindictive, punitive superego. Immediately after Volpone attempts to seduce Celia, he is declared a “foul ravisher, libidinous swine” (3.7.267) by Bonario and then hauled before the Avocatori for trial. Their function, like that of the superego, is to judge and punish. Immediately after Morose marries, he

is set upon by members of a wedding party who aggressively upbraid and berate him. Immediately after Mammon attempts to seduce Doll, the alchemical laboratory explodes and his hope of gaining the fabled philosopher's stone is lost. "O, my voluptuous mind! I am justly punished," wails Mammon, to which Subtle reproachfully declares, "O, the curst fruits of vice and lust" (4.5.74–76).

The repetition of the dramatic structure outlined above suggests that in a number of his comedies Jonson defended himself against a highly aggressive, self-directed reproach. The content of that reproach is that he had acted on his sexual urges. Jonson's defense is twofold. Through the "good" asexual character, Jonson presents his superego with a self utterly innocent of sexual urges or unwilling to act on them; like Bonario before the judges, Jonson before his superego is innocent of the "crime" of sexuality. Through the "bad" characters, Jonson secondarily gives his superego a lightning rod for the discharge of its aggression. Not only is Jonson therefore innocent, it is the "bad" characters who are actually guilty and in need of being punished. The one who punishes is the utterly good and innocent Jonson, who aligns himself with his superego, adopts its moralistic tone, and discharges its aggression at the "bad" others.

The peculiar admixture of tragic and comic actions in *Volpone* and *Epicoene*—the brutal punishment meted out to Volpone and Morose and the rewards meted out to Bonario and Dauphine—results from the specific nature of Jonson's defenses. Those defenses also underpin the male impotence to which Katherine Eisaman Maus (1995, 128–57) has called attention in these two plays as well. As Norman Holland (1964, 338–39) has suggested, tragedy results from the breaking down of psychological defense mechanisms; comedy, from their successful operation. In light of this observation, we can note that *Volpone* and *Epicoene* are at once tragic and comic because in them two important but primitive ego defenses—denial and projection—both fail and succeed.

When Volpone is brought before the Avocatori for judgment, he pretends to be too ill to have any sexual interest in Celia and claims that Bonario has slept with her. He thus professes innocence by virtue of sexual impotence and declares

that Bonario is actually the guilty one. This defense, at first successful, breaks down during the second trial scene, in the course of which Volpone is punished by the Avocatori. A similar pattern develops around Morose.

In a desperate, unsuccessful effort to escape the aggression unleashed at him as a result of his marriage, Morose publicly proclaims that he is impotent and that the marriage is null and void. He, moreover, brings forth Daw and La Foole, both of whom boast of having previously slept with Epicoene and thereby made her unfit for marriage. The action that revolves around Volpone and Morose, neither of whom can successfully deny and project his sexuality and thereby deflect the aggression unleashed at him, thus leads to tragedy. The action that revolves around Bonario and Dauphine, kept “good” through the erasure of their sexuality and the shifting of that sexuality to the “bad” characters—the dramatic equivalent of denial and projection—leads to comedy. In sum, the overt claims to impotence fail so that the covert ones can succeed.

Comedies that appear to deviate from this pattern are actually variants of it. For example, in *Every Man In*, Edward marries Bridget, and we would expect him to be punished when he appears for judgment after the marriage. However, Edward meets and marries Bridget without expressing any desire for her and without exchanging a single word with her. As a result of this erasure of his sexuality, Edward is forgiven his harmless lark when he appears at the end of the play for judgment. In this gentler play, Jonson thus transforms the sexuality of a Volpone into the asexuality of Edward, and through that process also transforms the harshly judgmental qualities of the Avocatori into the all-forgiving qualities of the aptly named Justice Clement.

This same transformation occurs at the climactic moment of Jonson’s fourth great comedy, *Bartholomew Fair* (1614). Here, the Puritan preacher, Zeal of the Land Busy, bursts in on a puppet play, declares it full of “licentiousness” (5.5.16), and engages in a dispute with one of the puppets. When the puppet—as it were, an apotheosis of Bonario, Dauphine, Face, and Edward—raises its garment to show it has no sexual organ, Busy suddenly and seemingly inexplicably declares, “Now I am changed and will become a beholder with you” (5.5.116–17).

The processes we have examined—a highly aggressive reproach that emanates from a punitive superego, which is di-



rected at the self, and which is accompanied by the blackest of moods—are familiar to students of Freud. They are part of the syndrome to which I have already referred and that Freud called “melancholia.” Freud’s central observation about melancholia is that the melancholiac reproaches himself with having done something of which he is innocent, but that this reproach is not chosen at random. The self-directed reproach is the reproach originally meant for his lost love object, and the melancholiac thus levels at himself the reproach meant for that object. In such cases, the distinction between the self and the love object breaks down; the internal representation of the two becomes one, and the reproach meant for the lost love object comes to be focused on the self. As Freud succinctly observed, the “shadow of the object [falls] upon the ego” (1917, 249). The self-reproach that Jonson so assiduously attempted to defend against is thus exactly the one with which he reproached his mother. It is this incipient self-reproach along with the accompanying depression that appears to have been repeatedly warded off by Jonson in his comedies as well as through much of his acting out. Otto Fenichel, it is worth recalling, observed that “most impulsive acts serve the purpose of avoiding depression” (1945, 300).

The lack of genuine romance in Jonson’s work results in an emotional landscape very different from Shakespeare’s. Deprived of the sexual spark that helps to ignite romantic passion, Jonson’s characters are not shown in the grip of intense, dreamlike, and often sudden love. None of this is to say that Jonson’s comedies are devoid of intense feeling. The feeling—more specifically, the mood—that suffuses his comedies is one of elation, near neighbor to mania. The typical Jonson character strives above all else to establish and maintain a state of elation, a mood that in Jonson’s comedies ranges from the quiet exuberance of many of his self-inflated humour characters to the intense feeling of self-exaltation initially evident in *Volpone*. Jonson is unequaled as a playwright in the extent to which he depicts this mood, and it might be reasonably argued that elation is to his comedies as love is to Shakespeare’s. Thus, each of Jonson’s “bad” male characters appears in a manic mood before he is overpowered by the dramatic equivalent of the depressive processes involving sexuality outlined above. *Volpone* uses the daily visits from his would-be heirs to maintain his initial,

exalted mood, and then “crashes” because he sets off to see and seduce Celia. Mammon is initially in a hypomanic state as he looks forward to all that awaits him when he finally gets the philosopher’s stone, and then sets out to seduce Doll Common. Morose becomes hypomanic when he finally meets the woman of his dreams, and then marries her.

The states of elation evident in Jonson’s characters find their quintessential expression in Volpone’s magnificent initial address to his gold. If we momentarily set aside the fact that Volpone is Jonson’s artistic construct and for heuristic reasons think of him as a real person with a real psyche, we can describe his elation through reference to processes examined by Bertram Lewin (1950) and Annie Reich (1960).

Like other people, Volpone in his mind’s eye has an idealized portrait of himself, an ego ideal. Volpone’s ego ideal, however, is highly aggrandized and grandiose; it is based on the inflated image we have of ourselves and others in early childhood before that image has been modified by reality. Volpone would ideally like to be an all-powerful, godlike being, someone who is utterly devoid of any weakness or any need that would indicate weakness. In addition, in Volpone the mental image of the self, the image of the ego ideal, and the image of the highly charged parts of external reality are not fully separated. As a result, traits and characteristics can easily shift from any one of these to another. Volpone thus projects, or transfers, aspects of his ego ideal onto his mental image of his gold; in his mind’s eye, gold then appears to be all that he would ideally like to be. In addition, Volpone transfers, or projects, anything negative about himself onto his image of his would-be heirs; in his mind’s eye, it is therefore his would-be heirs who are weak, needy, dependent and easily manipulated and controlled, not he. Having through this process ejected all that is negative in himself, Volpone experiences himself as totally “good,” and when he looks at others he can only see in them his own “badness.”

Finally, Volpone introjects the glorified qualities of his gold into his sense of self. Through the partial merging of the sense of self with the glorified object, Volpone participates in its aggrandized qualities and thereby experiences an inflated sense of self, an inflated self-esteem, and an elated mood. In that state, he feels he can do or become anything; he is “high.”

Lewin notes that elation serves to screen depression, much as the “anality” that has classically been discerned in Jonson (Wilson 1938; Holland 1964, 137–38; Skura 1981, 95) serves as an overlay for the much more important underlying “orality” of the melancholiac (Abraham 1924), an “orality” that in Jonson’s case has been cogently examined by Joseph Loewenstein (1986).<sup>4</sup> Lewin also posits that the prototype of elation and the state internally reproduced by it can be found in the baby who, having fed from its mother, falls into a blank, dreamless, deathlike sleep. The wish for the state of the satiated suckling, as well as for a regressive merger with the mother through what Riggs has characterized as a “*liebestod*” (1989, 126), is evident in Jonson’s anecdote about his mother. One of the great awakeners from this state, Lewin appositely remarks, is the primal scene.

The processes evident in *Volpone* appear to have operated in Jonson as well. The best example can be found in the prefatory poem and epistle Jonson attached to the published version of *Volpone*, which contain what is arguably Jonson’s most detailed description of himself and others. In the prefatory poem to *Volpone*, Jonson dedicates himself and his play “To the / Most Noble and Most Equal Sisters, / The Two Most Famous Universities,” i.e., Oxford and Cambridge, where the play was performed after its initial success in London. In the epistle, Jonson then sets out to explain to everyone why he alone has written a good play and has been accorded such a high honor by the “sisters.” He begins by declaring that if one carefully considers the matter one cannot but agree on “the impossibility of any man’s being the good poet without being first a good man” (Herford and Simpson 1925–1952, 5:17). Unfortunately, Jonson observes, with one notable exception, good men have utterly ceased to exist. On the English stage, he declares, there is “nothing but ribaldry, profanation, blasphemy, all license of offense to God and man.” On the stage, Jonson continues, one encounters only “foul and unwashed bawdry,” and “nothing but the filth of the time is uttered.” There is “brothelery able to violate the ear of a pagan and blasphemy to turn the blood of a Christian to water.” The stage is steeped in “ribaldry,” “brothelery,” and “filth” because plays are now written only by “the vile and slothful, who never effected an act worthy of celebration.” Jonson, by contrast, has kept his distance from such men and has had nothing to do

with them. Because he is devoid of their bad qualities, Jonson affirms, he has written a play that “the most learned arbitresses have seen, judged and to [his] crown approved.” He will labor to “raise the despised head of poetry again . . . and stripping her out of those base rags wherewith the times have adulterated her form restore her to her primitive [original] habit, feature, and majesty, and render her worthy to be embraced and kissed of all the great master-spirits of our world.”<sup>25</sup>

### Valuation

We began our examination of Jonson by noting the great decline in his popularity and are now in a position to return to this issue. The criticism of Jonson that led to his downward reevaluation was set forth by T. S. Eliot (1932) in a seminal essay on the playwright. Eliot acknowledges the validity of the accusation that Jonson’s characters are not lifelike or three-dimensional and that they lack depth. He observes that Shakespeare’s characters seem to have a life outside the life of the play; the play’s action simply dramatizes that life in a crystallized form. Eliot concedes that Jonson’s characters cannot be said to have a life outside of the play or even outside of the scene in which they appear. The characters exist, Eliot declares, simply as part of a pattern. The complex issue of character-creation raised by Eliot is central to our valuation of a playwright’s work, and I propose to examine briefly one facet of this issue as it relates to Jonson. Having initially approached Jonson in terms of the dichotomy between what is conscious and unconscious in him—a formulation indebted to Freud’s original topographic theory—and then discussed Jonson in terms of Freud’s subsequent structural theory, I shall conclude by considering Jonson from the point of view of ego psychology, which was elaborated by Freud in his last works.

One aspect of character-creation that is useful in considering Jonson’s comedies derives from observations about the dramatic medium made by Bernard Beckerman (1970; 1990). Beckerman proposes that drama can be viewed as a continual interplay between impelling and resisting energies. These opposing energies occur both among characters and within a single

character. The energies can range from being sharply differentiated, leading to highly charged clashes, to being delicately nuanced, giving rise to muted, delicate, and oblique tension, as they do in Chekhov's mature plays. For the audience, the continual adjustment between impelling and resisting energies is one of the outward manifestations of the implied inner life of the characters. As the impelling agent encounters resistance, he modifies what he says or does, and so too does the resisting agent as he encounters something different or new that then emanates from the impelling one. Members of the audience account for these changing positions through whatever psychological insights they have at their disposal and thereby create an image of the characters. The playwright's task is not to think consciously about the psychology of his characters but to conjure up the situations in which they exist and to imagine empathically how they will then adjust to the internal or external pressures produced by their circumstances and their interactions with each other. At the heart of this process is the playwright's exploration of particularized resistance. Continuing forward movement will not create adjustments within or between characters nor will it create the resonance within the audience that results from those adjustments. Unimpeded movement will not make the characters come alive. Superficial or conventionalized resistance will produce flat, two-dimensional characters who have no depth and who may provide entertainment but little else.

The importance of resistance in Jonson's comedies becomes evident when we consider his depiction of his idealized mother. That mother appears in three scenes already cited, namely, Puntarvolo's interaction as a lost knight with his wife in *Every Man Out*, Ovid's farewell scene with Julia in *The Poetaster*, and Volpone's effort to seduce Celia. Jonson depends on the concept of a humour to motivate Puntarvolo, and Puntarvolo and his wife simply carry out the action required by that humour. There is little if any resistance within Puntarvolo or his wife during the course of their interaction nor is there any resistance between them either. Our interest is held by the oddity of their exchange, not by the depth of their implied psyches. The same can be said of Ovid's interaction with Julia in *The Poetaster*. Volpone's attempted seduction of Celia differs at first glance from the other two scenes because Celia forcefully resists

Volpone's efforts. This seeming difference disappears, however, when we consider the nature of Celia's resistance as well as the relation of the seduction scene to the fantasy that underpins it. For Jonson, Celia exists only to resist male sexuality and thereby to enact his fantasy of the idealized mother; her resistance is thus absolute and in the play simply a given. Other than her effort to remain sexually chaste, there is no resistance either between her and Volpone or within her own being. She is thus a variant of Julia and Puntarvolo's wife. Jonson's direct expression of his fantasies and the concomitant lack of genuine resistance largely account for the flat, two-dimensional quality of these female characters. That quality does not derive from Jonson's inexperience as a playwright. Almost six years and many publicly performed English plays, both by Jonson and others, separate *Every Man Out* from *Volpone*, yet the portrayal of the idealized mother remains essentially the same.

What has been said about Jonson's depiction of his mother can be extended to his depiction of his stepfather. But whereas Jonson invests his idealized mother with loving feelings and, hence, with libido, his stepfather has been invested with hostile feelings and, hence, with aggression. The lack of resistance in the depiction of the two types of characters is, however, very similar. In his early comedies as well as in those later comedies that Dryden called Jonson's "dotages," stepfather characters such as Fastidius Briske, Bobadill, and Diaphanous Silkworm (in *The Magnetic Lady*) are depicted as obnoxious showoffs; they see themselves as great swordsmen or great poets or great courtiers, and they generally simply appear and enact their inflated sense of self. The lack of resistance is exemplified in the beating scenes involving Bobadill and Silkworm. Both stepfather characters are physically pummeled in their respective plays by characters who represent Jonson: Bobadill by Downright, Silkworm by Ironside. The comedy of these scenes lies in the fact that the characters are passive and do nothing to defend themselves. The two-dimensional quality of these characters is similar to that of the idealized mother and derives from the same lack of resistance. Thus, the comparative lifelessness of both Jonson's male and female characters can be explained by the immediacy of his libidinal and aggressive fantasies, which find little if any impediment to their satisfaction.

The above observations about the relation between resistance and aesthetic value are further developed in the seminal work of Ernst Kris (1952). Kris observed that the ego carries out its functions primarily with neutralized aggressive and libidinal energy but that this energy can be neutralized to varying degrees. The less neutralized the energy, the closer it is to the drives; the more neutralized, the further away it is. According to Kris, the degree of neutralization in the artist is reflected in the artist's work. Increased neutralization is evident in increased "delay of discharge of tension" (35) as well as greater "distance from the immediacy of discharge" (39). Thus, the less neutralized the energy used by the artist in creating his work, the more immediately does the work embody his fantasies; the more neutralized the energy, the more detached the artist is from the raw embodiment of such fantasies. Kris implies that one measure of the neutralization embodied in a work of art is the presence and extent of resistance. Of a particular novel, for instance, Kris notes that it contains "a daydream in the full and clinical sense of that word" because "in all episodes the hero emerges triumphant and uncontested" (36). "Uncontested" I take to mean "unresisted."

From a psychoanalytic perspective, the reasons for the decline in Jonson's reputation are not difficult to fathom. As interest in character and individual psychology began to grow, Jonson's handicap in this area became evident. Although his work contains characters who are more "lifelike" than the ones examined here, his characters in general are pawns in a highly personalized game played by Jonson to satisfy his inner needs. As Eliot observed, Jonson's characters have no life outside the pattern of the scenes in which they appear, a pattern that expresses Jonson's needs all too directly. The issue is not that Jonson's work—like that of any other artist—contains his memories or fantasies or defenses; it has rather to do with the processes by which these autobiographical residues are filtered into his plays. Nothing I have said, however, negates Jonson's formidable artistic achievement. Jonson's comedies differ from Shakespeare's, and are highly unusual for their time, in that they are not based on any preexisting plays or stories. Thus, whereas Geoffrey Bullough's monumental compilation, *Narrative and Dramatic Sources of Shakespeare* (1957–1975), consists of eight

weighty volumes, no such archive exists for Jonson. Discarding preexisting narratives as a guide, Jonson molded new artistic constructs—new characters, new incidents, new actions—in an effort to satisfy simultaneously his psychological needs and the social needs that came with living in his world and being a playwright.

608 Fifth Avenue, #701  
New York, NY 10020  
GeoMan68@aol.com

### Notes

1. Quotations from Jonson and Drummond are from C. H. Herford and Percy and Evelyn Simpson's monumental edition of Jonson's work (1925–1952). Spelling, punctuation, and grammar have been silently and lightly modernized. I follow the first reference to a play by its initial date of production.
2. I am indebted to Peter Rudnytsky for the comparison to Hamlet.
3. I have argued that Jonson's causally disconnected scenes as well as his seemingly disconnected main plots and farcical subplots are related through the underlying bridge between fantasies and memories. These relations may result from universal principles governing the emergence into consciousness of the derivatives of repressed unconscious material. It might be argued, for example, that the pleasure of an initial wish-fulfilling fantasy compensates for the pain connected with the following memory and that this pleasure helps a part of that memory to emerge into consciousness (Tausk 1913). It might also be argued that a pleasurable fantasy can emerge into consciousness in a relatively undistorted form and then be developed in a comedy's main plot. A highly painful memory, on the other hand, needs to be heavily disguised as farcical action and also to be attached to the pleasurable fantasy of a comedy's main plot in order to emerge into consciousness, where it finds its way into the subplot. Thus, the farcical subplot of a comedy, rather than being an irrelevant addition to it as one might initially suppose, antedates the main plot and is in many ways more important; the main plot is an "afterthought." If such universal principles apply, then the relations between form and psychic content in Jonson's comedies may exist in other playwrights and their work.
4. It has been conventionally assumed that money represents feces and that one of the signs of Jonson's "anality" is his characters' frequent desire to accumulate gold. However, in *Volpone*, the play that most directly depicts this desire, gold is described as something that can be eaten or drunk. The paradox is resolved by Fenichel's observation that "money = *everything* that can be taken or given" (1938, 100; italics in original). The "everything" that Fenichel cites as equal to money includes "milk, food, mother's breast" (101).
5. Shakespeare's great foray into the psychoanalysis of elation is, of course, Malvolio in *Twelfth Night*. On the basis of historical evidence, Riggs has argued that Malvolio represents Shakespeare's satiric portrait of Jonson during the "Poets' War" (1989, 84–85). Malvolio appears in three states during the course of the play. At first he is rigid, aloof, and harshly judgmental; he is then full of himself when he believes he has received a love letter from Olivia; he is finally alone and abandoned in darkness except for the character he believes to be Friar Topas, who visits and reprimands him. Shakespeare's Malvolio–Jonson could then be viewed as someone in whom an "anal" character defense serves to ward off an underlying depression, which is secondarily screened by elation and the grandiosity that accompanies it.



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## **Erik H. Erikson, Norman Rockwell, and the Therapeutic Functions of a Questionable Painting**

*As Norman Rockwell's analyst during an especially difficult period of his personal life, Erik H. Erikson encouraged Rockwell, who had been painting life "as I would like it to be," to allow his work to flow freely out of his unhappiness. This article examines Rockwell's relationships with women—his mother and wives—and his second wife's relationships with their sons as a backdrop for a psychoanalytic interpretation, informed by Freud's theories of disavowal, joke-work, and melancholia, of Rockwell's *The Art Critic*. Comparison of *The Art Critic* with Rockwell's earlier painting, *Christmas Homecoming*, supports the claim for his therapeutic progress in the intervening years.*

Although Lawrence J. Friedman (1999) notes in his biography of Erik Erikson that Norman Rockwell, the famous illustrator, lived in Stockbridge, Massachusetts, at the same time that Erikson was a member of the Austen Riggs Center in Stockbridge (241), and that Rockwell once made a comic sketch of Tom Sawyer totally immersed in Erikson's *Childhood and Society* (254), he does not mention the fact that Erikson was Rockwell's analyst during an especially troubling period in Rockwell's life.

In her biography of Norman Rockwell, Laura Claridge indicates that exactly when Rockwell decided to enter therapy at Austen Riggs Center is unclear. However, "bills exist from 1953, and a letter the following year from Erikson speaks of him as Rockwell's therapist" (2003, 380). Born in 1894, Rockwell would have been in his late fifties when he became Erikson's patient. Born eight years later, Erikson would have been in his

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early fifties. Claridge notes that “Erik Erikson would have been a good fit for Rockwell for several reasons,” including the fact that he had been an artist himself “before giving up art for psychology” (380).

Rockwell’s ostensible reason for deciding to enter analysis was that he was suffering from depression resulting from his struggle to come to terms with his wife Mary’s alcoholism and emotional instability, which had begun to manifest itself shortly after their two oldest sons left home for boarding school. Claridge notes, however, that Erikson felt that Rockwell’s depression was also due to the fact that he, too, was “struggling with the same adjustment to missing his children” (2003, 403). She indicates that Erikson helped Rockwell see the connections between his early relationship with his mother and the expectations that he placed on his wives to take care of him, and between his early relationship with his father and the pressures he placed on himself to support an orderly household through hard work that paid very well (225–26). Noting the association of Rockwell’s depressed spirits and the artistic brilliance of his realistic works in the 1950s, the period in which he was undergoing psychoanalysis, she indicates that Erikson encouraged Rockwell to allow his work to flow freely “out of his unhappiness” (370).

In this essay, I will focus on the connections between Rockwell’s early relationship with his mother and his relationships with his first two wives, and on the oedipal themes that were especially evident in the family difficulties that led him to seek therapy. I will consider, in this light, *The Art Critic*, which he painted during the period in which he was in psychoanalysis with Erikson, and explore the insights it offers into the issues with which he was struggling.

### **A Self-Centered Mother**

Rockwell was born in 1894 in New York City and lived on the Upper West Side with his parents and older brother Jarvis until 1907, when the family moved to Mamaroneck, a small commuter village of 2,500 residents on Long Island (Claridge 2003, 76). He begins his autobiography, *My Adventures as an Illustrator* (1960), with an account of his memory of sitting at

the dining room table in his family's apartment on a winter evening,

my head scrunched down on one elbow, a pencil clutched in my fist, drawing a picture of Mr. Micawber while my father reads *David Copperfield*. My mother sewing, her chair drawn up to the table to catch the light from the gas lamp with the large green glass shade fringed with red silk ribbons which hung above the center of the table; my brother Jarvis doing his homework beside me. (15)

An idyllic family scene, perhaps, but in Claridge's view, the very fact that Rockwell began his autobiography with a reference to Dickens's *David Copperfield* is significant because this "story of a fatherless boy tended by the Micawbers [is a] wonderfully humane projection of Dickens's own desires for substitute parents" (2003, 56). She suggests that Rockwell's later portrayal of the city in which he lived the first thirteen years of his life as unpleasant, sordid, and unsettling was a form of displacement: "It was safer to blame the city than his parents for his failure to receive the family warmth and validation he craved" (67).

Claridge attributes much of this failure to receive family warmth and validation to the fact that Rockwell's mother, Nancy, suffered from neurasthenia, a diagnostic term first employed by American electrotherapist George Beard in an article published in the *Boston Medical and Surgery Journal* in 1869. Neurasthenia was a type of mental disorder involving such symptoms as irritability, fatigue, weakness, anxiety, and localized pains, none of which had apparent physical causes but were thought to result from weakness or exhaustion of the nervous system. Coincidentally, Alphonso Rockwell was Beard's associate (Shorter 1992, 221).

Claridge suggests that Rockwell's mother, who was born in Hoboken, New Jersey, in 1866, was deeply affected by the death of her brother, and that "she appropriated the theme of suffering for the rest of her life as a way to be recognized" (2003, 19–20). Also, as the youngest girl in the family, "she learned early to whine effectively and often in order to gain attention from her volatile household" (20). On the other hand, she encouraged

in her own children an openness to excitement, reserving her highest praise for accomplishments that marked her sons as intrepid men of the world, like her brother and her father before them. She could be an invalid; they would be the outlet for her needs that went otherwise unaddressed. (20)

Claridge notes the ambivalent feelings that Rockwell's mother's invalidism and neediness invoked in him, and connects "Rockwell's ambivalence toward his mother—the cost to others of her vanity, her desire to be tended, her physical weakness, and her unattractive if enviable ability to get what she wanted—with his longtime championing of the cultural or economic underdog" (133). His paintings, she adds, reflect "his lifelong identity with the outsider, stemming from the mixed messages Nancy gave him as he grew up" (133).

Rockwell's own portrayal of his parents in his autobiography suggests that he would have tacitly agreed with Claridge's association of his mother's imperious ways with his lifelong championing of the underdog, beginning with his long-suffering father. He notes, for example, that whenever he thinks about his parents,

a certain scene invariably presents itself, a scene which was repeated day after day during my childhood. It is late afternoon. I am playing on the stairs or in the hallway of the apartment house. The front door opens and closes and my father comes up the stairs, worn out from his day at the office and his hour ride on the trolley. He goes into the apartment and I can hear him ask my mother: "Well, now, Nancy, how are you?" "Oh, Waring, I've had such a hard day. I'm just worn out." "Now, Nancy, you lie down on the couch there and I'll get a cold towel for your head." And then he'd shut the door and all I could hear would be mother complaining, interrupted at long intervals by my father in tones of gentle sympathy and concern. (1960, 36–37)

The neighbors, he adds, would tell him that his father is "a saint" and "a wonderful, wonderful man," and he agreed. Soon after his father married his mother, she fell ill:

That was the beginning of a long series of illnesses continuing through her whole life (she lived to be eighty-five years old). Whether or not this almost constant sickness was a way of drawing attention to herself, I don't know. (37)

Noting that the doctors "often said there was nothing wrong with her," medically speaking, Rockwell attributes her psychosomatic illnesses to his suspicion that

she felt that my father was lowering himself when he married her, the daughter of a wild impoverished artist. In any case my father's life revolved around her to the exclusion of almost everything else. He cared for her constantly and with unflagging devotion. (1960, 37)

But although he admired his father for his devotion to his neurasthenic mother, Rockwell didn't feel that he had much of a relationship with him:

Dignified, holding to the proprieties, gentle and at the same time stern; but distant, aware of Jarvis and me, but always, even when we were children, treating us as sons who have grown up and been away for a long time—that's how I remember my father. I was never close to him. (37)

He adds, "I was never close to my mother either," and he tells of the occasions when his mother

would call me into her bedroom and say to me: "Norman Percevel, you must always honor and love your mother. She needs you." Somehow that put a barrier between us. (38)

We may assume that the emotional "barrier" was due not only to his mother's tendency to call him by his first and middle names (he hated the name "Percevel") and to her demand that he always honor and love her, but also to the fact that her expression of her need for him occurred in her bedroom, thus

arousing specifically sexual anxieties. As we will see, this bedroom scene foreshadows the oedipal themes in the relationships of Rockwell's wife Mary with their sons, expressed most overtly in a request of their son Peter to share her bed at a time when she was feeling especially lost and lonely.

Rockwell learned, however, to keep his thoughts and emotions concerning his mother to himself. For example, in 1911, when he was seventeen years old and embarking on his career as an illustrator, Rockwell became upset with the fact that the family moved back to New York City from Long Island mainly to indulge his mother. As Claridge tells it: "He was furious at his mother, but he let his anger simmer rather than express it. He blamed her for the family's entrenchment in the down-at-the-heels midtown boardinghouse" (2003, 104).

Convinced of "his mother's incompetence and selfishness, he believed that choosing a boardinghouse over a place of their own was damaging self-indulgence on Nancy's part" (Claridge 2003, 105). To be sure, it was convenient for her to have nothing to worry about—cooking, grocery-buying, cleaning, doing laundry—because the boardinghouse took care of everything, all for one payment each month: "But other women provided their families with a normal home; why was she special?" (105).

In later years, Rockwell supported his mother with monthly checks, and after her death, he sent a weekly check to her relatives as compensation for the fact that they had tended to his mother in the last few years of her life. It would seem, therefore, that he made every effort to be an honorable son to his mother. He may very well have done his best to love her too, but he concludes his reflections on his parents, city life, and the summers he spent in the country with this observation:

Maybe as I grew up and found that the world wasn't the perfectly pleasant place I had thought it to be I unconsciously decided that, even if it wasn't an ideal world, it should be and so I painted only the ideal aspects of it—pictures in which there were no drunken slatterns or self-centered mothers, in which, on the contrary, there were only Foxy Grandpas who played baseball with the kids and boys fished from logs and got up circuses in the back yard. If there was sadness in this created world of



mine, it was a pleasant sadness. If there were problems, they were humorous problems. The people in my pictures aren't mentally ill or deformed. The situations they get into are commonplace, everyday situations, not the agonizing crises and tangles of life. (1960, 45–46)

Rockwell's use of the word "unconsciously" suggests that before he entered analysis in the 1950s, his underlying motivations for centering on the "ideal aspects" of life were largely unknown to him, or, if they were known, went largely unexplored. Also, his observation that he had painted a world "in which there were no drunken slatterns or self-centered mothers" is an especially revealing choice of words. Although "drunken slatterns" is ostensibly a reference to women he had encountered on the streets of New York when he was a boy, while "self-centered mothers" is a reference to his experience of his own mother as he was growing up, both phrases also have relevance to his later years of married life, especially with his second wife Mary, who succumbed to alcoholism and displayed a deep neediness for her own sons, a neediness that the youngsters found it impossible to assuage or effectively counter. Also, his observation that the people in his pictures "aren't mentally ill" is not only a veiled reference to his mother's neurasthenia but also to his first wife, Irene, who was a patient at McLean Sanitarium in Somerville, Massachusetts, and eventually drowned in her bathtub in 1934, a probable suicide (Rockwell 1960, 253), and to his second wife Mary, who was a residential patient at Austen Riggs Center in Stockbridge, Massachusetts, and at the Institute for Living in Hartford, Connecticut. The untimely death of his wife Mary occurred at the time that Rockwell was dictating his autobiographical study.

### **A Self-Centered Wife**

Rockwell married Irene O'Connor in 1916. They had met when she took a room in the boardinghouse where he had been living in New York City. He was twenty-two years old, and she was twenty-five. They were married in Potsdam, New York, at Blessed Sacrament Catholic Church, but in the priest's study

rather than the sanctuary because he was not a Roman Catholic. He later mentioned that her family kept trying to convert him, but that it didn't matter much because Irene hardly ever went to church herself. It was also evident that Irene had rather expensive tastes that Rockwell, a struggling illustrator, attempted to gratify. Early in their marriage rumors began to circulate about her flirtations, but Claridge believes that "Irene behaved conventionally in public for at least the first five or six years" (2003, 150). She also notes that Irene advocated an "open marriage," and that Rockwell's son Peter (his third son by his second wife Mary) told her that his father had confessed to him that he had had a brief affair with the young widow of a friend and fellow illustrator for *The Saturday Evening Post*, who had died of kidney failure at the age of forty-seven (194–95).

In 1922, Irene's father died, and because he had made no arrangements for the financial future of his wife and his three unmarried children, Rockwell soon "found himself supporting them all under his own roof" (Claridge 2003, 175). He was both amused and repulsed by Irene's brother Hoddy, but by the end of 1924 he decided he had had enough of sharing his home and wife with her mother, sister, and two brothers. Hoddy alone was too much for Norman's peace of mind: a decorated war hero, the large man suffered from nightmares that would cause him to fall out of bed at least once a night, hitting the floor with a loud thud that reverberated through all three floors. The larger-than-life brother-in-law felt himself entitled to take whatever Rockwell could provide (185). Rockwell's son Tom, his second son by Mary, told Claridge that his father also had to finance two abortions for Hoddy, and his tone of voice suggested that his father "thought the situation morally shaky" (185).

When Rockwell asked Irene to agree to their finding a place to live by themselves and she responded, "And leave my family?" (Claridge 2003, 186), he decided to move out of his own home and went to live in the Salmagundi Club, a temporary home for artists. Then, when he was hospitalized several weeks later, either he or Irene seized the opportunity for a reunion, and as soon as he agreed to her demands for an expensive new house, she kept her part of the deal by convincing her family to return to Potsdam. The illness for which he was hospitalized was a severe case of tonsillitis. Noting that his tonsils had

been removed when he was a little boy, Claridge suggests that “his use of the pseudo-illness probably substituted for a less seemly ailment” (186). “Less seemly” appears to imply a sexually transmitted disease owing, perhaps, to their “open marriage.” It seems more likely, however, that he was resorting (unconsciously?) to his mother’s method of dealing with her emotional conflicts through psychosomatic symptoms, hoping that Irene would respond with genuine sympathy, much as his father had responded to his mother’s physiological complaints.<sup>1</sup>

Perhaps because their reconciliation was essentially a negotiated settlement, however, it did not last. In 1929, Irene announced that she wanted a divorce because she had fallen in love with another man. Rockwell tried to talk her out of it but she was adamant, and he finally agreed. Contributing to the humiliation of a highly publicized divorce was the fact that Irene had rendezvoused with the other man while Rockwell was touring Europe, she having refused to accompany him. Claridge notes that he “had to feel that his wife’s new object of affection was everything that he was not,” for “machismo, not drawing skills, was the key to Irene’s heart” (2003, 212). Moreover, his rival was a war hero who possessed enormous “masculine prowess,” and was a “genuine he-man” (212).

By the time Irene broke the news that she had fallen in love with another man, “Rockwell was a solid product of the emotional template laid down throughout his childhood, especially by his mother,” and now, “at this juncture of an adult crisis, his boyhood lessons guided his response” (Claridge 2003, 213). After all, observing his parents’ marriage had prepared the way for Rockwell’s acceptance of Irene’s self-centeredness:

If a wife chose not to accompany her husband on his first—or on any—trip abroad, in spite of his entreaties otherwise, that just seemed part of the natural progression set in place by Nancy Rockwell, who was encouraged to think of herself before anyone else in the family. Rockwell grew up expecting no one but himself to satisfy his deepest emotional needs, which he finessed through his work. (213)

### A Wife Beset with Insecurities

Five days after their divorce was granted, ending a fourteen-year marriage, Irene was married on January 23, 1930, at Marble Collegiate Baptist Church in Manhattan. On March 27, 1930, Rockwell became engaged to Mary Rhodes Barstow, whom he had met in California on a blind date only two weeks before. Raised in Alhambra, a suburb of Los Angeles, and fourteen years his junior, Mary taught mathematics in a grade school in nearby San Gabriel. They were married on April 17, 1930.

Noting that Irene had also been a schoolteacher when Rockwell met her, Claridge suggests that Rockwell was undoubtedly “smitten with the outgoing, enthusiastic, and intelligent young schoolteacher he so quickly asked to become his wife” (2003, 225). She adds, however, that deeper psychological needs also played a role, for he “was also transparently relieved to meet someone to replace Irene, the first schoolteacher spouse meant to substitute for his mother and father” (225). Indeed, both his personal and his professional life reflected

the complicated dynamics set into motion by Nancy’s critical, self-centered—yet, at some level, loving—mothering, and Waring’s distant, authoritarian, but well-intended fathering. Rockwell’s pithy self-pronouncements reveal much about his motivations. When, for instance, he said, as he did frequently, that one reason he became an illustrator instead of risking a life in “fine arts” was to please his parents, he told the truth. What he did not assess until much later, under the auspices of psychoanalyst Erik Erikson, were the ways he kept trying to compensate for the childhood he lacked, by positioning his wives to play out the roles for which his parents had only auditioned. (225)

The couple occupied the same house in New Rochelle, New York, where he and Irene had lived before their divorce. His father died a year later, in August 1931, and their first child, Jarvis Waring, named for both Rockwell’s brother and father, was born in September. Claridge indicates that Rockwell “joyfully took on the

role of father, and, far more uncomfortably, moved to ensure his mother's well-being" by financially underwriting her move to Kane, Pennsylvania, to live with his older brother (2003, 230). In March 1933, their second son, Thomas, was born.

The following year he and Mary were faced with having to find a place for his mother to live because she had worn out her welcome with her daughter-in-law in Pennsylvania. The initial arrangement was for her to live in a boardinghouse in Providence, Rhode Island, near her cousins, but she expressed the desire to be near one of her sons. So, with Mary's encouragement, his mother moved to New Rochelle. Mary believed that she could make her mother-in-law happy through "thoughtfulness," but Rockwell found her presence a distraction from his work; and in time, Mary's "enthusiasm, endless as it seemed, dissipated under the pressure of her mother-in-law's relentless requirement for 'thoughtfulness,' so that within the next year or so, Nancy Rockwell was shuffled back to Providence" (Claridge 2003, 249).

Later that year Rockwell's first wife, Irene, was found dead in her bathtub, a probable suicide. For the previous two years, she had been a patient at McLean Sanitarium in Somerville, Massachusetts, but had been released to attend her mother's funeral. As the majority of McLean's patients were suffering from bipolar disorder, Claridge believes that this would have been her official diagnosis, especially in light of accounts of her behavior by those who knew her well that suggested "a personality that alternated between extreme melancholy and wild bursts of energy and activity" (2003, 255).

What effect Irene's death had on Rockwell is impossible to determine because he avoided talking about her, going so far in later years as to feign to forget that he had ever been married to "that pretty girl who lived in my boardinghouse" (Claridge 2003, 256). The fact that her death was probably a suicide was the kind of publicity that he would certainly have abhorred.

In 1936, Mary gave birth to their third son, Peter. Two years later, "having tired of Providence—or the exhausted relatives in Rhode Island having exceeded their patience with Nancy—Mrs. Rockwell was back in New Rochelle that year, looking forward to spending Christmas of 1938 among her three young grandsons, 'even though,' as her niece remembers well, 'she preferred girls

instead'” (Claridge 2003, 273). This preference for girls over boys has relevance, perhaps, to her feelings regarding not only her grandsons but also her own sons, and raises the question of how she might have related to a daughter of her own.

Meanwhile, Mary was becoming nervous about the attention that other women showed her husband at social gatherings in New Rochelle and increasingly uncomfortable with the fact that they had continued to live in the house where he and Irene had lived. So they decided that it would be a good thing to move to New Arlington, Vermont, where they had earlier purchased a summer home. In time, it was winterized, and in 1943 they sold their home in New Rochelle. They settled Rockwell's mother in nearby Bennington, and Mary played the important role of protecting her husband from his mother's intrusions, her requests for better accommodations despite the fact that she was living in an expensive boardinghouse, and continual suggestions that she would be much happier if she could live in New Arlington instead.

Among the Rockwells' relatives and friends, no one seemed to remember when Mary began drinking too much. In early 1948, however, she was showing signs of mental fatigue. She was only forty years old, her two oldest sons were spending most of their time away from home at a Quaker boarding school in Poughkeepsie, New York, and her youngest son was only six years away from entering college himself. Claridge writes:

It was time for her to reestablish herself outside the roles of mother and wife, and she began participating in local writing classes. At this stage, Mary's sons sometimes wondered why their mother worried so much; but, looking back, Jarvis [their eldest son] recalls seeing her hunched next to a visiting teacher on their living room couch several years before, earnestly talking to the other woman about her own unfulfilled ambitions and fears of inadequacy. (2003, 348)

It would be easy, Claridge suggests, to associate Mary's problems, including the subsequent years of alcohol abuse and mental illness, with her husband's career and growing emotional distance. We could surmise that “the talented woman, forced

to play second fiddle to her famous husband, languished in the wake of his fame” (348). She *did*, in fact, “dedicate herself to ensuring that her husband’s work could always proceed unimpeded, from cooking the food he preferred to keeping the hours he worked best by to spending her days taking care of his professional and domestic needs” (348). Moreover, her role as his financial manager was certainly a cause of anxiety, especially when the IRS conducted audits of their taxes in 1942 and again in 1945.

On the other hand, Claridge questions this rather easy explanation by noting that Rockwell

was not averse to hiring people to do the chores Mary performed instead. He had admired her brains and competence and social extraversion from their first meeting, and nothing suggests that he enjoyed her sacrificing any of them on his behalf. He just didn’t want her needs to stand in the way of his career, and she knew no other way to meet such a requirement than through making herself indispensable to him. What is saddest about such a tale is the evidence suggesting that he found indispensable what was in fact easiest for her to give—emotional support, belief in his talent, and honesty in her criticism. The rest—the running of errands, the housekeeping, the answering of fan mail, the tending of his mother—all this he found easy to replace with professional help, when Mary finally had no more ability to provide it. (2003, 348)

By the fall of 1948 crying scenes had begun occurring within their youngest son’s hearing. One evening, when his older brothers were away at boarding school, Peter sat on the top of the stairs and listened to his parents down below. His mother was sobbing and his father, obviously bewildered and upset, said, “Why don’t you just stop drinking?,” to which she replied, “Because I can’t” (Claridge 2003, 352). Records from a doctor in nearby Bennington indicate that she had been seeing a psychologist; and a neighbor, Joy Edgerton, later recalled that one day when she went to visit her, Mary was all excited about a book that she had been reading, *The Art of Loving*, by Erich Fromm. Mary urged Joy to read it, and she did. But when Joy

returned it and tried to discuss it with her, “she became distant, even defensive, and that was that” (353). Claridge notes that nearly a decade later, “doctors would detail the severe mood swings that Mary suffered, and her confusing reaction to Joy seems a manifestation of the problem that only worsened over time” (353).

Joy Edgerton also recalled that during the dinner parties the Rockwells hosted in the late 1940s, Mary would sneak next door to get a drink from the Edgertons’ liquor cabinet to “settle her nerves.” Also, Rockwell’s mother had begun telling tales in Providence of how Mary would reach down to the side when she was driving her mother-in-law back to Rhode Island, and swig quickly from a flask (Claridge 2003, 353).

It was at this time that Mary began driving to Stockbridge to receive psychiatric treatment from Robert Knight, the director of Austen Riggs Center. Usually, she would arrange her appointments so that she would be home before Peter got back from school, but a few times she arranged to take Peter from school so that he could join her on the drive to Stockbridge for her appointment. Then they would drive to Poughkeepsie to see her two oldest sons and return to New Arlington later in the day. On some occasions, she felt too nervous to drive to Stockbridge, and her neighbor Clara Edgerton would take her there. The fact that a few of the trips included a visit to her sons suggests that she was mourning their absence, and it seems likely that her difficulties stemmed more from her loss of their everyday presence than from her husband’s tendency to work long hours in his studio located a hundred yards or so from the house.

As winter approached, Rockwell lost patience with Mary’s drinking, and he left for one of his regular winter retreats to California, telling her that she could follow with Peter when she had her drinking under control. To Peter, this was tantamount to desertion. Years later, Peter reminded Claridge that he had been only twelve years old at the time. He noted that his father “left me alone with a mother who was falling apart,” and added, “It doesn’t seem to me to have been a very responsible thing to do” (2003, 352–53). The affront would seem to have been all the greater because of the fact that Mary was from California, and that he would be staying near her own family.



On their way back from the train station where they had seen Rockwell off, Mary suggested to Peter that they go to a movie, something the family rarely did. Then, when they returned home, she invited him to sleep with her in his parents' bed to ward off their mutual loneliness and because she was afraid of the noises outside. Peter later observed that this "wasn't exactly the wisest thing to do, for a mother to put her pubescent son in bed with her," and although he has "no memories of anything untoward," it nonetheless "makes me cringe. She was just so lonely, and I guess it made her feel less abandoned" (Claridge 2003, 355).

A month or so later, Mary and Peter were on the train to join his father, and Peter recalls the occasion when he returned to their compartment and found porters and attendants swarming around his mother. He wasn't sure what had happened, but suspected that she had collapsed after having gotten drunk for the first time in a month or so. When they arrived in Los Angeles, neither told Rockwell what had happened on the train, but Mary began seeing a psychiatrist in Los Angeles and, according to various family reports, this did more harm than good. In a 1999 interview with Claridge, her sister Nancy, then ninety-five years old, said that the psychiatrist told Mary that she needed the space to become "self-actualized" instead of living her life as a mere extension of her husband. Nancy, however, felt that her sister's problems were rooted in their mother's treatment of her when she was a young girl, and that everyone in the family "wanted her to blame my mother" (2003, 356).

Although Nancy apparently did not know the extent of her older sister's problems, having expressed surprise when informed that her sister had an alcohol problem, Claridge says that she

was correct in remembering that other mental healthcare professionals would maintain that the California doctor had severely harmed Mary by giving her what they considered to be a false and easy way out of examining mental problems that instead stemmed from childhood: her severe mother had demanded constant proof of her daughter's love and competence. (2003, 357)

For his own part, Rockwell's comments to his children and to friends, as well as his extant correspondence, indicate that he "was interested most of all in what could be done to help his wife, not in why she was troubled" (357). He agreed that his absorption in his work was detrimental to his family, but "he also continued to believe that Mary could get well if she figured out what would make her happy" (357). With this in mind, he arranged for his oldest son Jarvis to come to California and enroll at Hollywood High, and he began to encourage his son's interest in becoming an artist himself.

When the family returned to Vermont a few months later, Rockwell decided to create a summer artists' colony as an inducement for Jarvis to stay at home where he could be a comfort to his mother. He asked the Art Students League to send him several of their best students, one of whom, Don Winslow, decided he would like to stay after the others had gone. He continued to live for several more years in the abandoned schoolhouse that Rockwell had secured for the students. The two had formed a special bond, one that surprised the other students, because Winslow exhibited signs of manic-depressive illness. But Rockwell tried to help him with his mood swings by giving him "pep talks, telling him to pick himself up, get moving" (Claridge 2003, 375). In turn, the young protégé helped ease Rockwell's studio demands.

Mary, however, tried to get Winslow to leave because she "disliked the way the young man's kinetic presence cut into the spousal intimacy she gained from being indispensable to her husband's work," and deprived of this role, "she wasn't sure what she was supposed to do with her life" (Claridge 2003, 375). Before long, she became a voluntary resident at Austen Riggs. As for Winslow, Rockwell "tried hard to help him deal with his mood swings, which sadly, before the decade was over, would lead to suicide" (375).

When Mary moved to Riggs, she decided, for reasons that were unclear to her sons, that she would allow only Peter, the youngest, to visit her. She also suggested to Rockwell that they should get a divorce. In response, he wrote her a plaintive letter, assuring her of his complete love and devotion, acknowledging that he was "extremely difficult at times due to my absorption in my work," but expressing his conviction that even as they

“have come a long way,” he was certain that they could “as a team go further and higher” (Claridge 2003, 376). One hears echoes in this response of his father’s efforts to mollify his wife with expressions of “gentle sympathy and concern” (36–37), and evidently the letter had its intended effect, as Mary did not bring up the issue of divorce again.

In August 1952, Rockwell wrote to Robert Knight, Mary’s doctor, inquiring about beginning therapy himself. Because the Rockwells’ son Tom was already seeing him, Knight was uneasy about treating yet another family member, but he met with Rockwell and recommended that he begin therapy with Erik Erikson. In 1951, Erikson had moved to Stockbridge from the University of California at Berkeley to join the staff at Austen Riggs. As noted earlier, Erikson was deemed by Knight to be ideally suited to be Rockwell’s therapist because Erikson himself had attempted to become an artist in his late teens and early twenties (Erikson 1975; Friedman 1999, 42–49).

By the end of 1953, the Rockwells decided to leave New Arlington and relocate to Stockbridge. This move had the advantage of eliminating the frequent trips that Mary was taking to Riggs for therapy, and Rockwell himself wanted to increase his own treatments with Erikson. Rockwell justified the move on the grounds that he had used up all the New Arlington model pool, having employed two hundred town residents over the past decade, but Claridge suspects that the move was also prompted by the fact that many New Arlington residents were aware that the Rockwells were having their problems.

Jarvis Rockwell recalls how impressed his father had been by Shirley Jackson’s short story, “The Lottery,” published in 1948 in *The New Yorker*. The story was about a small New England town’s yearly ritual of drawing lots to see who would be the sacrificial victim stoned to death by the villagers (Claridge 2003, 388). The publication of the story provoked such outrage that hundreds of readers had cancelled their subscriptions, but Claridge notes that “when the citizens are shown passively accepting the evil annual sacrifice of an innocent towns person, readers are forced to reevaluate what lies beneath the tranquil surfaces of their communities” (388). Rockwell’s interest in the story at this time may well have reflected his feeling that he had become the town’s sacrificial victim. It may also have prompted

him to reevaluate “this created world of mine,” with its pleasant sadness and humorous problems, and to begin to give much greater attention to “the agonizing crises and tangles of life” (Rockwell 1960, 46–47).

Mary’s condition, however, did not improve with the change of scene. Although she produced abstract canvases at art classes at Austen Riggs, she continued to have severe bouts of depression and would walk for hours around Stockbridge trying to shake the depression and suicidal urges. During the summer, Rockwell worked on the *Saturday Evening Post* cover for September 25, 1954, titled *Breaking Home Ties*, which depicted a smartly dressed college-bound young man sitting on the running board of an old truck and waiting eagerly for the train, his farmer father hunched over beside him, and a collie resting its head on the boy’s knee. Years later Rockwell acknowledged that the dispersal of his own family and his own relocation at the time had inspired this painting, and he noted that the disconsolate dog symbolized what the father was unable to say (Claridge 2003, 400). As Claridge notes, Rockwell was struggling with the

exits his sons were making, and the scary challenge of starting life anew, in Stockbridge, with only Mary. His willingness to move for her treatment was a sign of his own developing awareness that he played no small part in her troubles, and he did not flinch, whatever image the American people maintained of him as patriarch of the perfect and happy family they all desired, from aggressively seeking help for her and for himself. But his own life was unfolding in ways that were far afield from any of the ideal pictures he had created for himself of what happiness looked like. (400)

In a handwritten letter, Erikson asked Knight to do what he could to support his own efforts to persuade Rockwell to take a vacation to Europe with Tom’s fiancée’s parents by encouraging Mary to forgo the trip herself. Erikson was certain that Mary was not up to the trip, but he was also aware that she had been insisting to her husband that she was well enough to make it. He added that his own patient was very depressed and was entertaining suicidal ideas because he believed that his wife “would probably

never be well enough to live with as a reasonable person, nor sick enough to reside in an institution,” and that he was also struggling, as she was, “with the same adjustment to missing his children” (Claridge 2003, 403). For whatever reason, Rockwell’s trip to Europe did not take place. Instead, he remained home, and worked throughout the summer on *The Art Critic*, using Mary and his son Jarvis as his models.

Two years later, in a decision suggesting that Mary may have tried to kill herself, the staff at Austen Riggs acknowledged that she was too ill for them to treat, and recommended that she be admitted to the Institute for Living in Hartford, Connecticut, for electroconvulsive therapy. She began treatments that extended over six months. She was able, however, to attend their son Tom’s wedding. Rockwell continued to invest himself in his work, prompting Claridge to suggest that he “was trying everything he could devise to help his wife, short of what might have made the most difference: turning away from his work and devoting himself to her” (2003, 412–13). On the other hand, when Rockwell was on a month-long publicity trip, Erikson wrote him a letter intended to reassure him that Mary was doing well, adding that he had learned that Rockwell had phoned her regularly from overseas, and that she appreciated it “ever so much” (413).

At this time, Rockwell’s oldest son Jarvis was in San Francisco at Erikson’s suggestion. As Jarvis explained to Claridge years later, “I was trying to define myself, and my father wasn’t sure I should go on with art at this point, and Erikson encouraged me to, and told me to move to some place interesting and far away from my family like San Francisco. It was great advice” (2003, 416). Because he was floundering, Jarvis was also in therapy, for which Rockwell paid the bills without complaint. He also wrote his son’s therapist seeking advice as to ways he might help his son and expressing concern that his parenting had led to his son’s problems, but “in one touching response from Dr. Wheeler, the artist is assured that he was a good father” (416).<sup>2</sup>

Meanwhile, Mary returned home to Stockbridge, and when she proposed that they move to a bigger house that did not look out onto a cemetery, a landscape too morbid for her to tolerate, they bought another property in Stockbridge Village. In February 1958, their son Peter was married, and Mary was in far better

condition than she had been for a long time. Erikson attended the wedding. But although Mary and her husband had been keeping weekly appointments at Austen Riggs, it was clear by late summer that Mary's condition had worsened, and in the fall she needed more shock therapy. Rockwell drove her to Hartford for her weekly treatments, which continued for a year.

At this time, Rockwell reduced his work commitments and set to work on his autobiography. His oral dictations into a recorder were transcribed by his son Tom, who made stylistic changes. It was evident from the beginning that Rockwell had little interest in interpreting the anecdotes he recounted, and Tom and Mary had to convince him to mention his first marriage.

Michele Bogart (1995) notes that the "myth of comforting superficiality was sustained by Rockwell in the autobiography," and she specifically cites his "throwaway comments" about his depressions that "were followed not by introspection about their causes or significances, but by evasive statements about not knowing why they occurred" (76; qtd. in Claridge 2003, 422). Since Rockwell had been in analysis for several years, we may imagine that Erikson would have hoped for greater evidence of his patient's introspective capacities. However, we should keep in mind that Rockwell titled his autobiography *My Adventures as an Illustrator*, a choice that not only emphasizes his professional role but also reflects his seeming acceptance of the fact that he was destined to occupy a different niche from other influential American painters. The dust jacket emphasizes that his work has "adorned over three hundred covers of the *Saturday Evening Post*" and that his "exacting technique and unflinching humor have endeared him to the hearts of millions." Had he written a deeply introspective autobiography, he might well have jeopardized his reputation as "America's most beloved painter" (Marling 2005).

Meanwhile, Rockwell was working on a painting titled *The Family Tree*, which portrays the generations of Americans from the beginning to the present, and his dictations indicate that "his absorption in the project is so complete that it sounds as if this is the first important painting he has ever done, not a late, and relatively minor, commission" (Claridge 2003, 423). In addition to consulting art historical sources and "knowledgeable

friends,” he drills Erikson, “who pops in every now and then during languid summer afternoons, all to see if each of the heads that he is painting to represent a generation of Americans interbreeding makes sense” (423). Recalling that he had finally decided to begin the family tree not with a Puritan but with a “seafaring dog” of a pirate with a smile on his face and a “voluptuous gal beside him,” Rockwell added that his “dear friend Erikson thinks that if I show ribald people I show myself to be healthier. So this is partly due to him” (424).

His dictations for the autobiography indicate that by August he was feeling much better about the painting. In addition, Jarvis had returned home for a brief visit, and “in spite of the awkward emotional distance between father and son, Rockwell felt good that they got along ‘pretty well,’” noting that he had taken an afternoon off to mountain climb “in an effort to ‘bond,’ as he half laughingly, somewhat ironically recorded into the machine one night” (Claridge 2003, 425). Also, his son Peter, a sculptor, and his wife Cinny had come to visit, and Cinny was helping Rockwell on a mural he was doing for *Berkshire Life*.

On August 25, 1959, Norman and Mary started the day as usual, having coffee together, a new ritual that, to Jarvis, was an indication that his parents “seemed to be enjoying being together, more bonded than before” (Claridge 2003, 426). That afternoon, when Rockwell went into the house to ask her something, he had to go upstairs to wake her, and she didn’t respond. He ran outside the house and frantically called out to Cinny that something was wrong with Mary. When Cinny entered the bedroom, she knew immediately that Mary was dead. She fetched Peter, who was working in a rented workspace nearby, and called the doctor.

The family’s initial assumption was that she had committed suicide, but there was no evidence to support this conclusion—no note, no missing pills, and no change in her behavior from preceding days. Claridge suggests that the long-term abuse of alcohol and potent psychopharmaceutical drugs, in conjunction with electric shock treatments, probably triggered heart failure.

Rockwell took Mary’s death exceedingly hard. Those who interacted with him said that he “walked around for the next year like a marked man” (Claridge 2003, 427). Jarvis took photos

of him at this time and recollected later that “the results were so emotionally dark, even when his father was laughing, that it scared him” (427). But Rockwell continued his weekly therapy at Austen Riggs, and Tom remembered later “that Erikson at one point became worried enough about the possibility of suicide that he took away a gun Rockwell had in the studio,” adding that his father “had never asked for it back” (429).

### **An Unmarried Schoolteacher**

After a few more months had passed, however, Rockwell accepted more projects than he could complete in order to stave off loneliness. Also, he began dating a woman who lived in Stockbridge and Manhattan, an urban artist and divorced mother of two. Claridge notes, however, that “he must have suspected they could not live together very successfully,” and various friends, including Erikson, “suggested that Rockwell should meet another teacher they thought he might really like” (2003, 433).

The latter was Molly Punderson, a sixty-three-year-old unmarried woman who had grown up in Stockbridge and taught for thirty-eight years at Milton Academy, a boarding school near Boston. She had recently retired and returned to Stockbridge, and was in the process of figuring out how to spend the rest of her life. She and Rockwell had in common the fact that their mothers were semi-invalids and, in Molly’s case, she, the only daughter, “thought little of her mother as a result” (Claridge 2003, 433).

Pretending that he preferred the verse of Edgar Guest to far greater poets, Rockwell signed up for an adult poetry course that Molly was teaching during the evenings in the nearby Lenox Public Library. Claridge notes that he was apparently a “naughty boy” at these sessions, not hiding his amusement at the class’s “overly serious discussions” of Yeats and Eliot (2003, 435).

Rockwell and Molly were married in St. Paul’s Episcopal Church in October 1961. According to Claridge, their marriage was “extremely successful,” thus supporting the old adage that “the third time proved the lucky charm” (2003, 440). They traveled extensively together, and when they were home, Molly



protected his privacy so that he could maintain his productivity despite signs of aging and eventually ill health. He died in 1978, and Molly died six years later.

### The Questionable Painting

Using as background this biographical account of Rockwell's troubled relations with his mother and his first two wives, and his own struggle with depression throughout the decade of the 1950s, I now want to focus on *The Art Critic* (Figure 1). Painted in the summer of 1954, it appeared on the cover of *The Saturday Evening Post* on April 16, 1955. As a boy, Rockwell became aware of the role of the illustrator through Dickens's novels. Dickens worked with eighteen different illustrators, the principal ones being H. K. Browne and George Cruikshank, "both of whose precise, exquisitely controlled pen-and-ink drawings leaned toward the kind of social satire produced by William Hogarth" (Claridge 2003, 57), the eighteenth-century master. Throughout his career, Rockwell's work reflected this English tradition.

But from time to time, his work would also reflect the influence of Dutch interior painters such as Pieter de Hooch and Jan Vermeer. *Fruit of the Vine* (ca. 1930), *Willie Gillis in College* (*Saturday Evening Post*, October 5, 1946), and *Shuffleton's Barbershop* (*Saturday Evening Post*, April 29, 1950) are illustrative of this influence. Concerning *The Art Critic*, Judy L. Larson and Maureen Hart Hennessey (1999) point out that Rockwell's studies for the woman depicted in the painting on the left "show that he was initially inspired by Frans Hals's Dutch matrons," but that over time, "as the character evolved, Hals gave way to Rubens, and the hausfrau became a flirt" (57). As for the painting shown on the right, Claridge suggests that the three appalled Dutch elders are "a parody of Frans Hals's 1616 group portrait *The Company of Saint George's Militia* and Rembrandt's even more famous 1662 *The Syndics of the Clothmakers' Guild*" (2003, 402). She notes that Rockwell prominently displayed *The Syndics* in his New Rochelle studio during the 1920s, and that *The Art Critic* appropriates Rembrandt's lesser-known preliminary sketch of only three judges instead of the six shown in the finished portrait. This Rembrandt painting had a personal



Figure 1.

association for Rockwell as his father had been employed as the New York City branch manager of the textile manufacturing firm of George Wood and Sons.

The fact that the painting's characters are engaged in seeing, being seen, and not knowing that they are being seen invites us to suspect that there is more going on here than meets the eye and that all is not as benign as it may seem. In *Norman Rockwell: The Underside of Innocence*, Richard Halpern (2006) argues that the sense of innocence that viewers have consistently perceived in Rockwell's work arises from their and perhaps Rockwell's own reluctance to acknowledge its disturbing dimensions. The innocence that Rockwell creates in his paintings "is manufactured through a process of disavowal—a refusal to own up to or acknowledge what one already knows or thinks or wants" (4). Halpern adds that for Freud,

disavowal is one among several ways of suppressing something unbearable. Repression, another of those ways, banishes unwanted knowledge or desires to the unconscious, where they are no longer available to us. Disavowal, by contrast, involves a "splitting" of the self, so that we simultaneously know and don't know something.<sup>3</sup> (5)

Noting that the biography by Claridge shows that "Rockwell's life included much that could not have found a place in the seemingly innocent world of his work," Halpern suggests that it was also the case that his work "projected a good deal more onto canvas than a desire for a perfect world," that it reflects a perversity that Rockwell does not explicitly acknowledge and, more importantly, normalizes (2006, 7). For this reason, to posit Rockwell as patient or "clinical case" is to let ourselves off the hook, "and thus to avoid the ethical challenge of his work in confronting us with our own strategies of disavowal" (7). To say that Rockwell has perverse desires and that he disavows them is true enough, but what makes his work noteworthy is "its ability to stage disavowal in such a way that it analyzes us" (7).

Halpern's commentary on *The Art Critic* is especially significant in this regard. This was one of two *Saturday Evening Post* covers Rockwell painted in the summer of 1954. The other was *Breaking Home Ties*, which, as mentioned earlier, was painted

when Rockwell's sons had all left home, and he and Mary, having relocated in Stockbridge, were both in therapy at Austen Riggs Center. Halpern, like Claridge before him, suggests that *The Art Critic* is a troubling painting when viewed in light of what was happening at this time in the Rockwell family. Observing that the painting "is fascinating on various grounds," Halpern points out that it

depicts a young art student studying the portrait of a Rubenesque lady. On her ample bosom sits a brooch that the art student, easel and palette under one arm, examines intently through the magnifying glass he holds in his other hand. Unbeknownst to him, the lady regards him in turn with an expression that manages to combine a disapproving smirk with a leer. Meanwhile, the men in a Dutch painting on the adjoining wall express their horrified disapproval of the young man's effrontery. (2006, 87)

Noting that Rockwell used his wife Mary as his model for the woman in the painting on the left, Larson and Hennessey suggest that

Rockwell teased out Mary's most evocative expressions, photographing each facial characteristic until the visual humor had exactly the tone he desired. In all, he developed twenty preparatory drawings and oil sketches for the portrait of the lady before he was satisfied that he had captured the subtle humor of her expression. (1999, 57)

But was the painting merely humorous? Claridge does not think so, and neither does Halpern.

Claridge begins her biography with a discussion of *The Art Critic*, noting that the model for the "impudent" art student was Rockwell's son Jarvis (2003, 4). She anticipates her later chapters on Rockwell's life in the early 1950s by remarking that the "timing of this particular painting, in terms of familial harmony, was way off," for "Mary had been struggling valiantly against alcoholism and depression—possibly bipolar illness—for at least five

years,” and the family “had been racked by the demise of their formerly predictable upper-middle-class home, as the mother, previously the anchor of their household, suddenly needed all the tending” (4). In addition, as we have seen, there were the oedipal dynamics involving Mary and her sons, especially her eldest son Jarvis, whom she had especially missed when he went away to school, and also Peter, whom she had invited into her bed the evening that her husband left for California.

Claridge emphasizes that the timing of the painting was especially troubling for Jarvis. He posed for *The Art Critic* when he was twenty-two years old, at a time when he was “trying to find himself” (2003, 5). Although he “deeply appreciated” his father’s techniques as an artist, he was painfully aware of the fact that his father was considered a mere illustrator, and as soon as he was finished posing for this painting, he planned to head off for the Boston Museum of Art School, “a more competitive program than any his father had attended” (5). In an interview with Claridge in 1999, Jarvis said that he “was disgusted by the painting, because I was looking at a bosom, which my mother had posed for, and my father knew that I knew” (401). He added that he didn’t like to talk about this painting:

“It was very unpleasant for me,” he says. “It’s true that my mother and I never posed together for this piece. But that’s why I realized that there was all this stuff going on, and that my father, on some level, was too polite or too timid to force our faces in it literally. As usual, we were living on the cover of a magazine.” (7–8)

Claridge notes that Jarvis was especially embarrassed “to contribute to the painting’s ribald implications, since his mother’s bosom was the object of his gaze,” but that his father “made it very plain that the sexual joke was important to the painting” (8–9). Claridge’s use of the word “ribald” recalls Rockwell’s comment that Erikson encouraged him to paint “ribald people” so that he would appear to be healthier than he really was.

Claridge concludes, therefore, that *The Art Critic* invokes the themes of “the eldest son following in his father’s footsteps and sometimes seeming to know it all,” and “the confused sense of where Mary Rockwell’s deepest loyalties lay—to her husband

or her son?" (2003, 401). We may add that although Jarvis, who had plans to become an artist, was the obvious choice among his sons for the painting, the "confused sense of where Mary Rockwell's deepest loyalties lay" may also have applied to Peter, who was living at home when his parents' conflicts could no longer be suppressed. No doubt, these oedipal issues involving his sons must have been among the themes that Rockwell and Erikson explored in their sessions together.

But Claridge suggests further that Rockwell, through *The Art Critic*, may also have been "plumbing his own complicated family background even more deeply" (2003, 401). She has in mind the fact that the painting recalls Rembrandt's *The Syndics of the Clothmakers' Guild*, and that Rockwell's father had worked all of his adult life for George Wood and Sons, manufacturers of cotton goods. Although Claridge does not explore this suggestion further, this pictorial allusion to Rembrandt's painting may suggest that Rockwell identified with the young art student and that he associated his own father with the men on the wall who disapprove of the young man's behavior under the guise of an interest in improving his artistic skills. Perhaps, then, Jarvis, an aspiring artist himself, is a stand-in for his father and Mary is playing the role of Rockwell's mother Nancy, who had died in late summer the year before. If so, the painting supports Erikson's view that, in his marital relationships, Rockwell was "trying to compensate for the childhood he lacked, by positioning his wives to play out the roles for which his parents [especially his mother] had only auditioned" (Claridge 2003, 225).

In that case, the painting may be a joke that Rockwell was playing on himself. In its own somewhat perverse way, it recalls his experience as a child of being called by his mother into her bedroom and being told that he must always love her because "she needs you" (Rockwell 1960, 38). Like his son Peter, who knew it wasn't the wisest thing for his mother to invite him to share her bed, young Norman must have wondered what his mother was implying about her needs for him, and the painting may therefore reenact this awkward scene by presenting the mother as a flirt and the young artist as trying his best to appear oblivious to her inviting look while he examines the brooch on her breast with his magnifying glass.

Halpern believes, however, that Claridge's interpretation of the painting misses an important point, namely, its use of dis-

avowal. Although he finds her analysis generally convincing, he is not sure that “it captures the full creepiness of the painting’s oedipal joke” (2006, 87). For one thing,

this is not simply a witty image of incest; it is an image whose wit is itself incestuous. The joke, after all, would not have been shared with the public audience of the *Post* cover, since they could not know who had modeled for the lady and the student. It is a private joke, one mainly for—and on—Rockwell’s immediate family. Like incest itself, then, the joke turns inward—away from the shared, open realm of public meanings and exchanges, and into a secret, shameful space. (87–88)

On the other hand, Halpern suggests that, because the woman is old enough to be the young artist’s mother, even if she is not, the oedipal joke is also public. After all, the Dutch burghers’ consternation implies that the young man “violates propriety because he peruses the bosom of a woman who is both older than he and of a higher social class,” and “wasn’t this, after all, Oedipus’s fatal error?” (2006, 88). The magnifying glass is especially important in this regard because it suggests that the young man is blind (even as Oedipus was) to the sexual implications of the scene: “The art student looks in the direction of his mother’s breasts, but somehow does not see that he is seeing them,” and this is what disavowal is, namely, “not seeing what one sees” (90). Thus, he “represents our own refusal to notice what happens right in front of our eyes, in the painting,” and his “ignorance of the lady’s lasciviousness is our ignorance of the image’s lasciviousness” (90).

As for Rockwell himself, Halpern thinks that he, the father we can’t see, doesn’t share the burghers’ virtuous indignation. Rather, the father

is too busy playing a cruel joke on his family—a sexual joke. A joke, moreover, that allows him to stage for his private delectation a weirdly oedipal encounter between his wife and his son. We might say that Rockwell’s unseen eyes split the difference between those of the lady and those of the art student: they are lascivious in a mock-

ing, ironic way, but at the same time oddly clinical and detached. His is the erotic look of the perverse parent but also the merely technical gaze of the painter. Rockwell's joke allows him to harvest all kinds of illicit pleasures, unseen by us and perhaps by himself as well. (2006, 91)

Halpern adds the qualifier "perhaps" because, as noted earlier, there are times when Rockwell seems to be "in the grip of forces he does not recognize or understand," while at other times he "seems a canny and brilliant analyst of those same forces" (7).

In light of the fact that Rockwell was in psychoanalysis with Erik Erikson at the time, I would surmise that this is one of those times when he was the "canny and brilliant analyst of those same forces." As Lawrence Friedman points out, Erikson later observed that his own analyst, Anna Freud, never quite understood his difficulty in vocalizing what he visualized, that she did not appreciate how hard it was "when I, born to be a painter, tried to say in words what I saw on my inner screen in my training analysis" (1999, 79). No doubt, Erikson recognized a similar difficulty in Rockwell and encouraged him to paint what he saw on his own inner screen. *The Art Critic*, then, was the most revealing evidence of what he saw, namely, those oedipal encounters between mothers and sons in which the provocateur is the mother herself.

Given Halpern's contention that the painting was a "cruel joke" perpetrated against Rockwell's family, I would suggest that Freud's theory of joke-work is also relevant here. In *Jokes and Their Relation to the Unconscious* (1905), Freud argues that humor aids in economizing in the expenditure of painful emotions, costly inhibitions, and difficult thinking (236). In the case of *The Art Critic*, the savings in costly inhibitions is evident in his depiction of an oedipal scene between his wife and his eldest son. The fact that the painting is a "joke" may also have saved him from expending painful emotions relating to his suspicions that his wife's "deepest loyalties" lay more with her son than her husband, and to his professional jealousies over the fact that his eldest son had the opportunity that was never afforded him of attending famous art schools in pursuit of a career as a painter, not a mere illustrator.



But these very savings in costly inhibitions and painful emotions seem to have added to the expenditure of considerable psychological energy in difficult thinking. For, in addition to the twenty preparatory studies Rockwell made of the woman in the painting, Claridge points out that “the stockpile of sketches makes it clear that he spent enormous energy deciding which Old Master painting to hang on the wall to the right of the student critic, and he kept alternating between a Dutch landscape and a group portrait” (2003, 401). As we have seen, the group portrait won out, and perhaps it did so because it enabled him to depict an even deeper unconscious conflict concerning his own repressed oedipal longings for his mother, and his awareness of his father’s reproachful eyes.

But perhaps the most relevant of Freud’s writings for understanding Rockwell’s painting is “Mourning and Melancholia” (1917), in which Freud explores the similarities and differences between the normal grieving process (mourning) and the pathological condition of melancholia. For Freud, a basic similarity is the fact that both involve an object loss, but a major difference is the fact that in the mourning process there is little of the self-reproach that is invariably present in melancholia, nor is there the anticipation of impending punishment.

Why this self-abasement in melancholia? Why this expectation of punishment and chastisement? In Freud’s view, the exaggerated quality of the melancholic patient’s self-abasement reveals that these emotions are a disguised form of reproach of the lost object, which has been internalized. The melancholic patient is in a state of revolt, having vengeful feelings toward the lost object, and his revenge is the pathology itself, for his illness is the means by which he torments the one who has forsaken him. Such tormenting is possible because, unlike mourning, where the other is dead, the “person who has occasioned the injury to the patient’s emotional disorder, and on whom his illness is centered, is usually to be found among those in his immediate environment” (1917, 251).

Freud suggests that the question of the curability of the melancholic patient is complicated by the fact that the lost object evokes highly ambivalent feelings. In melancholia, “countless separate struggles are carried on over the object, in which love and hate contend with each other” (1917, 256). On the other hand, just as the work of grief enables the ego to give up the

object in time, so in melancholia each single flare-up of conflict or ambivalence, by disparaging and denigrating the object, loosens the fixation to it. Thus, it is possible for the process in the unconscious to come to an end, either because the fury has spent itself or because the object is abandoned as no longer having value. Which of these two possibilities is the regular or more usual one in bringing the melancholia to a merciful end is impossible to determine. What *is* indisputable, however, is that, unlike grief, the melancholia ends as the suffering mind experiences “the satisfaction of knowing itself as the better of the two, as superior to the object” (257), indicating that reproach of the other is in some sense justified.

Freud emphasizes that the object in this case is the internalized other, and that the struggle itself is an internal one in which the ego wrestles ambivalently, mixing both love and hate, with the internalized other. That the struggle is internal helps to explain why the melancholic patient typically experiences symptoms both of mania and depletion. The mania is usually associated with the sense of triumph over the internalized other, while the depletion is the sense that the ego is weak and unable to hold its own against the superior power of the internalized other. When the ego feels strong, it has the ability metaphorically to “kill” the object, bringing the melancholia to an end. Therapeutically speaking, the goal is to strengthen the ego so that it may defeat the internalized object, thus achieving, in an admittedly violent manner, what grief accomplishes without the need for violence.

In my view, *The Art Critic* is an expression of Rockwell’s sense of triumph over the internalized maternal other. There is evidence of long-repressed rage coming to expression in the oedipal themes of the painting, and the very fact that, in the course of making twenty preliminary studies of the woman in the painting, he eventually decided to turn her into a flirt suggests that he had proven the superior power of the ego over the internalized other. By disparaging and denigrating the maternal object, he loosened his emotional fixation to it. If he told his son Jarvis that the sexual joke was essential to the painting, it seems to have been even more essential to Rockwell himself, for he was engaged in a therapeutic exercise, the goal of which was precisely to strengthen his ego in the manner delineated by Freud. As Halpern concludes:

We can sum up this analysis by saying that in *The Art Critic*, everything is too close. The young art student leans perilously near the lady's bosom. But this dangerous physical proximity also knocks down the conceptual wall separating real people from painted ones, with the result that painted images can now look back at the viewer in lust or anger. And at an even deeper level, the difference between innocence and prurience, between good and perverse parents, also begins to shrink. This crumbling of barriers contributes to the painting's claustrophobic feel. Sexually, aesthetically, even ontologically, it is about to collapse in on itself. (2006, 91–92)

We might say that Rockwell erected this “barrier”—his own word—when his mother called him into her bedroom to tell him that he must always love her because she needed him (Rockwell 1960, 38). Now, this barrier was crumbling under the weight of what Jarvis called “all this stuff going on” (Claridge 2003, 8). As I have suggested, Rockwell seems to have become consciously aware of the oedipal longings of mothers for their sons, of how sons studiously avoid acknowledging their mothers' feelings for them, and their own for their mothers, and the difficulties this avoidance—disavowal—creates in their relations with other women.

The release of years of emotional repression via *The Art Critic* is especially evident when we see the contrast between this 1954 painting and Rockwell's *Christmas Homecoming*, the *Saturday Evening Post* cover on December 25, 1948 (Figure 2). It was in the fall of 1948 that Rockwell's son Peter began hearing crying scenes from his parents' bedroom, including one in which his father, palpably distressed, asked his mother why she couldn't just stop drinking. It was also at this time that Mary, realizing that her visits to a psychologist in Bennington were not having the desired effect, began treatments at Austen Riggs, and on several occasions she would return by way of Poughkeepsie to visit her older sons at boarding school. These visits led me to surmise that her difficulties may have stemmed more from the loss of their presence—especially Jarvis's?—than from her husband's tendency to work long hours in his studio, which, after all, was a longstanding habit of his.



*Christmas Homecoming*, 1948  
Painting for *Saturday Evening Post* cover,  
December 25, 1948  
Oil on canvas, 90 x 85 cm  
Stockbridge, MA, The Norman Rockwell  
Museum

Figure 2.

Claridge notes that Rockwell painted *Christmas Homecoming* in the late summer of 1948, just before Jarvis and Thomas returned to Poughkeepsie for the fall semester at Oakwood School. In the painting, “the painter’s firstborn is the centerpiece, a near prodigal son whose community welcomes him en masse. . . . Mary joyously hugs her son [Jarvis], and Peter and Tommy stand at the side, while Rockwell looks the part of the proud father, pipe in hand, sage smile on face” (2003, 351).

The painting is made the more heartwarming by the fact that the little old woman on the left side of the painting standing next to Peter is Grandma Moses, who lived in Eagle Bridge, near Hoosick Falls, New York, some twelve miles from Rockwell’s home in New Arlington, Vermont. Anna Mary Robertson Moses had begun painting at the age of seventy-eight, and her paintings of the scenes of her childhood and youth became enormously popular in the 1940s. Born in 1860, she would have been eighty-eight years old in 1948.

In *Designs on the Heart: The Homemade Art of Grandma Moses*, Karal Ann Marling (2006) relates that Joyce Hall, the president of the Hallmark Greeting Card Company, producers of greeting cards featuring the works of Moses and Rockwell, had proposed to Rockwell that he arrange to visit Grandma Moses at her home on September 7, her birthday, and bring her a birthday cake that he himself had decorated. Rockwell agreed. According to Marling, Rockwell “was charmed by Grandma Moses” (189). Just four years younger than Rockwell’s mother, Grandma Moses may be viewed as a substitute for his own mother in *Christmas Homecoming*.

When *Christmas Homecoming* appeared in late December, Rockwell, Mary, and Peter were in California, and Jarvis had apparently joined them by this time. Thomas was still away at boarding school. Given the events that had preceded this family togetherness—Rockwell’s leaving for California on his own, placing the condition on Mary’s joining him that she had to have succeeded in controlling her drinking, her episode of drunkenness on the train when she and Peter were en route to California, and Mary and Jarvis in therapy—their Christmas was very different from the one portrayed in *Christmas Homecoming*. But this, after all, is the point. In *Christmas Homecoming*, the family is reunited and the community, including members

of the Edgerton family who were certainly aware of Mary's drinking habits, looks on with pleasure as the mother hugs her returning son.

*Christmas Homecoming* is ostensibly, then, a heartwarming portrayal of a son's return home for the holidays. In contrast to Rockwell's earlier painting, *Homecoming G.I.*, the *Saturday Evening Post* cover on May 26, 1945, it is not a painting of a son, impeccably dressed in a military uniform, who is returning from a tour of duty, the kind of homecoming that would ordinarily have accounted for the communal welcome that he receives. Rather, he is wearing an ill-fitting overcoat and clothing items are protruding indecorously out of the bag that he is carrying. On the other hand, there are Christmas gifts in his right hand, suggesting that he, too, had anticipated his return with the same pleasure and longing as those who were there to welcome him home. And most of those who have gathered to welcome him are smiling—a truly beatific scene.

But there is also an ominous note in this painting, a sign, as it were, of something deeper that it would take Rockwell several years of psychoanalysis to unearth. This is reflected in the fact that, in contrast to *The Art Critic*, the son's face is not visible to us but is visible to his father, while the father's face is visible to us. Claridge suggests that "Rockwell looks the part of the proud father, pipe in mouth, sage smile on face" (2003, 351). Perhaps. But there is also a note of bemused observation of a scene in which a mother wraps her arms around her son with greater intensity and desire than she could possibly have felt if it were her *husband* who had returned for the holidays. We cannot see the look on the son's face, and the father cannot see the look on his wife's face, but the painter, who perhaps knows more than the father is prepared to acknowledge, can witness the joy on the mother's face, and can also witness how she wraps her right arm around his neck while her left arm presses his body close to hers. Is *Christmas Homecoming*, then, perhaps a subtler expression of the painter's own melancholia—here in the form of his awareness of his wife's deeper loyalties toward her son than toward him—that is much more evident in *The Art Critic*? But if so, the very fact that *Christmas Homecoming* appears to be more reflective of his tendency "to paint life as I would like it to be" (Rockwell 1960, 46) precludes it from attaining

the therapeutic power of *The Art Critic*, either for the painter himself or for the melancholic viewer.<sup>4</sup>

As for Rockwell's analyst, in 1948, the same year that Rockwell's family life was beginning to disintegrate, Erikson had asked four persons to allow him to draw their portraits. One of these was his own mother (Erikson 1987, 717), who had come from her home in Israel to visit him and his family in California. Consideration of Erikson's troubled relations with his mother, having roots in the fact that he was illegitimate and never knew the identity of his biological father, is beyond the scope of this essay. I would suggest, however, that as with his self-identification as an artist,<sup>5</sup> Erikson's own experience of what he called "maternal estrangement" (1950, 171) played a decisive role in his ability to understand his patient's emotional struggles during the decade in which his "created world," despite his own disclaimers, began to reflect "the agonizing crises and tangles of life" (Rockwell 1960, 46–47).

*Princeton Theological Seminary*  
*P.O. Box 821*  
*Princeton, NJ 08542*

## Notes

1. Rockwell's pseudo-illness of tonsillitis may have had symbolic significance in that he was very much aware of the fact that Irene was attracted to men with machismo. Richard Halpern (2006) notes that among Rockwell's embarrassing physical endowments, "the one he mentions most often and most self-consciously is his large Adam's apple, which makes repeated awkward appearances in the memoirs. The Adam's apple is by nature a troubled signifier of masculinity. Because women and eunuchs don't grow one, the presence of the Adam's apple points to the fact that its bearer enjoys a working set of masculine endowments below. And yet a prominent Adam's apple sprouts most often not on the thick necks of bruisers but rather on the pencil necks of thin, gawky men. Rockwell had no trouble reading it, along with his pale complexion, narrow shoulders, and jelly arms, as a sign of effeminacy. It marks him as a man, but unmanly. It specifies his gender but also renders it inadequate, lacking somehow. The prominent Adam's apple is not so much a phallic symbol as phallic satire, its massiveness in mockingly inverse proportion to its owner's masculinity" (64–65). It is possible that when Rockwell had his tonsils removed, he made an association between his enlarged tonsils and his large Adam's apple, as the neck region would be implicated in both, so that when he was in danger of losing Irene to a more manly man, his psychosomatic symptoms of tonsillitis were a disguised acknowledgment of his effeminacy.
2. Claridge identifies Jarvis's psychotherapist as a "Dr. Wheeler." I wonder, however, if he was, in fact, Allen Wheelis, a close friend of Erikson's who had been on the Austen Riggs staff prior to moving to the San Francisco Bay Area. Since Wheelis, like Erikson, was also focusing on identity issues (Wheelis 1958), it would have made sense for Erikson to refer Jarvis, who was "trying to define myself," to Wheelis.

3. Halpern (2006, 182) suggests that Freud's essay "Fetishism" (1927) has an applicability to Rockwell's work because Freud discusses in this paper the relation between visual blind spots and disavowal. This link is especially relevant to *The Art Critic*, which portrays the young artist as, in a sense, not seeing the forest for the trees.
4. As we have seen, when Rockwell attended the poetry class taught by his future wife, Molly Punderson, he pretended to prefer Edgar Guest to the major poets of the twentieth century (Claridge 2003, 435). His pretense notwithstanding, Rockwell's and Guest's careers were similar in the sense that Rockwell's fame came from his *Saturday Evening Post* covers and Guest's fame derived from the weekly publication of his poems in the *Detroit Free Press*. In his poem "On Going Home for Christmas" (Stuart 1996, 684–85), Guest portrays the effects on his parents of a son's letter announcing that he would not be coming home for Christmas. His mother's disappointment is especially pronounced: "He didn't know how hungry had the little mother grown / Once again to see her baby and to claim him for her own."
5. Several months after Erik Erikson's death on May 12, 1994, I wrote Joan M. Erikson, his wife, asking her what she felt to be the most significant aspect of his work. She replied on February 20, 1995, "About Erik's way of looking at things, it is important to stress—always—that he was an artist." The phrase "way of looking at things" is from the concluding chapter of *Childhood and Society* (1950) where Erikson concedes "that whatever message has not been conveyed by my description and discourse has but a slim chance of being furthered by a formal conclusion. *I have nothing to offer except a way of looking at things*" (359; italics added). *A Way of Looking at Things* was to become the title of the collection of his selected papers edited by Stephen Schlein (Erikson 1987).

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## Ginsberg in Hospital

*In June 1949, at twenty-three years of age, Allen Ginsberg entered the Psychiatric Institute of Columbia Presbyterian Hospital as part of a plea bargain. Traditionally, scholars have held that this hospitalization was, at best, a hiatus in Ginsberg's creativity and, at worst, led to an attempt by the doctors there to squelch his genius and suppress his homosexuality. Using unpublished hospital records, the present article argues that Ginsberg's time as a patient, while brief and unheralded, allowed him a safe and protected environment in which to experience the chaos that had always shadowed his existence. This period in Ginsberg's life, far from harming him, allowed him to decompensate, recover, and become the poet of Howl.*

In June 1949, Allen Ginsberg, then twenty-three, entered the Psychiatric Institute (P.I.) of Columbia Presbyterian Hospital in Manhattan as part of a plea bargain. Without this seven-month hospitalization, he could not have written *Howl*, the work that in 1956 changed the face of American poetry. The time at P.I. gave Ginsberg an essential respite from the accumulated stresses of his complicated life, freeing him to create.

My understanding of Ginsberg's hospitalization diverges sharply from the accepted Ginsberg narrative, which holds that his time at P.I. was, at best, a hiatus in his creativity and, at worst, an attempt by the doctors there to squelch his genius and suppress his homosexuality. Ginsberg biographer Barry Miles epitomizes this judgment: "during his stay there [he] had four different doctors, all of whom thought their job was

My special thanks go to Barry Miles, who, in addition to talking with me, was unusually generous in providing me with notes from many of the interviews he conducted while writing his biography of Ginsberg. Besides Bob Rosenthal at the Ginsberg Trust, numerous people were kind enough to talk to me during my research into the life of Allen Ginsberg. I wish to thank them all, and I cite them in alphabetical order: Alexander Caemmerer, M.D., Dorothy Colodny, M.D., Joel Gaidemak, M.D., Peter Hale, David Hellerstein, M.D., Paula Litzky, Roger A. MacKinnon, M.D., Sidney Malitz, M.D., and George Moraites, M.D.

to make Allen conform and fit into a *Saturday Evening Post* view of society, with a wife and an ordinary job. . . . Allen tried to cooperate and get some good out of his hospitalization; he even thought that perhaps the doctors had some secret knowledge” (1989, 121). This misapprehension continues into the present: Jason Shinder’s *The Poem That Changed America: “Howl” Fifty Years Later* (2006) barely acknowledges the hospitalization, let alone suggest that it had any significance for Ginsberg’s life and work.

What follows is the result of an extraordinary opportunity that came my way early in 2002. Bob Rosenthal, the Executor of Allen Ginsberg’s estate, had obtained the records from Allen’s seven-month stay at the Psychiatric Institute in New York during 1949–50. Knowing that I am a psychoanalyst with an interest in Allen’s life and work, Bob offered to let me read and report on those records. Over the next several months, I traveled numerous times to the office of the Ginsberg Trust at 405 East 13<sup>th</sup> Street to read the records.

I call these circumstances extraordinary because it was the first time in my experience that I was able to view a case from multiple perspectives simultaneously. I have come to the conclusion that this period in hospital, while brief and unheralded, provided Allen Ginsberg an opportunity never before allowed him: to succumb to the chaos that had always shadowed his existence.

The records allowed me to see the effects of therapy sessions later in the day, when Allen was on the unit. I got the impressions of psychiatrists, social workers, occupational therapists, nurses, and Allen himself. Above all, this account vividly reveals a seminal moment in the formation of Allen Ginsberg, poet and public figure, iconoclast and icon.

### The Great Horror

“I’m with you in Rockland  
 where you bang on the catatonic piano the soul  
 is innocent and immortal it should never die  
 ungodly in an armed madhouse”  
 —Ginsberg, *Howl*

“When the crash was over . . . I got up & fell out of the car, and then stooped down (car was upside down, with

doors open) looking for my glasses, which I could not find, and my books and papers. I remember . . . the sickening feeling of failure when I saw everything so upside down and confused, including myself. I began more clearly to see that the great horror had begun to descend at last.”  
—Ginsberg, unpublished manuscript (1949)

On April 22, 1949, Allen Ginsberg was arrested for riding in a stolen car with burgled goods in the back (Miles 1989, 114). He was innocent, but he had allowed the perpetrators—his friends Herbert Huncke, Vickie Russell, and Little Jack Melody—to take over his apartment and his life. They filled the place with loot, including a cigarette machine, and eased Allen out of his bedroom.

On the morning of the 22<sup>nd</sup>, Allen had demanded that Little Jack and Vickie clean out the apartment. They had already planned to shift some of the goods out to Long Island; Allen decided to go along for the ride. But on the way to their destination, Little Jack got into a chase with the police and crashed the car (Miles 1989, 45). Allen managed to flee and return home. Later that evening, though, he was apprehended: the police had found a letter addressed to him at the scene of the accident.

In a plea bargain settlement, Allen agreed to be hospitalized to avoid imprisonment. He was admitted to the Psychiatric Institute on Riverside Drive on June 29, 1949, just weeks after his twenty-third birthday. He remained at P.I. for almost seven months, until February 27, 1950.

Allen needed to be hospitalized. He was sick, and he knew it. No stranger to mental illness, he had grown up witnessing the travails of his schizophrenic mother, Naomi. While it was the plea bargain that kept him out of jail, his stint at P.I. was a turning point in his life. He entered the hospital in a diminished and even fragmented state, unable to lead a self-sufficient and organized existence. He was financially dependent on his father, Louis, and his home life had become utterly chaotic. His poetry, while already beginning to show hints of his later genius, was stiff and constrained. Allen left the hospital with renewed strength. He was soon able to leave Paterson and his father’s house, make a living for himself in New York, and begin the changes in his writing that would lead to his *chef d’oeuvre*, *Howl*.

Allen's life had started to fall apart in 1944, five years before his hospitalization. In August of that year, when he was just eighteen, he was touched by a scandalous murder. In a drunken altercation, his friend and classmate, Lucien Carr, stabbed an older man who had been stalking him. The man, David Kammerer, had become sexually obsessed with Carr years earlier and had been following him from place to place, professing his love for Carr and threatening to harm him and his girlfriend (Miles 1989, 45–47).

The murder horrified Allen. Then, six months later, in March, 1945, he was expelled from Columbia for bad behavior. The punishment was ostensibly a response to Allen's having written obscene graffiti on the window of his room, but more likely it was punishment for his homosexuality (Miles 1989, 57–59).

To fill his time, and to make ends meet during his expulsion from Columbia, Allen enlisted in the Merchant Marine. He started training at Sheepshead Bay, Brooklyn, in August 1945, and completed his training in November. He spent the next months on ships going up and down the East Coast (Miles 1989, 67). Allowed to reenter Columbia in September 1946, he graduated in 1948.

But all was not well. As he later reported, he was feeling "not normal" when he returned to school (Psychiatric Institute 1949). In the fall of 1946, Allen met Neal Cassady and fell passionately in love with him. When Cassady quit New York for Denver in March 1947, Allen followed him there the following July, in the hope of winning him over. But, to Allen's intense misery, Cassady had left his first wife, LuAnne, only to take up with Carolyn Robinson, whom he later married. Although Cassady evidently still maintained some sexual connection with Allen, he was unwilling to commit himself, so Allen took off, back to the Merchant Marine, where he spent two months (Miles 1989, 85, 91).

Only one month after his return, however, in November 1947, he received a letter informing him that his mother needed to undergo a lobotomy. Although Louis and Naomi were not yet divorced, they were separated, and the request for permission to operate somehow came to Allen and not to his older brother, Eugene. Allen signed the papers, allowing the doctors at Pilgrim State Hospital, in Islip, Long Island, to perform what

would be a useless surgery (Miles 1989, 94). That Allen never forgave himself for his complicity in Naomi's further suffering is evident in his poetry. Even at the end of his life, he was haunted by his mother and by her fate, from which he could not separate himself: "one gesture, a stroke of the knife-like ax / that cut thru her neck like soft thick gum, dead quick" ("Black Shroud," in Ginsberg 1984, 69).

The strain of betraying his mother, coming as it did on top of his tumultuous years at Columbia, unhinged Allen. In 1948, he experienced a series of hallucinations that preoccupied him for years. In the first of these, on July 13, a "voice emerged from the writings of Cezanne with the absolute fact of eternal truth." While this experience made him feel enlightened and special, it also terrified him: "[I] was on trial. I had to break through the wall and take action. I felt something had changed in the physical and mental life of the universe. I was afraid of hurting someone, and of going insane, and I wanted to go to an asylum to express myself without hurting anyone. I felt that in the moment of discovery of my own identity, I would act blindly" (Psychiatric Institute 1949).

Later in the summer of 1948, Allen was in his apartment on East 121<sup>st</sup> Street, idly reading William Blake's "Ah! Sunflower." Suddenly, as he told Tom Clark in a 1965 interview, he heard what he knew to be Blake's voice:

and simultaneous to the voice there was also an emotion, risen in my soul in response to the voice, and a sudden visual realization of the same awesome phenomena. That is to say, looking out the window at the sky, suddenly it seemed that I saw into the depths of the universe, by looking simply into the ancient sky. (Ginsberg 2001, 37)

That same day, Allen had two more experiences of hearing Blake's voice (38–39).

A week later, the final hallucination occurred, this time on the Columbia campus:

I went in the Columbia bookstore and was reading Blake again, leafing over a book of Blake. I think it was "The Human Abstract": "Pity would be no more . . ." And sud-

denly it came over me in the bookstore again, and I was in the eternal place once more, and I looked around at everybody's faces, and I saw all these wild animals! . . . [T]hey all looked like horrible grotesque masks, grotesque because hiding the knowledge from each other. . . . But the main insight I had at that time was that everybody knew. Everybody knew completely everything. (Ginsberg 2001, 41–42)

In later years, as his overt fears receded, Allen regarded these hallucinations as creative gifts, connecting him organically with the universe and with poetry. But at the time of his hospitalization, they were a source of controversy among his psychiatric evaluators: were they the products of an artistic, if overheated, imagination, or were they ominous signs of future deterioration into the prison of delusional insanity?

Between the summer of 1948 and the summer of 1949, when he entered P.I., Allen's life became increasingly dysfunctional. Under the tutelage of his friend, William Burroughs, and then with Herbert Huncke, he began to explore antisocial behavior in the form of drugs and petty theft.

Perhaps this interest stemmed from Allen's despair over his obedience to Naomi's doctors, but it led indirectly to his arrest. He allowed Huncke to move into the three-room, cold water flat at 1401 York Avenue, in the Lenox Hill area, which he had occupied since October 1948. With Huncke's arrival, Allen totally relinquished control over his environment.

The painful events of 1944–1949, so damaging to Allen's emotional health, would have challenged the most stable psyche. But in Allen's case, these incidents followed a lifetime of strain. For nineteen years, Allen had coped with chaos, abandonment, intense loneliness, and demands that he be precociously responsible. It had all started long before his birth, with the courtship and marriage of his parents (Miles 1989, 106).

### A Poem in the Dark

“O beautiful Garbo of my Karma”

“Lou took photo of her sitting crossleg on the grass—her long hair wound with flowers—smiling”

—Ginsberg, *Kaddish*

It was never a match made in heaven, but how were they to know? In 1912, when they met at Barringer High School in Newark, New Jersey, Louis Ginsberg and Naomi Levy were both just seventeen. They had in common an Eastern European Jewish background, high intelligence, and youthful good looks. They were both artistic: Louis was a budding poet and Naomi played the mandolin. They shared the dream of moving far beyond the economic and professional circumstances of their parents. Louis would not enter the family laundry business, nor would Naomi work in a candy store. They were committed to seeing themselves within a larger context. Whatever they did, they would always link personal ambition with social responsibility.

But though they looked compatible, their differences were substantial, and ultimately so disastrous that they would divide the young couple. Louis was born in 1895, the first of five children, to Peter (Pinkhos) and Rebecca (Rivke, née Schechtman) Ginsberg. Both his parents were Russian immigrants who continued to speak Yiddish at home. Louis was born in Newark; he was an American, and his language was English.

In contrast, Naomi, the second of four children, was born in Nevel, in the Russian Pale of Jewish Settlement. Her parents, Mendl and Yehudis Livergant, were first cousins and sympathizers of the anti-Czarist revolutionary movement. In 1904, to avoid conscription into the Czar's army, Mendl, together with his brother, left to find his fortune in the United States. He had deposited his family in Vitebsk, where his brother—who was married to Yehudis's sister—lived. The two women, and the eleven children they had between them, remained for a year in Vitebsk.

Naomi, with her mother, aunt, siblings, and cousins, arrived in New York in 1905. In the meantime, Mendl Livergant had changed his name to Morris Levy at Ellis Island. He brought his family to live on the Lower East Side (Miles 1989, 4–6). By the time Morris moved his family to Newark, Naomi had already experienced dislocation, separation, immigration, and resettlement.

When Louis met Naomi, he knew only Newark and had never left New Jersey. Naomi was an immigrant searching for a home she never fully found. But the discrepancies between Louis's and Naomi's experiences might not have mattered so



much were it not for their divergent politics. Both had been profoundly influenced by their parents' views, which not only clashed but were mutually exclusive. Peter and Rebecca Ginsberg were Socialists, members of the *Arbeter Ring*. Founded in 1900, the *Arbeter Ring* was active in promoting Jewish, especially Yiddish, culture and education; its members believed in mutual aid and the fostering of social and economic justice. At the same time, Rebecca, whose father had been active in local synagogue life and who was on the board of the local old age home, shared his love of Jewish organizations and remained closer to Judaism than did Peter. Their son, Louis, future poet and English teacher, was thrilled by the oratory of Socialist giant Eugene V. Debs. Taken by his father to hear Debs, Louis was so impressed that, years later, he named his first son Eugene. Naomi, in sharp contrast, was a committed Communist; she later belonged to a cell in Paterson and took her sons to a Communist summer camp. As a Communist, she condemned any religious feelings (Miles 1989, 6, 8).

The couple was plagued, however, by a far more devastating problem than their political disagreements. In 1918, when Naomi was twenty-three, she experienced a strange malaise: she became painfully sensitive to light and spent weeks lying in a darkened room. Although Rebecca took this illness as another stain on a prospective daughter-in-law she already disliked, Louis was adamant that he would marry Naomi. And once Naomi recovered, he did just that. The couple moved to Paterson and had two sons. Eugene was born in 1921, and Allen in 1926 (Miles 1989, 7–9).

But that “malaise” in 1918 was probably Naomi’s first schizophrenic break. Over the next thirty-eight years, her mental state cycled and declined. She was institutionalized for years at a time. When she was at home, she often terrified her family with her screams. She mortified and confused them with her nakedness. She plunged them into hopeless conflict with one another, insisting that Louis and his mother were trying to murder her.

From early childhood, Allen had to endure and try to comprehend his mother’s irrationality. Moreover, he was relentlessly torn between loyalty to her and to his father. And while there was certainly no murder plot afoot, Allen was aware of the other

tensions between his parents. He must also have realized that the extended Ginsberg family had no love for Naomi, and that her fears of Rebecca's animus were not delusional.

Naomi's schizophrenia tore the family apart. The Ginsbergs were a closely knit extended family, and the strong ties were crucial in providing Allen with some sense of stability in an otherwise bleak and frightening domestic atmosphere. Naomi was hospitalized for long periods of time during Allen's childhood. When she was home, Allen sometimes had to skip school to tend to her, an excruciating trial he documented in *Kaddish* (1961), as well as in his precociously mature diary. Louis was already hard-pressed to take care of the boys. A diligent teacher, he could not afford to take time off from his job. Not only were his means modest, but he had also incurred serious debt by sending Naomi to a private hospital (the Bloomingdale Sanatorium, near Tarrytown, N.Y.) during her first hospitalization (Miles 1989, 9).

Externally, Allen's childhood and early adulthood looked ordinary, except for his unusual intelligence and his uncanny sense, even at age fourteen, that he would be famous: "If some future historian or biographer wants to know what the genius thought & did in his tender years, here it is. I'll be a genius of some kind or other, probably in literature" (Ginsberg 1937). Allen did well academically, participated in high school journalism and debate, and interested himself in politics. Home movies show him frolicking at Belmar, on the Jersey shore, where his father's extended family spent time during the summers. His cousin Joel recalls him as a happy youngster, and indeed the movies depict a smiling, active boy who does not flinch when he is accidentally cuffed during a scramble with his cousins.

The inner truth, though, could not have been more at odds with external appearances. Allen's attraction to insanity was at least as strong as his fear. As early as the age of eleven, at a time when he couldn't even spell the word, Allen mused in his diary: "Either I'm a genius, I'm egocentric, or I'm slightly schitizophrenic [sic], probably the first two" (Ginsberg 1937). This was no idle fantasy. By then, he had seen his mother in terrible straits and had witnessed her incarceration. In the way that all children take in elements of their parents, Allen absorbed something of his mother's illness. Although he was not schizophrenic, he understood disordered thinking.

His understanding came at a terrible price. He empathized, and even identified, with his mother, but did that mean he was destined to become like her? Moreover, there was no one to substitute for Naomi and allow the boy to be a child. In an atmosphere repeatedly disrupted by Naomi's dangerous outbursts, bizarre behavior, and long disappearances, Allen naturally turned to his father for warmth and safety.

But Louis was far from being a strong and able father who could protect his son and provide him with stability. Instead he relied on Allen. Allen could, in fact, accomplish his assignments, but he was too young to tolerate so much responsibility without damage to his security. Louis was not an uncaring father, but he was simply unable to manage a household, to make decisions about his wife, and to work—let alone to find time for his own creative efforts. He needed his children to help, and that job fell mainly to Allen. Eugene was older but far more distant and about to leave home.

Allen records the events of his daily life in his diary with eerie élan:

Saturday, June 19, 1937. Went to the movies and saw "Parnell" and "Hotel Haywire." My mother thinks she is going to die and is not so good.

Sunday, June 20, 1937. Diary, went to the movies again and saw "This is my Affair" and "Oh Doctor" the latter would set a good example for my mother as she is pretty bad today. Her sickness is only mentally. However and she has no chance of dying. My brother still has the idea that he is big.

Thursday, June 24, 1937. I stayed home from school again today only today I went to high school and saw my father teach, my mother locked herself in the bathroom early in the morning and my father had to break the glass to get in. She also went back to the sanitarium [Greystone, a state hospital near Morristown, N.J.]. I saw a news reel of the Louis Braddock fight, also "Dangerous Number," and another picture in the movies. I also developed a sty below my eye.

Sunday, Jan. 23, 1938. Came back from Newark today. My mother is still in Greystone. I saw "Hollywood Hotel"

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and “Sgt. Murphy.” I just had another quarrel with my brother. (Ginsberg 1937)

Allen’s longing for a conventional home is captured in the title of a puppet show he created and that he mentions in a brief entry on Sunday, February 28, 1938, when he was eleven and a half: “Had a puppet show ‘A quiet evening with the Jones family.’” Life in Newark was enriched by extended family. According to Allen’s cousin Joel, Louis would bring the boys to Newark almost every Sunday, but coming home meant the loneliness of an incomplete household, since Naomi was missing. Any reluctance Allen may have had about visiting his relatives so frequently was offset by the presence of company. In Paterson, he tried to obliterate his loneliness by going to the movies, where he spent many hours.

At the time of his admission to the Psychiatric Institute, Allen looked conventional enough, with “a neat haircut and horn rim glasses,” but his inner life was anything but ordinary (Solomon 1989, 33). As he stated at the time of his admission: “I am all upset. I am confused as to my place in life. I am emotional. I can’t control my emotions” (Psychiatric Institute 1949, Application for Admission). Or, as he expressed it presciently in “A Meaningless Institution” (1948):

I sat on my bunk, three tiers up  
next to the ceiling,  
looking down the grey aisles.  
(Ginsberg 1984, 15)

Although others, notably Burroughs, viewed Allen’s hospitalization as a problematic confinement that left him in the grip of conformity, especially with respect to his homosexuality (Miles 1989, 128), the stay at the Psychiatric Institute provided him with the safety and freedom to do what he had longed to do a year before: to express himself without hurting anyone, most importantly himself.

Just weeks before his hospitalization, on May 23, 1949, Allen expressed his misery and worry with painful clarity:

Several days ago, I had a dream, that I was enrolled  
into the Madhouse. I was given my bedding, and a bunk—

much like jail, or like Sheepshead Bay Maritime Training Center. I remember the colorful feeling of wonder at this new institutional monastery that I had entered. I had a bunk in an enormous ward, surrounded by hundreds of weeping, decaying women and men. . . .

The next day my lawyer and doctor consulted, and my lawyer hinted that I might be institutionalized. I had a great feeling of relief & joy at the thought of going out and away from the East cities to some psychoanalytic retreat, where I would joy in freedom. But then doubts about my sanity, my helplessness of my self in this vast illusion I have created. . . .

I thought quickly, and spoke to Eugene for several hours convincing him that he, too, was crazy, because he somehow believed half of what I said, somehow was trapped (by family or fraternal feelings) in the same illusion as myself; then I spoke of his power-ideals and love difficulties, and uneasily and feverishly, logically convinced him that he needed psychiatric help; but he really doesn't believe it. . . . I feel that I could half start a conspiracy of the insane with [Naomi], underground—but she goes blank & mechanical often. . . .

I dreamed of a madhouse, and now tomorrow I am going to New York to a medical hospital. . . . I have been wrathful all my life, angry against my father and all others. My wrath must end. . . .

I am about to put an end to my life, only now there is no worry as to how I will do it, as last summer after the vision. In the hospital I hope to be cured. My images tell me that hours of truth are at hand. I am not going to die, I am going to live anew. My thought has been peaceful all week. I have been reading *The Possessed*. My devils are going to be cast out. . . . Tonite all is well . . . . what a terrible future. I am 23, the year of the iron birthday, the gate of darkness. I am ill. (Ginsberg 1949, 3–10; final ellipses in original)

Although he had tried, Allen remained unable to discern the line between chronic flamboyant insanity, with its delusions and terrors, and an acute overwhelming breakdown, with its

hallucinations and fragmentation. Was he doomed to wind up like Naomi, or could he be helped? Allen did not successfully confront the boundary between unending madness and temporary collapse until his sojourn at the Psychiatric Institute.

When Allen was admitted, the Psychiatric Institute was part of a state-run institution that joined with the Columbia University College of Physicians and Surgeons (P & S) after World War I, and the adjacent Presbyterian Hospital, Columbia's teaching hospital. Later, a psychoanalytic institute was added to the mix, the first time an analytic institute had been connected to a medical school. This unique combination meant that patients at the Psychiatric Institute were treated by residents in psychiatry who were often in psychoanalytic training at the same time (Malitz 1987, 9–13; Schulman 1969, 44).

Allen's diagnosis was "Schizophrenia—Pseudoneurotic Type." This diagnosis, which corresponded roughly to today's borderline category, was coined by two psychiatrists at P.I. and was not widely used elsewhere. Allen's symptoms included borderline features and signs of psychosis.

His psychiatrists at P.I. thought that his presenting difficulties derived in part from his "psychoanalysis" with William Burroughs. From the fall of 1945 until June of 1946, Allen would lie on a couch and free associate. He experienced deep pain during these sessions. But Burroughs, who could play the superficial role of impassive analyst, had no training and did not know what to do with Allen's revelations (Miles 1989, 70). Moreover, Burroughs encouraged the much younger Allen to engage in homosexual acts, to take drugs, and to associate with Little Jack and Vickie—the individuals who were ultimately responsible for Allen's arrest. Rather than stabilizing Allen, the "psychoanalysis" unsettled him still further.

But the situation was even more complicated. Allen was in fact actively drawn to "antisocial" behavior, which he viewed as a robust refusal to accept the restrictions of society. This deeply held value, which was later transformed into political activism, was a complex combination of identification and wish-fulfillment. Allen identified with the insane lawlessness of his mother as well as with her antiestablishment politics. Underneath, I believe, was the desperate wish that Naomi's behavior be a sign of health, not profound psychosis.

### **Please Open the Window and Let Me In**

It was on the ward that Allen had the opportunity, never before allowed to him, to relax completely. There would be no concern that he was unsafe or that there would be no one to take care of him. Never before had he been asked, as he was every morning, how he had slept the night before. Never before had he had all his meals reliably prepared for him, despite how he might grumble about the details of those meals. Never before was someone always there to listen to his complaints of minor coughs and sore throats.

The records of Allen's hospitalization provide a fascinating insight into the interaction between psychiatry, occupational therapy, and ward social life. These three realms overlapped to effect the deep change that stayed with him when he left. The case notes permit a rare view into this process.

To be sure, life on the ward had its difficulties. Allen's friend, Carl Solomon, records with macabre glee the events of a mandatory Halloween party, where the patients were instructed to dress up. They spent the previous week constructing their costumes:

When Hallowe'en Night arrived, we were led, dazed and semi-amnesiac, into the small gymnasium that served as a dance floor. . . . There were several Hamlets, a Lear, a grotesque Mr. Hyde, a doctor; there were many cases of transvestism; a young man obsessed with the idea that he was an inanimate object had come as an electric lamp, brightly lit, complete with shade. . . . Suddenly the music stopped; the judges had chosen a winner, rejecting the others: we never learned who the winner was, so chaotic was the scene that followed. There was a groan of deep torment from the entire group (each feeling that his dream had been condemned). Phantasmal shapes flung themselves about in despair. The nurses and Social Therapists spent the next hour in consoling the losers. (Solomon 1989, 113–14)

In contrast to this description of wild upset and madness, the nurse's log about Allen's behavior for that evening reads simply:

“Appears quite cheerful—seemed to enjoy party and danced frequently but only w. nurses. [T]alked w. C.S. [Carl Solomon] on return” (Psychiatric Institute 1949, Nurses’ Notes).

Allen could be dismissive of the therapeutic enterprise as well. In a letter to Jack Kerouac, for instance, he described his own and Solomon’s doctors as “ghouls of mediocrity” (Solomon 1989, xiii). Yet the issue was always more intricate, as Solomon points out: “We had many fights about our analysts and their virtues. That happens in all hospitals, by the way” (34).

The experience of hospitalization itself provided the respite that Allen desperately needed. He thrived on the regular care and feeding, the other patients—especially Carl Solomon—his regular psychotherapy sessions, and the occupational therapy, where he painted his internal landscape. Allen was first seen by a psychiatrist, Dr. Alexander Caemmerer, Jr., on June 29. On August 22, he was transferred to a new psychiatrist, Dr. Dorothy Colodny, and, in the beginning of October, he was once again transferred, this time to Dr. William Brooks, with whom he remained for the duration of his stay at P.I. Even though he was being seen three or four times a week, he would hardly have had time to forge a deep tie to any of his therapists, particularly the first two, each of whom he saw for only a few weeks.

As he adjusted to his new environment, he was filling in his psychiatrists on his history with Naomi, who wanted to turn Allen against Louis, and with Louis, who had allowed Allen to sit on his lap until the age of fifteen. On the ward, he was polite, if sometimes condescending. He spent a good deal of time either writing or talking to his new friend, Carl Solomon, but he did not mix much with others. After a weekend visit to Naomi in mid-July, however, Allen reported to Caemmerer that he had told his mother he wished she were dead. As he elaborated, the wish that he could return to a less painful time—perhaps to a time before Naomi’s lobotomy—emerged more clearly: “I have a desire to be a little boy again. It’s all a matter of the right relationship with my mother. There is a yearning for the lost mother and lost son” (Psychiatric Institute 1949, Progress Notes [July 11]).

On the ward, Allen’s behavior reflected the turmoil:

7-10-49: Returned from [weekend] at 8:30 pm [with] brother. [B]rother said [patient’s] behavior very good



until he saw his mother and she started discussing mental symptoms. [Patient] then became very tense and upset. On return [patient] tense although attempted cheerfulness. [R]etired promptly. Slept well.

7-11-49: Up promptly—helped clean ward—[patient] seemed depressed about something. [H]e is tense [and] is not relaxed as he has been in the past. [F]or days spends most of his time reading. Does not mix well [with] group. (Psychiatric Institute 1949, Nurses' Notes)

During the subsequent week, Allen began to talk in greater depth about his father, revealing preadolescent sexual dreams about his father and adolescent experiences in bed with his father during which he would masturbate to fantasies of Louis performing fellatio on him (July 18). The next time he went home for the weekend, he returned to the ward and remarked that he had had a good time, but that he was “kind of glad to get back” (July 17) (Psychiatric Institute 1949, Progress Notes). The nurses report that he seemed happy.

The freedom to talk with Caemmerer did not last, however. On August 5, Caemmerer reported:

Patient described his brother's personal life in detail this week, and it is apparent that he too is very sick. He is apparently trying quite desperately . . . to force himself into sexual contacts. . . . He is quite despondent as far as his work is concerned, and has not made any significant progress in the last [seven] years.

Patient discussed the prospects of his writing a long prose work in the near future in an effort to establish himself in the literary world. He considers himself, quite objectively, the greatest poet of his age. After patient made this statement, the therapist left the room to answer the telephone. Patient read the therapist's note reading “I am the greatest poet of my age,” and stated, “that sounds pretty paranoid the way you have it there, doesn't it?” (Psychiatric Institute 1949, Progress Notes)

It would seem that Allen was warming up to Caemmerer, confiding his worries and ambitions and even joking with him.

On that same day, however, Caemmerer informed Allen that he would be transferred to a new therapist two weeks hence. To Caemmerer, Allen merely replied that he would like to see a female therapist, since he had never really had contact with a woman, given his mother's illness—and her disappearances, he might have added.

However, on the ward that day and the next, his reaction to the news was clear. On the morning of August 5, the nurse's log reads: "Up promptly in AM. [Patient] said 'My nose doesn't bother me today' [he had been complaining of a sore throat and a congested nose]. Played ping pong and shuffleboard and seemed to enjoy games . . . joking [with patients]. On return to ward [patient] sat [with] group [and] read newspaper—did not seem interested in group activities." Later that day, he was experiencing more cold symptoms and irritability: "[Patient] complaining of cold [and] sore throat. . . . [Patient] was very disturbed when there wasn't any mustard for supper. . . . [Patient] was very demanding [and] wanted to have own way." Things were not much better the next day: "Up promptly, preparing to leave. Aloof, not mingling with other patients, reading. Went to outdoor gym while waiting for brother to call for him. Left 11 AM." And on August 8, although he was more cheerful, "still complaining about the food [and] cannot see why he can't have the food prepared the way he wanted it" (Psychiatric Institute 1949, Progress Notes).

Shortly thereafter, Allen was transferred to another ward, where he had more privileges, including the right to go out on his own. The nurses' reports describe him as alternating between friendliness and withdrawal. The notes make no mention of the upcoming termination with Caemmerer. Caemmerer himself may have felt disrupted. The residents at P.I. were severely undersupervised and many of them left the program to go elsewhere. Dorothy Colodny subsequently trained at the William Alanson White Institute; Caemmerer never completed analytic training.

On August 22, in his last session with Caemmerer, Allen announced that he had had sex with a former lover, his first encounter since hospitalization. He told his therapist that he did not want to become emotionally involved with this man because previous attachments had caused him so much anguish. Caem-

merer did not impute any transference significance to these announcements, other than to speculate to himself whether Allen was trying to test him. The two evidently did not discuss the possibility that Allen might have been responding to the upcoming transfer by seeking a substitute to whom he would not, however, become emotionally attached. Given the psychoanalytic theory of that time, Caemmerer's failure to confront the possible dynamics is not surprising. Today, with our understanding of the central importance of the analyst/patient dyad, such a transference possibility would more likely be explored.

During the next few weeks, Allen battled it out with Dorothy Colodny, testing her and disparaging her age, qualifications, and ability to help him. At the same time, he confessed the desire to impress her. Gradually, however, the hostility began to yield and was accompanied by new revelations, such as his intellectualization and his inability to feel, which he linked to Louis's demand that he not show any reaction to Naomi's psychotic behavior. During these weeks, Allen spent much of his time on the ward, talking and joking with Carl Solomon in particular. On August 25, he had big plans to stay out late with friends from California, but the plans fell through and he returned to the ward early, apparently in good spirits despite the aborted evening (Psychiatric Institute 1949, Nurses' Notes).

In the beginning of September, Allen began to relax and talk more freely to Dr. Colodny. He told her that a volume of his poetry was being considered for publication, and the two discussed his work. Colodny, a poet herself, found it technically skilled but "obscure and pretentious." Allen agreed, but he thought the greatness of the work should outweigh any shortcomings. In particular, Allen discussed the matter of insanity with Colodny, talking about his mother and stating that he considered people either sane or insane. He did not know precisely where he fit, since he had experienced some visions that previous therapists had labeled "mad." He went on to tell her that he had had an ecstatic vision in a bookstore at Columbia, but he later revealed that some of his visions were not so pleasant. When Colodny suggested that these were experiences during which Allen's intellectualizing defenses were not working, Allen was disappointed, since he wanted to view those states as prophetic (Psychiatric Institute 1949, Progress Notes).

On the ward that evening, the nurse reported that Allen's affect was flat and that he stared piercingly at her. When asked if he had had a good weekend, he replied, "Yes, and long too." Later, he was uncharacteristically oppositional, stating that he resented being forced to go to bed at 10 p.m. Nonetheless, he retired earlier than most of the others on the ward.

Once Allen and Colodny had weathered the discussion of his visions, Allen began to confide more about his father and brother. He told her that Eugene had been reporting to Louis about Allen's behavior, and that Louis was demanding that Allen give up his homosexuality, his antisocial behavior, and all his old friends (Psychiatric Institute 1949, Progress Notes). Allen revealed his conflict. As always, he dearly wanted to retain his father's love and secure his approval, but he was unwilling to comply with his demands. The combination of devotion and growing self-trust on Allen's part, and affection mixed with rigidity on Louis's part, was to be an important aspect of the father-son relationship for as long as Louis lived.

On the ward, Allen's demeanor reflected the strain of dealing with his familial situation, but, at the same time, he was loosening up:

September 19, 1949. Up when called—sad—facial expression—a bit withdrawn and rather asocial in manner today, as if he were preoccupied [with] not too pleasant thoughts. Attends routine [without] comment—does his share of the work readily and well.

September 20, 1949. Spent a lengthy time in A.M. writing a letter to his father, which he left in the office to be mailed instead of mailing it himself when he went out for a walk. (Psychiatric Institute 1949, Nurses' Notes)

During the week of September 23, Allen talked a great deal about his conflicted relationship with Louis:

In childhood he felt close to him and disloyal when he sided with his ill mother. He somehow felt responsible for his mother's attack on his father, and felt very guilty and desperate when he saw his father cry. His father would

weep for sympathy but he never knew quite how to give it. He would sit on his father's lap and feel an emotion he now regards as sexual. When, at about ten years, he discovered that his father was unfaithful to his mother, he felt personally betrayed.

He asked the doctor [Colodny] to see his father. In our discussion of this interview it was evident that he was seeking to force [her] to represent and protect him. It was shown that the doctor could only honestly state his case. "Oh, you two fight it out. I withdraw," he said angrily, but calmed down and discussed the terms he offers his father: to stay out of trouble with the law, not to make financial demands, and to sincerely attempt to work out his sexual problems. He asks that his father not make demands he can't fulfill, that is, not prescribe his friends or sex life. (Psychiatric Institute 1949, Progress Notes)

Before Colodny met with Louis, Allen himself talked with his father during a weekend trip home. His father did not agree to all that Allen wanted, in particular with respect to acceptance of his homosexuality, but Allen was elated nonetheless. Although Colodny had not yet had the chance to speak to Louis, Allen evidently felt emboldened and supported by this female support. He apparently viewed her as on his side, even without her having taken concrete action with Louis. Was he also experiencing the pleasure—absent in his life growing up—of a woman who would intercede for him with his father in order to make his life easier?

On October 1, Colodny did meet with Louis, whom she described as a "tense, apologetic, exceedingly hostile man, with a pedantic manner. His main concern was his son's 'homosexuality . . . did you tell him how degrading it is?'" (Psychiatric Institute 1949, Progress Notes). One aspect of Louis's dismay over Allen's homosexuality was evidently the suspicion that he was in some way responsible for it. After all, how could he have been unaware of the teenage Allen masturbating against him in bed (Psychiatric Institute 1949, Progress Notes [July 6, 1949])? Even if Louis had been ignorant of Allen's sexual fantasies about him, the very situation was unwholesome. Indeed, Louis did get around to voicing his concerns, according to Colodny's

notes: "Finally he openly asked and received reassurance that the perversion was not his fault. 'Does he have any homosexual feeling toward me?' he asked." In a parting comment that reveals both his stiffness and his negative response to Allen's hospitalization and treatment, Louis told Colodny: "'You have moderated my antipathy, a little.'" (Psychiatric Institute 1949, Progress Notes [October 1]).

Within three days, however, Allen no longer had his ally: he was transferred to a new psychiatrist, William Brooks. Despite the loss of Colodny, their work together, and the beneficial maternal transference that had unfolded, clearly helped Allen. He was able to settle in to his work with Brooks, and the explorations included early childhood fantasies and a contemplation of the paintings that Allen was producing in occupational therapy. On October 6, Brooks commented on Allen's art work, including a repetitive theme of a circle surrounded by other figures, which Allen repeated over and over again in subsequent years:

Then the patient showed the examiner his paintings and his poems. The paintings are large, rather highly colorful, very primitive drawings of phallic symbols, vaginal symbols, faces. Interspersed throughout all these are various other figures such as therapist, father, mother, etc. The patient has a repetitive theme in each of his paintings, each painting is usually a circle surrounded by satellite figures and phallic symbols. The patient is proud of these paintings and derives more pleasure from painting than any other activity at the present time. (Psychiatric Institute 1949, Progress Notes)

Brooks also appreciated Allen's poetry and used it to help understand him. Moreover, Brooks took an active step to help Allen: on October 7<sup>th</sup>, he agreed to talk to the head nurse on the ward about securing Allen a room where he could write. The exchange between Brooks and Allen is recorded in the nurse's log for that day, although there is no evidence that Allen ever got his writing room. (He did, however, finally receive a table for writing, which was placed in his room (Psychiatric Institute 1949, Nurses' Notes [November 30]).) For the alliance between doctor and patient, however, the seriousness with which Brooks

treated Allen's art was obviously important, as Allen soon began to discuss his poetry in sessions, although Brooks rarely commented directly on what the two of them discussed.

As Allen once again rehashed his history, Brooks noted (Oct. 19) that Allen had identified early with his mother and that Louis's influence on him appeared to have been scant during his infancy and childhood. During that same session, Brooks mentioned there was some question of removing some of Allen's hospital privileges because he had been seeing homosexuals and criminals. Upon investigation, no change was made in his privileges, because the homosexual encounters were with Brooks's knowledge and there had been no connection to criminals (Psychiatric Institute 1949, Progress Notes).

Nonetheless, the incident served to shake Allen up, and he began to paint "very dark, black, depressive works, one of which was a crucifix of black with a black figure on it in a small halo of light, surrounded by darkness and gloominess. The patient made the spontaneous association of uterine existence, the crucifix in the uterus. This was interpreted to the patient as a symptom of regression and he understood it and spontaneously commented on it at great length" (Psychiatric Institute 1949, Progress Notes [October 21]).

Allen's sense of himself as suffering since before birth but with an exalted purpose was now emerging clearly. He had signed one of his earliest art productions in occupational therapy "Jesus Ginsberg," and he had wanted Dr. Colodny to view his visions as prophetic. But now his apparent grandiosity assumed new meaning. For Allen, the world had gone awry as long ago as he could remember, and he could only tolerate the anguish by believing that his misery had great, even cosmic, meaning.

During the subsequent week, two more unfortunate events occurred to dampen Allen's spirits, and he took an emotional nosedive. As Brooks reports:

A friend's mother called him a jail bird and told him not to come back to the house. His poems which were at a publishers were rejected. . . . Following these two blows the patient went into a minor depression. Felt that life had very little to offer for him. Wished actively to become schizophrenic so that he would not have to face reality,

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stopped writing, stopped producing in therapy, and in general regressed and slipped back. (Psychiatric Institute 1949, Progress Notes)

On the ward, Allen did not discuss the hurtful events but rather complained of not feeling well. He tended to suffer from colds, particularly when he returned to the hospital after being at home. Often, these symptoms were gone by the next day. He was always pleased to be given some medicine for these ailments and, when he was seen by the doctor on his rounds, Allen responded with pleasure. He had his usual assortment of ailments during this period, but there were some additional ones as well. On October 18, he complained of tooth pain after a visit to the dentist, and, on the morning of October 24, he complained of nausea and "indigestion." He reported having eaten hot pastrami, but then suggested that the cause may have been his visit with his father the previous evening, since Louis had evidently talked constantly about his own indigestion. Allen was awakened in the night by this indigestion, received soda mints, and reported himself better the next day.

Allen did not elaborate on his talk with Louis, but the conversation cannot have been very pleasant, particularly if it touched on the charge against Allen, the rejection of his poems, or the insult from his friend's mother. What a relief, then, to be able to complain of somatic ills and receive a prompt, unquestioning, and helpful response.

On October 31, Allen revealed an important childhood memory that shed light on his early fantasy world. Brooks made a special note of the session, as opposed to waiting for the weekly summary, as he usually did:

Today the patient brought up memories of his mother, naked, wearing a "G-string" (Kotex belt), fat, and with long breasts. He describes the memory as very vivid and goes on to add that she was menstruating, using a thin inadequate pad which did not cover her vagina. Blood was on her knees. He saw his mother this way 5 years ago but feels he has seen similar scenes earlier (Screen memory?)

He felt anger and disgust at this "violent, womanly process." He associated bandages with Kotex and then be-



gan to talk about his appendectomy at age 7. He equated menstruation with his own operation. He described his aunts showing him their abdominal scars in an effort to persuade him to be operated.

He described his preoperative memories, enuresis in bed with father and operation as result of investigation re: enuresis (retaliation?). He described pleasurable erotic feelings when being examined post operatively and regarding his "appendix scar" as a bandaged wound "like mother's vagina." A surgeon snipped off granulation tissue from the incision site and the patient felt hurt and punished. He equates "incision" with "vagina" and "operation" with "castration."

He felt betrayed by father and regarded the surgery as punishment. The surgeon he regarded as a punishing father; saying "he castrated my operation." In the operating room he saw surgical tools and instruments and was reminded that they looked like his notion of contraceptives.

He ended interview by saying "this operation made me like other women. It gave me a vagina." (Psychiatric Institute 1949, Progress Notes)

Since Brooks wanted to understand Allen's identification with Naomi rather than with Louis, the fantasy of receiving a vagina and being castrated would have been clarifying. But why the child would imagine himself "like other women" remained unclear.

Brooks evidently did not consider the possibility of the meaning of hospitalization to the small boy. By the time he was seven, his mother had already been hospitalized at Bloomingdale Sanitarium, and so he would have had some notion, no matter how confused or mistaken, of what it meant to be in the hospital. In addition, just prior to her incarceration, Naomi had been operated upon for a pancreatic ailment, and she was recuperating at her sister's when she suffered the breakdown that led to the stay at Bloomingdale. Did only women go to the hospital? Did his mother's hospitalization have something to do with her bleeding? And did her bleeding make her crazy?

On the ward, Allen was pleasant and cheerful enough, but the next day, he came to the nurse in charge and asked what

the nurses wrote about him: “Did you put down that I’ve been moping today? Normally, when I mope I want sympathy. Today I’m very depressed and they can put that down” (Psychiatric Institute 1949, Nurses’ Notes, [November 1]).

On November 4, Allen appeared before the Director of P.I., Nolan D. C. Lewis. He prepared for this event by readying some recordings of his poetry and trying to finish a painting that he wanted to have displayed. Despite his apparent enthusiasm, however, the nurse in charge reported that he was sad, and that his manner was quiet and preoccupied. The presentation was an important occasion in the life of the hospital:

Grand Rounds in those days was a one man show. A patient would be presented to Dr. Lewis by a resident every Friday morning. He would sit on the stage listening attentively and then the patient would be brought in. Lewis was a superb interviewer. His non-threatening manner immediately set the patient at ease. All interviews were done live, adding a reality and spontaneity impossible to obtain with the tiny video screens we use now. It was fascinating to see how Lewis could engage the patient as if only the two of them were in the room. You might wonder how the patients felt being interviewed in front of such a large group. With rare exceptions they found it a positive experience and some of them, with more hysterical features, enjoyed the opportunity to talk about their symptoms in front of an audience. (Malitz 1987, 6)

Lewis’s conclusion, as noted by Brooks, was that “the patient was a severe schizoid, who would probably go definitely schizophrenic someday, but was near genius level in creating” (Psychiatric Institute 1949, Progress Notes [November 4]).

The weeks between early November and mid-December were a quiet time for Allen on the ward. He was away quite a bit—out looking for work and gone on the weekends—and when he was on the ward, the nurses’ reports cite him as cheerful and pleasant, although, as usual, not particularly outgoing. He spent most of his free time either writing or talking to Carl Solomon. But he did attend dances and interacted in a joking manner with the nursing staff. During one of his absences from the hospital, he was to testify on his father’s behalf at his

parents' divorce proceedings, but, if this task troubled him, he gave no indication of it. The nurses report his pleasure at seeing Dr. Brooks and his disappointment over the cancellation of a session due to Brooks's illness.

On December 19, however, the nurse in charge of the ward noted a change:

Sitting aloof from group—playing “weird fantastic” tunes on the phonograph. Patient lay on bed after supper for about an hour. Somewhat annoyed that [nurse] could not permit him to make a phone call without an order when his doctor could not be reached. [Patient] had seen doctor a half hour before. “Dr. B[rooks] wants to see my father Thursday and I'd like to call and tell him.” Most of evening spent in “his room” typing. (Psychiatric Institute 1949, Nurses' Notes)

Carl Solomon had been released in mid-November, which is not noted by the nurses at all with regard to Allen's mood. However, since the two had been inseparable since Allen's arrival at P.I., the new situation must have affected more than his outward behavior, which was reflected in his staying up later, sleeping during the day, and staying on his own more (Psychiatric Institute 1949; Psychiatric Institute 1950, Nurses' Notes for late December and early January).

On that Thursday, December 22, Brooks reported that Allen's father had “been contacted, and it has been suggested to his father that he be more tolerant of the patient's wishes towards homosexual males. The father's response to this was to fear that the boy would go to bed with them in his own home” (Psychiatric Institute 1949, Progress Notes).

Clearly, the issue of Allen's homosexuality was not resolved for Louis—and, therefore, it could not be resolved for Allen either, since he was planning to move in with his father after his release from hospital. Brooks himself, despite his intervention with Louis, was still equating Allen's drug-taking and his homosexuality as symptoms of his illness (December 19<sup>th</sup>) and was evidently waiting for Allen to desist from the behavior.

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\* \* \*

“What do I want in these rooms papered with visions of money?”

—Ginsberg, “Paterson” (1949)

As the time for his release approached, Allen’s conflict became abundantly clear, both in sessions with Brooks and on the ward. Brooks reports that Allen

seems to be actively resisting the idea of getting a job and moving to East Paterson, New Jersey, where his father is soon to be remarried after the divorce becomes permanent. He equates this with a return to conventionality which he deeply loathes (January 21). . . . He is beginning to show jealousy towards some of the other patients of the therapist and is greatly preoccupied with feeling like a child and with regarding the therapist as a father figure (February 1). (Psychiatric Institute 1950, Progress Notes)

On the ward, Allen was, for the most part, cheerful and friendly, but there were exceptions, particularly as his discharge approached:

. . . remained in room except for snack. Cheerful, cooperative. Reading in room [at] 11:20 (February 16). Rather irritated because he had to remain on ward for [social services] appointment in afternoon. Pleasant otherwise. Home for [weekend] (February 17). Rather quieter and more aloof today. Pleasant when approached but obviously prefers his own company (February 20).

Pleasant but very quiet—aloof from group, laconic when approached. Out in afternoon. Returned [at] 9:30—sad expression and manner. When nurse and other patients tried to talk with him, he was polite but obviously not interested in conversation. Reading at end of hall . . . (February 21). Pleasant—still remains somewhat aloof. Happy re pending discharge. Went to party for an hour to “say goodbye” to friends. Rather sad manner—bid [nurse]

a “fond farewell” and left to go to a lecture until 12 (February 23). (Psychiatric Institute 1950, Nurses’ Notes)

The last nurse’s note indicates that Allen had come out of his sadness at leaving P.I. and was now coming to terms with his discharge: “Cheerful—anxious to leave. Spent morning packing. Left for [weekend] after lunch. To be discharged as of Monday, February 27, 1950” (Psychiatric Institute 1950, Nurses’ Notes [February 24]).

### **The Kindly Search for Growth**

“The kindly search for growth, the gracious desire to exist  
of the flowers, my near ecstasy at existing among them  
The privilege to witness my existence—you too must seek  
the sun . . . ”

—Ginsberg, “Transcription of Organ Music” (1955)

Allen was going back to Paterson. After being able to experience the chaos and insanity that the hospital allowed—after being able to identify fully with all that his mother’s insanity represented for him—he was now returning to an environment that would permit none of it. Louis had taught Allen that he should conform to the conventions of society. As the social worker who interviewed Louis just days before Allen’s discharge put it:

Father said patient grew a goatee and affected the manner of an artist. He tried to explain that in our society, one has to conform until society recognizes the individual as creative and a genius, at which point the individual could live his life the way he wanted to, that one can not be too different and not get a great deal of criticism. (Psychiatric Institute 1950, Social Workers’ Notes [February 18])

Shortly before his discharge, on February 6, Allen talked to a social worker about what he thought it would be like to be at home in Paterson. The social worker reported:

He hoped he would have the freedom to come into the city from Paterson when he wanted to, and not have to

report in the house at eleven. Worker knew it wasn't something he was looking forward to, and patient said frankly that it wasn't, but he knew that he would have to accept some of this, if he wanted to be accepted by his family. Worker felt that put a great pressure on him, and he wasn't anxious to leave the hospital, which did not present these problems, but others. Patient felt that he had enjoyed being at the hospital, although he had not done as much writing, since he had lost some of his motivation with therapy, but he was happy in this setting. (Psychiatric Institute 1950, Social Workers' Notes)

\* \* \*

"But allegories are so much lettuce.  
Don't hide the madness."

—Ginsberg, "On Burroughs' Work" (1954)

The stay at P.I., for all its old-fashioned and sometimes insensitive qualities, was a new beginning for Allen. For the first time in his life, he was able to relax in the knowledge that he was safe, that he would not be required to tolerate more than he was able to manage, that he could sleep and wake under the watchful eyes of competent caretakers. The containing function of the hospital was salutary. In a strange way, the hospital itself became the transferenceal trusted parent whom Allen had never had. In addition, he may have laid to rest an old fear that he was insane by allowing himself to fragment and reconstitute in a protected environment. Finally, insofar as the hospital itself reminded him of Naomi, by becoming a patient himself, he may have assuaged some of the crushing guilt that he felt towards her, which contributed to his breakdown in the first place.

Throughout the rest of his famous life, Allen benefited from, and drew on, the acceptance he had received at P.I. He could combine the need to defy authorities that he viewed as repressive with a deep tie to his family, especially to his father, whose approval he longed for and sought. He could be drawn to the presence of insanity, even as he was increasingly able to transform his own visionary capacities into poetry, visual art,

photography, and music. He could become a world figure at the same time as he responded with childlike delight to a gift of warm slippers from his stepmother.

Would he have been able to achieve the freedom of expression in his art and in his life, for which he is justly admired, without his stay at P.I.? No one can say for certain, but it can be said that, at the time of his admission, his poetry was much more constrained, traditional, and derivative than it became afterwards. And though he was not above criticizing and minimizing his care there, he maintained a residual affinity to life as a patient on a psychiatric unit, even as he left that experience behind him. After all, his two poetic masterpieces, *Howl* and *Kaddish*, are dedicated to psychiatric patients—Carl Solomon and Naomi Ginsberg, respectively:

I'm with you in Rockland  
 in my dreams you walk dripping from a sea-journey  
 on the highway across America in tears to the door  
 of my cottage in the Western night.  
 —Ginsberg, *Howl*

Strange now to think of you, gone without corsets &  
 eyes, while  
 I walk on the sunny pavement of Greenwich Vil-  
 lage.  
 —Ginsberg, *Kaddish*

In the end, Ginsberg's poetry itself is testimony to his freedom. If *Howl*, *Kaddish*, and other works sometimes describe forms of mental illness—paranoia, hallucination, obsession, mania, and the like—the poet himself remained lucid and self-aware. Perhaps he was able to venture further than most people into an uncontrolled realm because he had lost his psychological integrity and suffered what others are terrified to experience. But then, unlike Naomi, he returned to sanity and he knew that he was safe. What he most dreaded had already happened, and he could proceed—in his life and in his art—with enviable guts and brio.

850 Masselin Ave.  
 Los Angeles, CA 90036  
 hadda@ucla.edu

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## **Of Molehills and Mountains: Harry Stack Sullivan and the Malevolent Transformation of Personality**

*Conceptions of healthy and pathological personality development are generalized observations drawn from the lives of their originators. In important ways, psychological theories are autobiographical. They are attempts by the theorist to explain her or his own functioning. Late in what he described as a very lonely life, Harry Stack Sullivan proposed a theory of pathological personality development that he called the malevolent transformation of personality. Much of Sullivan's own interpersonal functioning can be understood in the context of this theory. This paper proposes that the malevolent transformation of personality is as important to an understanding of Sullivan's life as are the traditional foci of his self-described schizophrenic illness and his homosexuality.*

### **Introduction: The Symmetry of Suffering**

To study the history of psychoanalysis is to study enigmatic and often aberrant interpersonal behavior. To the naive, it must seem ironic that such behavior has never been confined to patients. Nevertheless, from the very beginning, psychoanalysts and psychotherapists have conducted themselves in ways that can fairly be called pathological. Robert Coles (1995) describes Anna Freud reminiscing about the earliest psychoanalysts as including “the odd ones, the dreamers, and those who knew neurotic suffering from their own experience” (217).

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Although the layperson might be surprised by the level of distress evident in some psychoanalysts' lives, clinicians themselves generally understand the requisite symmetry between their own experience of suffering and the ability to help other suffering people called patients. This symmetry, sometimes described under the rubric of the "wounded healer," has been explored by a number of psychoanalytic writers, primarily of the Jungian school (Jung 1963; Samuels 2000). I would hasten to note that one need not accept Jung's metapsychology concerning the myth of Chiron to endorse the observation, described best in a recent biography of Samuel Taylor Coleridge, that "the chronically wounded man understands the processes of healing more deeply than the one never lacerated" (Wilson 2004, 11).<sup>1</sup>

Harry Stack Sullivan knew well this symmetry of suffering. His understanding lies at the core of his One-Genus Postulate, which he articulated in many different ways (1940, 16; 1953, 32; 1965, 2, 85), some succinct, some more detailed. In one of his descriptions, he reminded his audience:

I hope that I have communicated by this time a very firm conviction that no pattern of mental disorder . . . includes anything which is at all novel as to human equipment. Everything that we see in the symptomatology of these . . . situations has its reflection in kind, if not in degree, in the developmental history of every one of us. (1953, 208)

This line of reasoning did not originate with Sullivan. It can be found in Freud (1901) and in the work of Sullivan's mentor, William Alanson White (1933, 82-83; 1938, 58). The distinction, however, between his predecessors and Sullivan was that Sullivan made this idea the foundation of his work.

An important extension of the One-Genus Postulate was Sullivan's concept of *similia similibus curantur* (1962, 262), generally translated from the Latin as "like cures like." As so often, Sullivan never completely fleshed this notion out. Some writers have suggested too simply that Sullivan believed that if a therapist was similar to a patient in some particular way, then that therapist would likely be more successful with that patient. I favor a less restrictive and more pragmatic interpretation.

After all, a heterosexual therapist can be quite effective with a homosexual patient and a nonschizophrenic therapist with a schizophrenic patient. Why? To my mind, the answer rests with the psychotherapist's level of anxiety. I believe that what Sullivan intended is that the more willing a clinician is to acknowledge the aspects of her or his own development that are similar to those of the patient, the more likely she or he will be able truly to *hear* the patient. For example, the clinician who can hear her or his own "paranoid" rumblings will be able to hear "paranoid" rumblings in a patient without being overwhelmed by anxiety. According to Michael Guy Thompson (personal communication, June 22, 2007), who was a colleague of Otto Allen Will, Jr., Sullivan told others (though never Will himself) that he considered Otto Will to have been his most brilliant student. Late in his career, Will defined the One-Genus Postulate in a way that supports a broader interpretation, "The schizophrenic patient, in becoming in my eyes a person, had led me to hear hints of aspects of myself that could not be denied or put aside" (1987, 245).

Mainstream psychoanalysis has found this emphasis in Sullivan's thinking disquieting. For his part, Sullivan was often undiplomatic—and even abrasive—in admonishing his colleagues that, despite their training analyses and supervisions, they were not immune to the human condition. Indeed, he pointed out that psychoanalytic "lecturers and seminary leaders are people, in some parts people whose interpersonal relations are in measure decidedly immature and maladjusted" (1940, 212*n*).

For this and other reasons, Sullivan's work has always been a focus of controversy. Among his supporters there is a consensus that he has had a more profound impact on American psychoanalysis than any other theorist. Barton Evans proposes that Sullivan's contributions have been incorporated without acknowledgment into "British object relations theory, self psychology, and Erikson's psychosocial theory" (1996, 4). Leston Havens similarly maintains that "as a pioneer student of the social, relational sources of personality development" (1997, 1145), Sullivan laid the foundation of both object relations theory and self psychology. Harry Guntrip (1971, 46) proposed that Sullivan's emphasis on interpersonal relations spurred

American psychoanalysis to move away from Freud's psychological model. While Guntrip is right to some extent, it is important to note that Sullivan was joined by other neo-Freudian theorists—including Fromm, Horney, and Thompson—in bringing about this shift to a more cultural perspective (Evans 1996, 3; Ingram 1987, x).

Of course, not all agree with this estimation of Sullivan's influence. For instance, Erik Erikson wrote in a 1975 letter to Kenneth Chatelaine that he was generally aware of Sullivan's ideas, but saw no "specific connection between his publications and mine" (Chatelaine 1981, 482). Heinz Kohut (1994) was much more direct, informing his colleague, Michael Ferguson, by letter in 1980 that he had read *Conceptions of Modern Psychiatry* as a young man and found it to be "the expansion of a gifted but pathological mind" (411). Even some who touted the brilliance of Sullivan's ideas came to the conclusion that they did not have the impact that they might have had. Some twenty years after his biography of Sullivan, Arthur Chapman asserted that "to a generation or two of American psychiatrists, psychologists, and psychiatric social workers [Sullivan] is little more than a footnote in American psychiatric history" (1995, vii).<sup>2</sup>

Although Chapman overstates Sullivan's obscurity, it is true that Sullivan is seldom credited for his innovative thinking. To explain this neglect, I will first elucidate the importance of understanding a psychological theory as an extension of its originator's development as a human being. I will then review the nosologically inelegant, but dynamically articulate, conception that Sullivan called the *malevolent transformation of personality* (1953, 201). I believe this to have been Sullivan's way of explaining himself to himself. Finally, I will use this concept to explain some of the more troubling aspects of Sullivan's interpersonal relationships, which have more to do with the lack of acknowledgment he has received than any other factor.

### **Through a Glass Darkly: Psychological Theory as a Form of Autobiography**

The idea that theory represents, at least partially, the elaboration of one person's understanding of her or his own

experiences would have created a dilemma for the earliest psychoanalysts. Their awareness of the nature of unconscious mental processes made it altogether reasonable to assume that multiple subjective factors influenced the development of psychological theories. Yet the fundamental “facts” of psychoanalysis were largely founded on the observations of one man—Sigmund Freud—whose discoveries were held to be both objective and universally applicable. To question these “facts” was tantamount to betraying Freud and could lead to a painful rejection from the psychoanalytic movement (Grosskurth 1991, 199; Zaretsky 2004, 74).

The problem of whether any psychological theory can be truly objective seems to have been virtually ignored by psychoanalysts for many years, at least in their published writings. The training analysis and concepts such as countertransference were meant to hold subjectivity in check. However, Sullivan confronted the problem directly when he took a concept from physics, Heisenberg’s uncertainty principle, and applied it to the psychoanalytic situation, dubbing it “participant observation” (Evans 1996, 58).

Sullivan described participant observation in this way:

The actions or operations from which psychiatric information is derived are events in interpersonal fields which include the psychiatrist. The events which contribute information for the development of psychiatry and psychiatric theory are events in which the psychiatrist participates; they are not events that he looks at from atop ivory towers. (1953, 13-14)

Sullivan further delineated the role that *inference* must play in participant observation:

Now at this point I wish to make a perduring distinction—a distinction that will be important from infancy to the end of living—between what can be observed by a participant observer, and what can never be so observed but must always be the result of inference from that which is observed. And this is the distinction between *overt processes* in interpersonal relations and *covert processes*. (1953, 175-76; italics in original)

Participant observation made its greatest impact on clinical psychoanalysis, where the concept represented a paradigm shift from a one-person to a two-person psychology (Sullivan 1954, 3). As Rafael Yglesias elaborates, “To understand why [any] treatment proceeded the way it did one must also know about the doctor—his brilliancies, his mistakes, and his own psychology. The true story of a therapeutic exchange begins not with the patient’s present problem but with the healer’s past” (1998, 9). For some people, this remains a very difficult idea to accept.

However, there seems to be a growing consensus that any theory of the mind is inseparable from the man or woman devising it (Renik 2006). Robert Rodman describes the phenomenon in his biography of Winnicott: “each [theorist] has his or her own life as a basis for the imaginative construction of those of others” (2003, 22). Charles Strozier, the chronicler of Kohut’s life, takes it a step further, “Perhaps any thinker, especially a psychological one, draws on his or her own conflicts as the basis of insight” (2001, 260). Coleridge put it best in his *Biographia Literaria* when he said that “there have been men in all ages, who have been impelled as by an instinct to propose their own nature as a problem, and who devote their attempts to its solution” (1817, 65).

Writing about another person’s life is subject to all the benefits and limitations of participant observation. As Leon Lurie, a student of Sullivan’s from 1946 to 1949, cautioned me, “Anytime anybody tells you about somebody else, they’re really only telling you about themselves” (personal communication, November 28, 2006). Since the wisdom in that statement is inescapable, as I attempt to describe a facet of Sullivan’s life, I will inevitably be revealing something about myself.

### **The Hostile-Derogatory Self**

The foundation of what Sullivan called the malevolent transformation of personality can be found in his *Conceptions of Modern Psychiatry* (1940). This was the only collection of Sullivan’s lectures published during his lifetime. Introducing a security operation that later came to be called *disparagement* (Evans 1996, 111), Sullivan argued that those who had been so

neglectfully, abusively, or indifferently treated in childhood that they considered themselves inadequate, unlovable, or unworthy frequently tore down others as a primary means of protecting their always tenuous self-esteem:

The self may be said to be made up of reflected appraisals. If these were chiefly derogatory, as in the case of an unwanted child who was never loved, of a child who has fallen into the hands of foster parents who have no real interest in him as a child; as I say, if the self dynamism is made up of experience which is chiefly derogatory, then the self dynamism will itself be chiefly derogatory. It will facilitate hostile, disparaging appraisals of other people and it will entertain disparaging and hostile appraisals of itself. (1940, 22)

He went on to note that such negative self-appraisals prefer to remain silent, making themselves known only in the derogation of others:

So difficult is the maintenance of a feeling of security among his fellows for anyone who has come to have a hostile-derogatory self, that the low self-appreciation must be excluded from direct communication. A person who shrewdly attacks the prestige of sundry other people can scarcely add to each such performance a statement to the effect that he knows, because he has the same fault or defect. (22-23)

### **The Malevolent Transformation of Personality**

On February 1, 1948, Sullivan introduced the concept of the malevolent transformation of personality in a lecture at the Washington School of Psychiatry, which, thanks to Hilde Bruch, was recorded.<sup>3</sup> Sullivan's voice is a sonorous baritone, with just a hint of his Irish ancestry. Most strikingly, however, his voice betrays a sense of weariness that seems well beyond his fifty-five years. It is *almost* devoid of animation or charisma. This should



not be surprising because when this recording was made he had less than a year to live and was so debilitated by heart disease that he had given up driving and kept an oxygen tank in his office, in plain view of patients (Thompson and Thompson 1998). Nevertheless, his voice is clear as he spells the word *malevolent* for his audience. Much of this lecture is reprinted in an edited form in *The Interpersonal Theory of Psychiatry* (1953, 201-16), along with other lectures given at the Washington School of Psychiatry, primarily in the winter of 1946-1947 (Perry and Gawel 1953).

One philosophical antecedent of this concept would seem to be Sullivan's conviction, shared with Frieda Fromm-Reichmann, Karen Horney, and others of the neo-Freudian movement, that the human being has an inherent capacity for both psychological regeneration and ongoing growth. This idea may have been introduced to Sullivan by Fromm-Reichmann, who had studied with Georg Groddeck in Germany. Groddeck treated psychosomatic illnesses and believed that these were often the result of unconscious conflicts within a patient. For Groddeck, psychoanalysis was meant to liberate inherent healing processes (Hornstein 2000, 35). The idea that the human being has inherent capacities for growth, healing, and regeneration is, of course, not new. A variation of this idea appeared in 1810 in one of Coleridge's notebooks: "The Plant in its dark Chamber turns & twists its stem & grows toward the Light-Cranny, the sensation of the want supplying the sense of the Object wanted" (Holmes 1998, 208).<sup>4</sup>

How Sullivan came upon this idea he does not say, although he describes one reason that he embraced it:

Under what circumstances does so remarkable and, may I say, so ubiquitous a thing as malevolence appear as a major pattern of interpersonal relations in childhood? A *great many years of preoccupation with this problem has eventuated in a theory which is calculated to get around the idea that man is essentially evil.* (1953, 213; italics added)

That Sullivan had long had a "preoccupation" with explaining how man is capable of carrying out evil acts while yet remaining fundamentally good suggests that this was more than an abstraction for him—that it was also a part of his experiential life.

In a recent critique of the concept of the malevolent transformation of personality, John Kafka argues that it is redundant to Freud's 1914 work on narcissism: "Sullivan's [theoretical] limitations are related to his neglect of narcissism, to his tenacious adherence to an optimistic view of human nature, and to his neglect of everything that challenges it" (2006, 113).

There are three points worth making in response to Kafka's contention. First, whether or not narcissism is a "better" term for what Sullivan described is irrelevant. As I have maintained, all understanding comes about idiosyncratically, especially when based on symbolic communication in the form of words (Fromm 1980, 13-14; Thompson 2004, 139). When one studies the malevolent transformation of personality, other terms are also suggested, such as paranoia. However, perhaps it would be more efficient simply to explore a proposed formulation, without dismissing it as having been articulated "better," "more comprehensively," and so forth, by another theorist (including Freud). When all is said and done, the real thing to be learned from any description is how deeply it resonates with one's own experiences.

The second point is Kafka's contention that Sullivan displayed a "neglect" of narcissism. In point of fact, it is clear from some of Sullivan's earliest writings that he considered the concept in some depth. In *Personal Psychopathology* (1965, 195*n*), he explains his rejection of broad terms such as narcissism and homosexuality as having little explanatory utility. Further, narcissism was originally employed to describe certain transference deficiencies, seen particularly in schizophrenic illnesses. Sullivan, whose work initially focused on schizophrenia, knew better: "The still widely-held classification of mankind into those who *do* and those who do *not* (*can not*, it is alleged) 'make a transference' is more wonderful than helpful in personality study" (1965, 329; italics in original). The contemporary understanding of narcissism, as articulated by Kohut (1971; 1977), is prefigured by Sullivan's deep interest in the maintenance of, and avoidance of injuries to, self-esteem as fundamental human motivations (Cornett 1997; Imber 1984).

The final point to be made is that, despite his adversarial stance, Kafka does indeed capture Sullivan's personal investment in his concept. Sullivan acknowledged that his theories

were constantly evolving with the integration of new data (1940, ix-xiii). That Sullivan was “tenacious” in holding to one point of view, and neglected “everything that challenges it,” suggests that it represented a very important part of his personal experience.

Sullivan described the maladaptive transformation of personality as beginning in childhood, which he functionally defined as the period beginning with the appearance of speech and ending with the child’s need for extrafamilial playmates. He regarded the malevolent transformation of personality, like all other personality patterns, as the product of early learning:

For a variety of reasons, many children have the experience that when they need tenderness, when they do that which once brought tender cooperation, they are not only denied tenderness, but they are treated in a fashion to provoke anxiety or even, in some cases, pain. . . . The child learns, you see, that it is highly disadvantageous to show any need for tender cooperation from the authoritative figures around him, in which case he shows something else; and that something else is the basic malevolent attitude, the attitude that one really lives among enemies. (1953, 214)

During the February 1, 1948 lecture, Sullivan also detailed an aspect of the malevolent transformation of personality that may be a key to understanding his own interpersonal functioning. It harks back to the earlier description of disparagement:

By far, the most frequent manifestations . . . are the peculiar way of minimizing anxiety by tearing everybody else down. The device which I have mentioned somewhere, as the insistence that if one is a molehill, there will certainly be no mountains around one. The belittling, disparaging, derogatory business which never contributes very much to one’s freedom from anxiety because the most that can ever be achieved by it is the conviction that one is better than the other swine. (1953, 214)

Sullivan attributed other characteristics to this phenomenon. One is the tendency to conceal oneself from others through

what he called dramatizations and “as if” performances (209-10). Another is a dominant disposition of resentment and hatred, leading to isolation. Sullivan described this “fundamental interpersonal attitude” as a contention that, “once upon a time everything was lovely, but that was before I had to deal with people” (216). The bulwark of all these characteristics is the use of deception in interpersonal relations, especially with those in authority.

In Sullivan’s 1948 lecture, he singles out as one cause of this personality distortion “serious deviation in the significant parent.” Other factors are described in *The Interpersonal Theory of Psychiatry*:

If there are too many demands . . . on the mother, or if she has too many other children or is too ignorant of what it is all about, or if there are a variety of other circumstances, including mental disorder on her part, or crazy ideas about the child’s will or spirit or what not—then, quite frequently, the child encounters such consistent rebuff of his expressed needs for tenderness that his behavior and covert processes concerned with the expression of the need for tenderness have to be subjected to change. (1953, 201)

The child learns, that is, to “foresee—on the best grounds possible, namely, frequency of occurrence” (201), that his or her need for affection, affirmation, and demonstrations of love will not be forthcoming. Sullivan also notes that “a start in the direction of malevolent development creates a vicious circle” (215).

Another etiological dynamic described by Sullivan is the use of comparisons by a parent who has angry or resentful propensities, especially when these are enacted with the child:

A particularly ugly phase of this is found in cases in which the mother is very hostile toward the father, and has exceedingly little sympathy or satisfaction with him; so from very early in the child’s life, she explains the increasingly troublesome character of his behavior, his manifestation of as much malevolence as is safe, by saying that he is just

like his father in this particular, or just like his father's younger brother, or something of that kind. While the initial references of this kind communicate very little information, their continuation for long enough does tend to warp the child's personification of himself in the direction of something detestable, to be avoided and so on. (1953, 201)

Sullivan continues:

And in the long course of development, even more subtly destructive are the instances where malevolence has come about because the mother is malevolent toward the child, in which case quite frequently, from very early, there is a good deal of verbal reference which takes the curious form of saying to aunts, uncles, neighbors, and others, "Yes, he has a bad temper just like me," or, "Yes, he is rebellious just like me." (201)

I have cited Sullivan's work at length because I want to make his thoughts on this matter as clear (within the limits imposed by Sullivan's style) as possible.<sup>5</sup> Having elaborated the essential elements of the concept, I want to use the malevolent transformation of personality to explain some of the most striking paradoxes in Sullivan's own interpersonal functioning. Admittedly, such a task is inherently reductionistic, and as such, should be viewed skeptically. It is often beyond the level of inference that Sullivan would have found acceptable. Yet it offers one means of rendering biographical information in a compelling way; and, as I have argued above, it is also a tactic for extrapolating the origin of a theorist's work from his life.

In the early Sullivan biographies (Chapman 1976; Chatelaine 1981; Perry 1982), his theories were organized around two primary themes: his loneliness and his self-reported schizophrenic illness (Perry 1982, 3). Chapman also furnished a clumsy account of Sullivan's life centered on Sullivan's homosexuality. Although Chapman's work has been roundly criticized—Sullivan's student and colleague, Robert Kvarnes, branded it "a rather lightweight oversimplification" (1978, 112)—it did serve as a forerunner to the contemporary emphasis on Sullivan's sexuality

as the guiding force of his work (Alexander 1990; Allen 1995; Blechner 2005; Harned 1998; Wake 2005). Hegarty has labeled these more recent writings the “queer archive of Harry Stack Sullivan” (2005, 36). To date, Evans (1996) has produced the only purely intellectual biography of Sullivan.

Being a gay man myself, I certainly do not want to underestimate how the vicissitudes of homosexuality can influence every facet of one’s life. Yet I find the argument that homosexuality was the organizing force of Sullivan’s experience unconvincing, just as I find implausible the notion of Sullivan as a schizophrenic. In what follows, I will return to the earlier themes of Sullivan biographical research to elucidate what seems to me the essential source of Sullivan’s suffering, which, in its interpersonal manifestations, has resulted in a most regrettable derogation of his work and personal legacy.

### **A Basic Contradiction**

In researching the life of Harry Stack Sullivan, I have been perplexed by one glaring contradiction that recurrently surfaces. This is the seeming split between how Sullivan conducted himself with patients and how he behaved with colleagues and students.

There is virtual unanimity that Sullivan was a generous, empathic, compassionate, and effective psychotherapist. The only evidence that his clinical behavior was ever below this standard appears in his early work at the Sheppard and Enoch Pratt Hospital when Sullivan could be both sarcastic and dismissive of patients. For instance, to one twenty-three year old suffering from hallucinations and delusions, Sullivan disapprovingly demanded, “Do you believe everything you say? Do you never make any mistakes in what you say? Are you one of those people who is always right?” (Schulz 1978, 121). Clarence Schulz, who knew Sullivan in the last year of his life and became one of the preeminent scholars on Sullivan’s work at Sheppard Pratt, noted that these caustic interactions were representative of “early Sullivan before he formulated his ideas about anxiety as an interference to communication” (personal communication, March 6, 2007). He went on to relate that Sullivan “was like the

bull in the china shop during those years.” However, Schulz also praised Sullivan as “tender” and “caring” in his later work. Others familiar with Sullivan’s clinical work confirmed that he was compassionately responsive to his patients. Leon Lurie, who attended monthly meetings with him from 1946 through 1949, related that “it was broadly understood . . . that Sullivan was very gentle with his patients” (personal communication, November 29, 2006).

Yet where his colleagues and students became a focus, almost everyone who had known him or studied his life describes his behavior as fiercely insulting or cruel. Robert Gibson arrived at Chestnut Lodge in Rockville, Maryland, in 1952, three years after Sullivan’s death. He was a supervisee of Frieda Fromm-Reichmann’s. While at Chestnut Lodge, Gibson became interested in Sullivan and studied his life thoroughly. He relates that “everything I heard about Sullivan led me to believe that he was someone that I would detest” (personal communication, February 25, 2007; see also Gibson 1989, 184). Schulz describes the nonclinical Sullivan as a “disagreeable and irresponsible character and very lonely. He antagonized almost everyone except Edith Weigert and Frieda Fromm-Reichmann” (personal communication, March 17, 2007). Lurie confirms: “At first, I thought that Sullivan was very mean in how he treated his students. . . . A rationalization I developed about Sullivan after about three meetings was that maybe he felt sorry for [his students’] patients. That rationalization didn’t last very long” (personal communication, November 29, 2006).

In 1928, Will Elgin, a third-year medical student, went to the Sheppard and Enoch Pratt Hospital to study psychiatry. He met Sullivan early that year; Sullivan left Sheppard Pratt the following December. In 1964, Elgin, by then assistant medical director of the hospital, wrote a short reminiscence of this early contact with Sullivan, “Harry Stack Sullivan, as I Remember Him.”<sup>6</sup> Long before he met Sullivan, Elgin heard a great deal about him, “mostly adverse.” Sullivan “was said to be irritable, sarcastic, critical, demanding, aloof, and isolated.” Elgin also remembered being told that Sullivan “often openly expressed his scorn for certain persons,” including the hospital’s director of nursing, who was not allowed on his special unit for young male schizophrenics.

Despite this early indoctrination, Elgin liked Sullivan. Over time, Elgin became a driver for Sullivan, shuttling him between functions at the hospital and in Washington, D.C. Even so, Elgin wrote, “his behavior did tend to be erratic and unpredictable. Moreover,” Elgin continued, “it was not unusual for him to disappear in the course of the evening, making it necessary for me to get back to the hospital the best way I could.” Yet Elgin remembered Sullivan as “a warm friend.” As assistant medical director of Sheppard Pratt, Elgin helped to organize a seminar with Sullivan for the psychiatric residents, an effort that resulted in *A Harry Stack Sullivan Case Seminar* (Kvarnes and Parloff 1976).

Another exception to the view of Sullivan as cruel and abusive came from Jerome Styr, who reported, “I liked Harry Stack Sullivan, which means I’m one of a very small minority of people. I had him as a supervisor for three years. He was a very thoughtful, helpful, interesting person” (personal communication, March 8, 2007). There are, of course, others in the minority camp. Dexter Bullard, Sr., the owner and medical director of Chestnut Lodge, captured an important part of the experience of knowing Sullivan. In an unpublished 1969 reminiscence given to the staff of Sheppard Pratt, Bullard affirmed, “I have never met anyone who knew Sullivan at all who was indifferent about him. Either you liked him and admired him tremendously or you hated his guts, and sometimes the two were almost simultaneous in my responses to him.”

### **Harry Stack Sullivan’s Early Life**

Born on February 21, 1892, Harry Stack Sullivan was the only surviving child of Timothy and Ella Stack Sullivan. Two previous sons had been born—William Harold in February 1888 and Arthur Timothy in February 1890—but died prior to their first birthdays. Due to the state of medicine at that time, we have no way of knowing precisely what killed Sullivan’s siblings (Evans 1996, 23; Perry 1982, 9).

Although we can only speculate about what effect the deaths of Harry’s two older brothers had on Timothy and Ella Sullivan, we can be certain that there was *some* effect, and also that it was passed down to the young Harry in myriad conscious



and unconscious ways. We can also be sure that these two older brothers had identities for Harry's parents and were a part of their every interaction with Harry from the day he was born.

As Sullivan noted, "*The tension of anxiety, when present in the mothering one, induces anxiety in the infant*" (1953, 41; italics in original). Sullivan acknowledged that the exact mechanics of this process are "thoroughly obscure," but he gave this process the designation of empathy. It is reasonable to infer that the feelings permeating the Sullivan home on that cold February day in 1892 when Harry was born were deeply ambivalent. They likely included joy restrained by fear, exuberance muffled in grief, and dread-filled thanksgiving. The communication of anxiety from his mother to the baby Harry must have been overwhelming. Although Sullivan gave scant theoretical attention to how the father's emotional reactions affect the infant, Timothy Sullivan, in addition to his own concerns about his third baby's ultimate survival, knew that he was looked down upon by his wife. Coleridge (1796) offers an intimation of what this marital dynamic might have engendered in Timothy in his sonnet "To a Friend, Who Asked How I Felt, When the Nurse First Presented My Infant to Me":

. . . my slow heart was only sad, when first  
     I scanned that face of feeble infancy:  
 For dimly on my thoughtful spirit burst  
     All I had been, and all my child might be!<sup>7</sup>

In considering Sullivan's early life, we are fortunate to be aided by one of his own writings—an autobiographical statement, composed for *Current Biography: 1942* (Perry 1982, 13). In beginning the discussion of his first years, Sullivan highlighted the issue of class in his parents' marriage, "The men of his mother's family had traditionally chosen the professions of educator, lawyer, doctor, or priest until Ella Stack married Timothy, who was by this time a skilled workman and who later became a farmer" (1942, 813).

It is noteworthy that Sullivan identified his mother by her first and last names, while his father was simply "Timothy." That he perceived his mother as having married beneath her status seems clear. He then described his relationships with his

mother and father respectively, oddly writing of himself in the third person as if he were being interviewed:

Of his relations with his mother, Sullivan says: "I escaped most of the evils of being an 'only child' by chief virtue of the fact that mother never troubled to notice the characteristics of the child she had brought forth, and 'her son' was so different from me that I felt she had no use for me except as a clotheshorse on which to hang an elaborate pattern of illusions." (1942, 813)

He continued, "His father was a remarkably taciturn man who had become a widower (and his son a physician of some twelve years' experience) before they got well acquainted with each other's views" (813). As a child, Sullivan does not seem to have felt known or understood by either of his parents. As the nineteenth-century British poet, John Clare—who spent much of his adult life in asylums—wrote, "I am—yet what I am none cares or knows" (1865). Sullivan's mother seems to have employed him to reflect her own narcissistic fantasies, while Sullivan and his father withdrew from one another. His father's humble status seems to have been a source of continuing disappointment, even shame, for Sullivan, as he reduced the latter to being "a widower," while he himself was "a physician of some twelve years' experience." Chapman contends that Ella Sullivan "felt that her social state had been . . . lowered . . . by the failures of her husband, who never rose above the level of a factory worker and a poor farmer. Throughout his childhood she unloaded on her son her helpless anger, her tales of her family's former prominence, and impractical dreams of a better future" (1976, 20).

That Sullivan was deeply ambivalent about—and probably hated—his mother seems evident. In addition to the statements quoted above, Barton Evans describes another symbolic manifestation of Sullivan's attitude, "He refused to wear blue clothes or even sit in a blue chair. He explained to friends that his aversion came from his mother's use of the color in his baby clothes, which she preserved and showed proudly to guests" (1996, 25-26). Compounding the troubled circumstances of his birth, Sullivan recounts a pivotal event in his life:

When Harry was three his family moved from the county seat [Norwich, New York] to a farm where he was surrounded by books and opportunities to appease his curiosity about nature, but where few contacts with other children were possible, particularly since the Sullivans were the only Roman Catholic people in a Protestant community [Smyrna, New York]. (1942, 813)

What Sullivan omits from this description are the reasons the family moved, at least two of which are clear. The first is that Timothy Sullivan was having difficulty supporting the family. Even more momentously, Sullivan's mother at this time experienced some sort of psychiatric difficulty that led to her being institutionalized (Perry 1982, 38–39). Interviewing family members and neighbors, Helen Perry learned that a number of explanations have been alleged, including a schizophrenic episode, depression, and mania. Again, we cannot know the exact nature of Ella's affliction. However, one haunting story that Perry unearthed, which has inevitably intrigued other scholars (Evans 1996), is that Sullivan's mother attempted to harm, perhaps kill, Harry and planned to do the same to herself. Thus, the first three years of Sullivan's life not only constituted a weak foundation on which to construct a sense of self but can fairly be judged to have been traumatic, at least by the standards of our own time, if not necessarily of his.

The move to his maternal grandmother's farm brought scant relief to the beleaguered little boy. His mother was absent for some period of time, although for how long has not been established. Harry's grandmother Stack spoke Gaelic rather than English, making communication difficult, and Perry (1982, 37–38) concludes that Sullivan found his grandmother frightening. This was intensified when she began resorting to child-rearing techniques common in County Clare, Ireland. These included the use of a small dead animal or large insect to demarcate boundaries (e.g., in front of the hearth or at the top or foot of stairwells). Grandmother Stack, who climbed up and down a staircase in the farmhouse separating the basement from the kitchen several times a day, began placing a dead black spider at the top of the stairs to prevent the three-year-old from following her. Harry had gone from a household with

an attentive, albeit invasive, mother to one in which a maternal substitute with whom he could hardly communicate verbally had little time for him and who resorted to dead creatures to keep him at bay. It is scarcely surprising that Sullivan retained a fear of spiders well into adulthood and perhaps for the rest of his life (Perry 1982, 182).

### **Sullivan's Isolation and Loneliness**

Those who write about Sullivan invariably remark on his loneliness. At his memorial service, Clara Thompson stated that "Harry Stack Sullivan was a lonely person from his earliest childhood" (1962, xxxii). In his biography, Kenneth Chatelaine concurred, "Dr. Edith Weigert, a close and intimate colleague of Sullivan for many years, related to me that as they were out riding one day, Sullivan put his hand on her shoulder and said, 'Edith, you don't know how lonely I am'" (1981, 28). The isolation of his grandmother's farm might have been ameliorated when Harry started school, but at least two factors opposed this. First, he was the only Irish Catholic boy in the entire school. Catholics were hated in the fanatically Protestant town of Smyrna, New York. Even much later, on St. Patrick's Day, 1926, Sullivan witnessed the Ku Klux Klan burn a cross in a field near his grandmother's farm (Evans 1996, 25; Perry 1982, 223).

The second factor that interfered with Harry's interpersonal success at school was his shyness, coupled with inadequate communication skills. However, Harry was one of the brightest boys in the school, which, ironically, may have compounded his difficulties with the other children (Perry 1982, 74). Sullivan's close friend and colleague, David Rioch (1985, 153), suggests that Harry's withdrawal probably reflected feelings of shame about his life on his grandmother's farm.

Rioch also notes another pattern that developed during his school years and did not facilitate Harry's intrapsychic or interpersonal development. Due to shame about his circumstances, he "began inventing stories of family trips to Europe which he could use on his return to school in the fall to hold the interest of the other children" (1985, 153). Rioch continues, "Sullivan said these stories became more interesting and complex with

time. ‘At about the age of twelve,’ he said, ‘I suddenly realized I was beginning to believe them myself! So I stopped making them up or thinking about them’” (153).

Chapman points out that Sullivan viewed loneliness as a powerful and painful motivator, adding that he used “this word almost in a technical sense” (1976, 173). Sullivan’s latest biographer, Barton Evans, defines loneliness as “the experience of the failure to achieve an intimate relationship,” yet he concedes that Sullivan “had difficulty, similar to his earlier formulations about anxiety, describing the underlying cause of loneliness” (1996, 208).

In a recent article on Sullivan’s sexuality, Jon Harned proposes: “Perhaps Sullivan’s sense of estrangement from humanity was a cultural construction, the self-fulfilling presumption that the homosexual is doomed to loneliness, and he may have exaggerated his isolation as a child and an adult when speaking with friends like Clara Thompson” (1998, 312). I find Harned’s idea to be less than satisfactory. Sullivan’s loneliness began in the earliest moments of his conscious life, long before any awareness of his sexuality. It was, of course, a cultural construction, but one that developed out of actual experiences of not being wanted or cared for adequately by other people. Like all other human events, loneliness is an interpersonal process. To return to the malevolent transformation of personality, it would seem that two bulwarks of Sullivan’s loneliness were his unwillingness to allow anyone truly to know or understand him and his use of deception.

### **“No Friends, Only Illusions”**

Clara Thompson, one of Sullivan’s best friends for many years and his training analyst, notes that

    this man, who in public could tear a bad paper to bits with his scathing sarcasm, had another side—a gentle, warm, friendly one. This was the side he showed his patients. Anyone who has seen him talking with a disturbed catatonic can know that he has seen the real Harry without pretense or defenses. (1962, xxxiii–xxxiv)

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Sullivan was the Veteran's Bureau liaison to St. Elisabeths Hospital in Washington, D.C., where William Alanson White was Superintendent. In 1922, Sullivan began to search for another position and applied to the Boston Psychopathic Hospital and the Sheppard and Enoch Pratt Hospital. To the superintendents of both hospitals—Dr. Macfie Campbell and Dr. Ross McClure Chapman, respectively—White wrote the same letter calling attention to his difficulty in knowing Sullivan:

As regards my opinion as to his availability for a staff appointment, I should say, as I told him once, that I do not feel that I really know Dr. Sullivan very well. He is a keen, alert, somewhat witty Irishman, who has a façade of facetiousness which it is a bit difficult to penetrate. One or two occurrences have made me think that back of that façade was a considerable discontent. (D'Amore 1976, 78–79)

In his 1969 reminiscence, Dexter Bullard, Sr., asserted, “nobody, to my knowledge, ever knew all about Harry Stack. He revealed one side of himself to one person and another to another and so on.”

All these accounts suggest that Sullivan concealed himself from even the closest people in his life. Equally importantly, he saw the rest of the world as doing the same thing. In a memorial article published by *The Washington Post* on February 6, 1949, Otto Allen Will, Jr., quotes Sullivan as having said:

We know so little about the persons with whom we spend our lives that nowadays we have no friends, only illusions. . . . We go about with a great many people, with more than our forefathers, but they are careful about revealing anything, just as we are careful; consequently the other person is to us nothing more real than what we happen to imagine.

### **“Keeping Matters Obscure”**

Sullivan also deployed language to avoid revealing too much about himself. Leon Lurie (personal communication, Novem-

ber 29, 2006) refers to Sullivan's having a *favorite language*. This idiolect includes words such as "tenderness" and "malevolent," and Lurie finds it to be a barrier to understanding Sullivan's ideas. Partly, he proposes, it arose out of Sullivan's insistence on developing an American psychiatric language without words of European, especially German, origin.

Harold Searles, too, has often complained about Sullivan's use of language. In an interchange with Robert Langs, Searles remarks that the first time he heard Sullivan speak, "I simply didn't feel that I understood, really at all well, what he was saying. He used, of course, his *special language* to such an extent" (1980, 23; italics added). In a later interview with Martin Stanton, Searles links Sullivan's language with arrogance. Sullivan, he asserts, "was an enormously arrogant person. He spoke the entire English language in quotes as though he had a *private language* that could express it far better than these quotes. A very, very arrogant man" (1992, 327; italics added).

One of Sullivan's closest colleagues, Morris Parloff, describes his experience of listening to Sullivan in this way: "His lectures were absolutely literary in the sense that his use of language was florid and flowery, and he preferred his own special words and concepts. If it wasn't for the fact that he punctuated his sentences with thrusts of his long cigarette holder, I don't think I could have followed it" (Frederickson 2002, 103). All language evokes meaning within the listener or reader. Yet words such as "tender," "lonely," "malevolent," and so forth *encourage* imprecision. Perhaps Sullivan used "literary" language because it allowed his listeners to imagine what they wanted or needed to hear.

I believe, however, that Sullivan did not want his language to be readily comprehended. Probably unconsciously, this was another stratagem for concealing himself and his beliefs. Blechner (2005, 11) perceives this quality in reading Sullivan's description of "male adolescence" in *Personal Psychopathology* (1965). Otto Will, in his introduction to *The Psychiatric Interview*, concurs: "speech is used not only for the transmission of ideas but for keeping matters obscure, for the maintenance of distance from another, and for the protection by rather magical means of one's self-esteem" (1954, xx). Ultimately, this split in his use of language had tragic consequences for Sullivan.

Morris Parloff poignantly describes an incident that occurred shortly before Sullivan's death when he gave his last lecture at Walter Reed Hospital:

Sullivan came late, which was unusual. The lecture hall was crowded. Sullivan was obviously in great distress, very upset. He began by saying he had had an unpleasant experience just before meeting with the class. He had met earlier with the faculty at Chestnut Lodge and discovered to his great dismay that in many respects his own faculty did not understand what he had been saying all these years. They could not comprehend some of the basics of his theory. . . . He was really distressed, so he asked the class if we would do him the honor of meeting after class in small groups and talking about what we thought we had heard, to see if we could arrive at a consensus. This man was talking out of real desperation. I was utterly surprised. The meeting, of course, proved his point. We didn't understand. And that turned out to be his last lecture to our class. (Frederickson 2002, 104)

### **Disparagement: "Better than the Other Swine"**

Sullivan's disparagement of students, colleagues, and his profession ultimately cost him a great deal of respect. He could be dismissive, disrespectful, insulting, and cruel. Supervisees were particularly prone to receive harsh treatment. Donald Burnham remembers others complaining that, after presenting a case to Sullivan, he would respond, "You take money for this?" (Frederickson 2001, 36).<sup>8</sup> The insinuation or accusation that one was some form of charlatan was a frequent experience of supervision with Sullivan. Schulz attests that this disparagement was also prevalent in Sullivan's lectures: "His comments were laced with scathing remarks as asides. In one example, after describing what to him was a particularly inept intervention on the part of a therapist, he added, 'and they charge fifteen dollars for that'" (2006, 110).

After a session with Sullivan, his supervisees at Chestnut Lodge often sought out Frieda Fromm-Reichmann to regain a



sense of perspective on their skills (Hornstein 2000, 128). Many traveled to Sullivan's home for their hours. Robert Cohen recalls his supervisory sessions as taking place in Sullivan's living room where he had "his dog and his brandy" (Frederickson 2001, 35). Sullivan's dogs—there were usually from three to five—could be a real problem for his students. Fromm-Reichmann heard horror stories of verbal abuse by Sullivan and physical abuse by his dogs. According to her biographer, "Sullivan's five dogs, who intuited his feelings, . . . bit the students who irritated him" (Hornstein 2000, 128). Perhaps this is another example of empathy as Sullivan conceptualized it.

David Rioch remarks that "one of Sullivan's most objectionable ploys was to attempt to intimidate his associates if he anticipated resistance to or rejection of his plans or ideas" (1985, 154). At a meeting at the William Alanson White Foundation, of which Bullard had just become president, Sullivan became angrier over the course of the evening, ultimately threatening Bullard, "I will ruin your Goddamned institution [Chestnut Lodge]." Bullard simply replied, "try and do it" (Bullard 1969, 18; see also Rioch 1985, 154). By the end of the evening the friction had dissipated, though Sullivan probably had no part in facilitating this reconciliation since he rarely, if ever, apologized.

After moving from Chestnut Lodge to Sheppard Pratt, Robert Gibson gathered together staff members who had worked with Sullivan for an evening of reminiscences, from which he gleaned several anecdotes. One concerned Sullivan's bullying behavior. According to Gibson, a first-year resident named Leo Bartemeier received an unforgettable greeting in 1924. "Sullivan said, 'Are you Bartemeier?' And Bartemeier said, 'Yes, I am.' Sullivan said, 'Well—I'm Sullivan, and I want you to know that I'll tear you limb from limb if you don't leave that poor schizophrenic boy on West 1 alone'" (1989, 189).

Sullivan was also very critical of the professions of psychiatry and psychoanalysis. He opined, "Psychiatry as it is—the preoccupation of extant psychiatric specialists—is not science nor art but confusion" (1940, ix). In his 1964 memoir, Elgin quotes Sullivan's disparagement of psychiatric residents, "They come to me as well trained physicians and therefore with an acquired inability to understand anything that I say to them." Nathan Hale deftly summarizes Sullivan's position toward psychoanalysis:

Sullivan from the outset made no effort to place his system within orthodox psychoanalytic theory and indeed sharply criticized the psychoanalysts: their tendency to overgeneralize, the dogmatism of some who were filled with the “holy light” of their own personal analyses; the theory that mental disorder resulted from fixations at past stages; and what he regarded as the projection into infancy and childhood of sexual elements taken from the genital developments of adolescence. (1995, 175)

It was less Sullivan’s theoretical differences with orthodox psychoanalysis that created deep wounds among colleagues than the *ad hominem* manner with which he drove home his critiques. For instance, Sullivan asserted that “a certain distrust of psychoanalytic practitioners, if not of psychoanalysis itself, comes thus to be quite understandable” (1940, 213). In a note at the bottom of the same page, he averred that training analysts were frequently “ambition-ridden.” Although Sullivan was himself a training analyst, presumably he exempted himself from this censure.

Writing in the *New York Times*, Rollo May paid tribute to Sullivan the iconoclast: “One of Sullivan’s greatest contributions was his Socratic gadfly function—no lazy thought or easy rationalization was safe from his ironic probing” (1952). Like so many other facets of Sullivan’s life, his vitriolic challenge to the psychoanalytic and psychiatric *status quo* had a paradoxical effect: it both served to bring about imperative changes in clinical practice and ensured that Sullivan would not be fully credited for sponsoring these innovations.

### Conclusion

Harry Stack Sullivan described a phenomenon that he called the malevolent transformation of personality. Although this concept has not been extensively studied, and some have tried to dismiss it as simply a variation on the theme of narcissism, the malevolent transformation of personality is an original and creative attempt to understand a certain category of patients. At the same time, Sullivan’s formulation was a means, probably

outside of his awareness, of explaining himself to himself. Its roots lay in Sullivan's sense of not being known as a child, it branched out in the creation of defense systems that maintained a sense of isolation when he was an adult, and it bore bitter fruit in his need to disparage and bully those colleagues—potential equals or superiors—who threatened his security. My intent has not at all been to disparage Sullivan, in whom I find much to admire. Rather, I hope to have demonstrated the limitations that our humanity imposes on our psychological theories. Harry Stack Sullivan belongs to the giants of our profession who have passed into legend. What we are constantly having to relearn is that even those iconic figures should not be idolized. It is an important lesson to remember in our own lives.

*2817 West End Avenue, Suite 208  
Nashville, TN 37203  
mail@carlton-cornett-lcsu.com*

### Notes

1. Coleridge's contributions to the early development of psychodynamic thought have been largely neglected by historians. In his notebook for September 1805, Coleridge stated with reference to the ancient gods, "it requires a strong imagination as well as an accurate psycho-analytical understanding in order to be able to conceive the *possibility*, & to picture out the reality, of the *passion* of those Times for Jupiter, Apollo" (entry number 2670; emphasis and structure in original). That Coleridge coined the phrase "psycho-analytical understanding" I have never seen mentioned in the psychoanalytic literature. His notebooks, essays, and poetry contain many dynamic insights concerning human nature, many of which came about through reflection on his own considerable suffering (Holmes 1998; Wilson 2004).
2. Clarence Schulz (personal communication, February 10, 2007) informed me that when he first arrived at Sheppard Pratt, the medical director, Harry Murdock, M.D., had responded to his enthusiasm about Sullivan by asserting that "Sullivan would only be a footnote in the history of psychiatry."
3. I appreciate the efforts of Pamela R. Cornell, M.Ed., and Elizabeth Borst White at the John P. McGovern Historical Collections and Research Center, Houston Academy of Medicine-Texas Medical Library (Hilda Bruch, M.D., Archives), in making this recording available. Transcriptions throughout this text are mine.
4. A virtually identical passage appears in Rogers (1980, 118).
5. See Evans (1996, 102–4) for an excellent account of how Sullivan likewise averred that the changing nature of discipline and punishment throughout early development has an impact on the formation of the malevolent attitude.
6. I am grateful to Dr. Charles Schulz for sharing this paper and several others from his personal archive. Quotations from a speech given at Sheppard Pratt in 1969 by Dexter Bullard, Sr., M.D., are also due to Dr. Schulz's generosity.
7. Coleridge was referring to the birth of his son, Hartley (1796–1849). It is not unusual that the self-esteem of the father also turns up in the son. In midlife, Hartley Coleridge (1833) described his own self-respect in the poem, "Long Time A Child":

Nor child, nor man,  
 Nor youth, nor sage, I find my head is grey,  
 For I have lost the race I never ran!  
 A rathe December blights my lagging May,  
 And still I am a child, though I be old—  
 Time is my debtor for my years untold.

8. In his 1969 Sheppard Pratt talk, Dexter Bullard, Sr., identified one such browbeaten supervisee as Alex Halpern.

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## Apropos the Arts

### When Art Takes Hold

Every now and then an exhibition of art works in a museum or a gallery manages to offer images so rich and potent, so highly charged with affect, that they stimulate an upsurge of memories and feelings in their beholders. While never precisely the same as those that inspired the creation of the original works, such memories and perceptions relate to the works in a variety of ways as they stimulate fantasy and recollection. When this happens, we walk through the gallery more slowly, caught up in a contemplative state of mind, captured by what we see as though the objects were speaking directly to us, reanimating buried aspects of our personal pasts, reattaching us to lost percepts. At such times, I want to claim, the art works in question take hold of us, grasp us, and teach us, although precisely what they teach us is elusive and hard to name: they alter something in the way a therapist does, perhaps. Ernst Kris writes persuasively about such phenomena in his justly celebrated essay on aesthetic ambiguity (1948). There he speaks about the communicative function of art and offers the notion of the potential of a symbol to set mental processes in motion. Artistic communication, he holds, entails the active participation of beholders who actually re-create works for themselves in their own terms in the presence of the works rather than react passively to them. Similar ideas have been previously articulated by John Dewey (1934).

Standing in the Feldman Gallery of the Jewish Museum of Maryland on Lloyd Street in Baltimore, once the old Jewish quarter, eerily lit this afternoon, I am watching the gallery undergo a transformation. Two men with workmen's aprons and movable spotlights are setting up an exhibit called "Weaving Women's Words,"<sup>1</sup> a show of art works in diverse media based

I would like to express my gratitude to Drs. Peter Rudnytsky and Jay Freyman.



on the oral histories of thirty Jewish women born in the early twentieth century. Not all the pieces have been installed. I hear the whining sound of a drill, the men conferring *sotto voce* about what to touch up, what to do first. But already, my eyes have misted, and the works on the walls are blurred.

German-Jewish, born in America, just like the women being honored in this exhibit, my mother was of their vintage. Unexpectedly, her ghost haunts every image, word, and object surrounding me on all the walls of this gallery—swatches of worn fabric, scuffed alligator pumps, a leather-bound Langenscheidt German-English dictionary, valises, strung pearls, a typewriter, a page from Louisa May Alcott's *Little Women*—the very page, in fact, that tells how Marmie March had to go far away and leave her daughters, Meg and Jo and Beth and Amy, and how each fought back her sorrow. Another page displayed is from a Beethoven score, and nearby I see faded sepia photographs with faces that stare wistfully into an unknown future. Every detail returns her to me. Through these art works, she comes back into focus after so many years, years during which I had lost the ability to conjure at will the details of her face.

The workmen wear gloves; one fellow is hand-brushing an exhibition sign. Pungent odors of paint pervade the gallery. At my feet are power tools, a saw, a hammer, a bag of sheetrock, an industrial vacuum cleaner, a plank of raw wood pierced unevenly by nails and protruding screws. Stepping gingerly around them, I am suddenly dazzled by a wall of windows.

Seven collaged window frames of unequal size and shape are suspended from above; it is an installation by an artist named Harriete Berman. Nothing but window frames. Yet I am imagining mothers. They look out of these windows in my fantasy, calling to one another in greeting but also watching protectively over their children playing in streets below. Mothers (I can see them) are standing there looking out of those windows at worlds they were often forbidden to enter, or afraid to venture into, worlds they longed to see close-hand, new and amazing worlds into which they sometimes did dare to wander, even in some cases to conquer. Mothers baking and cooking, so that through these windows are wafted the sensuous perfumes that betoken culinary arts passed on for generations from mother to daughter. And these windows have no glass, no transparent barrier, no filter between outside and inside. Nothing to break.

I am remembering a Jewish woman born during the first decades of the twentieth century. She is Charlotte Salomon (1917–1943), a painter who, when she was a little girl, happened to be living in Berlin when the Nazis came into power. One day, Charlotte's mother threw herself out of a window, and Charlotte grew up to become an artist who painted the now-famous memoir in images, *Leben oder Theater* (1963), in which she recorded that empty window and its aftermath, only soon to meet her own death at Auschwitz, a young woman newly married, never to become a mother herself.

To read the transcripts of the oral histories that motivated the art on these walls is to marvel at the way these women's lives expanded like accordions whose folds could infinitely unpleat. It is to be touched by their love of learning, by the buds and blossoms that appear in their carefully tended psychic gardens. It is to imagine listening to their voices as they nurture their families, care for their children, develop new skills, speak and read in foreign languages, volunteer to make their city a safer, more respectful home for its diverse citizenry. Gazing at the art, I recall my mother's concern for social welfare as she led a local chapter of the League of Women Voters and of the National Council for Christians and Jews.

Here is a tower of blocks by artist Leslie Golomb Hartman. Emblazoned with photographs of women's faces overprinted by their names and the repeated phrase from Proverbs 31, "She opens her mouth with wisdom," this work beckons us back to childhood and reminds us of aunts, cousins, and grandmothers who cosseted us when we were small. How familiar they look. Their smiles and welcoming eyes reach out across the years and across the gallery to draw us in close and into our own interior worlds—into those mental museums where snapshots and souvenirs of the past are forever sheltered. I whiff the fragrance of these women and know the texture of their stiff white hair, the silken softness of their skin, like crinkled suede. They invite us to be happy and to live—*l'chaim*—to cherish this vital world, with its joys and woes, its foods and festivals, its wonder and its regrets. Their faces are framed by ovals, the texts in squares. Where do our eyes turn first? Mine go straight to the ovals, to the eyes and smiles, and only afterwards to the letters, words, and phrases—just as, in childhood, we looked first at our mothers'

faces. Their pleasure and delight in us filled up our universe, long before their words held any meaning.

Now, in the work of artist Rhoda London, I spy a typewriter like the one my mother used when she wrote her postwar book, *English the American Way*, to welcome German immigrants. And a Hanukah lamp encrusted with wax. Deckled sheets of stationery covered in collage—veritable sites of contemplation, *lieux de mémoire* (Nora 1992). I linger for its mixture of complexity and simplicity, its blend of earthiness and wit.

But another piece attracts my eye. From shimmering threads attached to a wire ring suspended above my head sway racks of apparently floating tissue paper chemises that billow as I approach and lightly graze each other's wrinkled surfaces. Ghostly and gossamer, they cast phantasmagoric shadows, and yet they do not resemble shrouds but even more hideously recall to mind the lampshades Germans made of Jewish skin. This is because the light that passes through them gives them an amber cast in delicate gradations so that oilskin and waxed paper are evoked as well as burning, and then, suddenly, their headlessness and limblessness matter terribly. Bunched together, hovering over the floor in that liminal space, they are neither of the earth nor free of it. Inescapably, they suggest women—my body, my figure, and those of our mothers and of their mothers and of our daughters. Somehow both real and unreal, this spectral work by artist Carol Hamoy evokes, as it swings in the ambient currents of air, an ethereal ensemble of amputated dancers posed behind an invisible curtain in a theater. But is it before or after they have been onstage?

And finally, life as an unfinished journey. Five open valises, by artist Viviana Lombroso, painted with images of books, papers, faces, sayings, surrounded by bronze candlesticks, a silver cup, a potpourri of bittersweet nostalgia. Passage through space inescapably occurs through time. All that mattered to those women matters still: the obligations to keep your mind alert, to foster close human bonds, to give of yourself to family and community, to believe you have the power to do what you must do and to choose wisely; above all, the wisdom to be thankful not for what you have but for what you can actually do and make happen. Such thoughts, this piece reveals, are pertinent not to nostalgia alone but to hope, to courage. Again, I walk

through the gallery, and yet again. Tearing myself away at last, I reencounter the streets outside with their startlingly dystonic pace and noise. Switching on my car motor, facing the uncertain future, I drive slowly away.

In our time, the very ancient notion of linking art with inspiration or instruction has fallen out of favor (except perhaps in certain films and books designed for children), and this is a shift that came about in the wake of nineteenth-century *fin de siècle* aesthetics—art for art’s sake—and was furthered mightily by the devastations and disillusionments of twentieth-century politics and war. Simultaneously, it was abetted by modernist and postmodernist cultural movements that have disdained all concepts of art as a vehicle for learning about anything other than itself. Yet this exhibition pushes me against that grain and makes me want to argue passionately once again, with Cicero and Corneille among others, for the value of being receptive to the lessons embedded in art and to art’s power to perform a kind of therapy when we give it leave. *Docere et delectare. Plaire et instruire*. These are notions with venerable roots. The art of this Baltimore exhibit not only evokes images of an extraordinary group of women blessed with survival and long life to whom it does honor but, surpassingly, it also shimmers with a glow of inspiration for its living spectators. For each of us, as we walk through similar art galleries and reflect. For each of us, as we turn back to the practical streets outside with our sensibilities reawakened, our awareness of possibility renewed.

Art, like psychoanalysis, gathers us up, draws us protesting into its cocoon, then sets us free with new-grown wings. When, after my mother’s untimely death, I went in grief to my college adviser to talk about her, thus to keep her somehow alive, the kindly professor bowed her head as she listened. Then, looking up, she spoke softly. It was my turn now, she said. It had to be up to me. Works of art can give us that push. Just by being there and by waiting for us to notice, they can cause us, as the French say, *reculer pour mieux sauter*: to retreat into memory in order to leap more surefootedly into the future.

*The Honors College  
University of Maryland  
Baltimore, MD 21250  
spitz@umbc.edu*

**Note**

1. Go to <http://jwa.org/exhibits/baltimore> for the website of The Jewish Women's Archive.

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## Clinician's Corner

### Father-Son Ups and Downs

For him it could have been Eton or even Oxford, but it was the Nahman Bialek Hebrew School in a section of Brooklyn that was just beginning to emerge from the Great Depression that had been the central grove in his own academe. He recalled trying to learn a strange language, struggling in class to read the boys' book *Dovid'l*, working with the same intensity and with the same zeal that he had devoted to learning to ride a bicycle or to hit a baseball. He was in a Hebrew school classroom, but his eagerness to master the challenge before him was no different from the fervor that had suffused his growing years.

The challenge was real because the book, an easy primer for anyone who already knew even simple Hebrew, was very hard for him. At one point in his labor he stopped, unable to figure out what the word before him, *l'maaleh*, could mean. He remembered raising his hand and asking the teacher what *l'maaleh* meant.

He said that all he expected was that the teacher would quickly tell him the meaning, but to his astonishment that was not what the teacher did. Instead, the teacher crossed the room, took his right arm, jerked it high, said "*l'maaleh*," pulled it low and said, "*l'maatah*," and, repeating the high and low pull of his arm several times, kept saying in rhythm, "*l'maaleh*," "*l'maatah*," "*l'maaleh*," "*l'maatah*," over and over, accompanying each word with the specific, and—he finally realized—appropriate, movement.

It was now several decades later, and since then he had learned and later forgotten Hebrew as he had learned and forgotten other languages too; but he realized he had never forgotten the Hebrew words for *up* and *down*. He now was surprised that as a schoolchild he had not felt the humiliation

that was his customary reaction to any man's demonstrating either superior knowledge or superior power. Instead, he had felt moved emotionally as well as physically. He grieved not to remember his teacher's name, a recognition he thought his teacher merited, but even now he still felt warmed by remembering the teacher's walking over and trying to pass on to him the *experience* of a language so that it then could become his own. He spoke of his appreciation for the teacher's trying to teach him not only the words of a language, but the love of learning. He felt at that moment a wish to do for his children what that teacher had done, what he felt I as analyst had done for my part: Pass it on.

It was not until a session two days later, when his teacher was no longer on his mind, that he thought again of the simmering resentment he customarily felt toward his long-dead father. He said he always knew that his father adored him and would never knowingly hurt him, even though he had always felt his father's very existence to be a burden on him. His mind went back to when he was one or two years old. He wondered whether he could have valid memories from those days, yet he felt a deep conviction that what he recalled was a repeated actual experience, unwanted and frightening, one he could sense even now in his body. His father would approach him eagerly, pick him up, hug and nuzzle him, and then throw him in the air and catch him, repeating the toss a few times on each occasion that the unwanted frightening game took place. He remembered feeling excited but terrified, laughing and wanting to cry, trying to scream. He felt helpless while a crazy giant threw him about.

Later that same hour he said that he thought he now understood the special satisfaction he felt from a warm handshake on meeting an old friend. Then, tearfully, he softly said he missed his father. There was a long silence, after which he said he knew he would miss me too when we stopped. I could hear in his voice the smile to which his tears had turned when he added, "I guess fathers and sons really have their ups and downs."

5225 Connecticut Ave., N.W.  
Washington, D.C. 20015  
warrenpoland@verizon.net





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## Letter From London

### Tissues

Every year, I spend a comparatively large amount of money on tissues. No doubt many householders purchase a few boxes of tissues from time to time, but I do so perhaps more regularly than most.

I suspect that the young woman who operates the cash register at Boots the Chemist on Hampstead High Street must find me a bit dotty. Each month, I come into the shop and instead of purchasing shampoo, nail clippers, shaving foam, or aspirin tablets as all the other customers do, I buy six extremely large “Man-Sized” boxes of Kleenex. Although the salesgirl does seem to arch her eyebrow in curiosity, she has never asked me why I need quite so many tissues. Perhaps she has comforted herself with the thought that I have a particularly nasty, lingering head cold, and therefore need to blow my nose many, many times each day.

My fellow comrades who work in the mental health field may have their own versions of this story, although I suspect that I buy more tissues than the average workaday psychotherapist. I use these “Man-Sized” Kleenex for two distinct functions. First, as one might expect, I place a box of tissues on the bottom shelf of my bookcase in my consulting room, within easy reach of the patient’s leather chair, so that in the event of a sudden stream of weeping, those who feel so inclined can help themselves, and thus stem the tide of tears and mucus. But I also use the tissues for another purpose.

Although I do work with patients who sit upright in the chair, and I also see couples and families who, likewise, adopt a vertical posture, I suspect that 65% of my patients use the analytic couch, and hence will lie down. This arrangement suits both me and my patient simultaneously. The couch provides

me with the opportunity to listen very acutely, unencumbered by the need to make eye contact; and the patient, likewise, can engage in the highly special experience of regressing in the service of the ego and embarking upon a magic-carpet ride of rich and intricate free association.

Of course, when patients choose to lie down, they invariably rest their heads on a pillow, placed strategically at the upper end of the couch. This raises a very important question of both technique and hygiene: When patients utilise the pillow, do we provide them with some sort of coverlet, and if so, what variety should we offer? My beloved old training analyst used to have a selection of fabric squares which matched the upholstery on the couch. He claimed to have a different square for each patient and would change the squares moments before the arrival of each new analysand. One of my clinical supervisors—a playful Winnicottian—used to have a large and colorful selection of terry cloth towels, one for each patient. Another supervisor—a fervent Kleinian—used no covering at all. Each patient would rest his or her head on the same battered leather pillow for decades on end.

I must confess that I warmed to none of these arrangements, and instead I have opted to cover my couch pillow with two large Kleenexes, which can be placed on the pillow shortly before the arrival of the patient and disposed immediately after the end of the session. Perhaps other colleagues have employed a similar system. Certainly, I find this satisfies my need for cleanliness; and although all of my patients seem to have very properly washed hair, some do have marked obsessional tendencies and would balk at having to rest their own heads on a cushion used by other people.

Whatever the most felicitous arrangement might be, I have become quite happily accustomed to this one, spreading out two large tissues for each patient just before the start of the analytic session. Thus, I use tissues in a twofold manner—for drying tears, and for resting the head.

As the years have unfolded, I have come to realize that the tissues function not only in practical ways, keeping the consulting room protected from dandruff and free from lachrymal floods. They also function as a Rorschach test.

Every patient relates to the tissues in a different way. Some will reach for large handfuls of tissues, using half a box in each

session, while others will not even notice that I have tissues available and will go for years without shedding a single tear. At first, I did not attribute a great deal of meaning to “tissue behavior” in the consulting room, but over time I realized that a patient’s relationship to tissues might represent not only some aspect of his or her intrapsychic life, but that any changes in the use or nonuse of tissues over time might serve as a useful marker of therapeutic development. I shall illustrate my thoughts on tissues with reference to five very brief clinical vignettes.

\* \* \*

### **Case 1: Miss A.’s Compulsive Spitting**

Having spent many years working in the “mental handicap” field, now known as “learning disabilities” or “learning difficulties,” I have had the privilege of providing psychotherapy for many men and women with a range of organic impairments and challenging behaviors. Miss A., a sixty-year-old schizophrenic woman, had suffered from perinatal anoxia and had presented at the behest of the social workers in her care home because she had become increasingly violent to staff, throwing kitchen utensils at them, including forks and knives, whenever she could. Miss A. also spat compulsively, and she would bedew the consulting room floor with copious amounts of spittle during the early years of our treatment.

A lengthy and involved analysis ensued, generously supported by the care staff who escorted Miss A. to and from my consulting room with supreme reliability, and who waited patiently outside my office door as auxiliary “containers,” as Miss A. had a penchant for running out of my consulting room at regular intervals and would attempt to burst into the offices of other colleagues in my suite. Fortunately, through sustained psychotherapeutic work over eight years, Miss A. became infinitely more calm, her auditory hallucinations disappeared, and she stopped attacking staff members in her residential home.

Her compulsive spitting, however, proved a most difficult symptom to shift, and it continued unabated for the first three years of our work. I became quite despairing, convinced that

Miss A. would never stop spitting. Slowly and painstakingly, we traced the spitting symptom to a childhood sexual trauma that had involved enforced fellatio. Together, we discovered that Miss A. still fantasized about the semen that had become lodged in her throat; and in an effort to expel the noxious substance from her body, she would spit at regular intervals, hoping magically to undo the sexual assault.

Once we had begun to understand the origin of the symptom in this fashion, the behavioral spitting began to decrease in its intensity, and as the months unfolded Miss A. would spit less and less in sessions. On one very momentous day, during the fifth year of psychotherapeutic work, Miss A. surprised me. For the very first time, she noticed the box of Kleenex perched on the bottom shelf of my bookcase, near the patient's chair. Previously, she had never perceived the tissues, and certainly had never used them. But on this occasion, she reached into the box and produced a lone tissue. She then stared at it very scientifically, examining it all over. Eventually, she expectorated into the tissue. And from that moment on, she would no longer spit on the floor of my office as she had done for the previous four years. Indubitably, her appropriate use of a tissue as a container for the imaginary toxic liquids in her mouth represented a genuine marker of progress that something could actually be contained and needed no longer to be expressed as a violent and intrusive assault.

### **Case 2: Miss B.'s Inability to Leave an Impression**

Miss B. suffered from anorexia nervosa. Fortunately, she had always kept her weight at a manageable level, thus avoiding the need for institutional treatment. But she had always looked extremely thin and had found food to be a nuisance, and she could not use meals as a source of comfort. Miss B. spoke quietly and wore very unassuming, colorless clothes, and sadly, she had no friends. She repeatedly complained that whenever she walked down the street no one would notice her. I always thought that Miss B. suffered not only from a nutritional anorexia but from a psychic anorexia as well, restricting her life experiences and her capacity for zest and joy, exactly as she had done with her food.

A schizoid personality by anyone's standards, Miss B. had always found people frightening, and she would hide herself away in her tiny one-bedroom flat as much as possible. She did manage to work in an office, undertaking fairly pedestrian, noncreative tasks, and she did come to all of her sessions; but afterwards she would retreat home and often sit in a darkened flat, not even allowing herself to watch television or to listen to music for company.

The waiflike Miss B. underwent a four-times weekly analysis with me for many, many years. During the first six years of our work, Miss B. would always recline on the couch, but unlike many of my other analysands she would barely ever move a muscle. She would remain stiff and corpse-like, whispering her words to me through her mouth, but otherwise not stirring at all. I noticed that when she sat up at the end of the session she left virtually no dent at all in the two tissues spread out over the couch pillow—a stark contrast to all the other patients who would crumple, tear, or disturb the delicate arrangement of tissues.

At first, Miss B. found my interpretations and other verbal interventions completely unwelcome, and she ridiculed practically everything that I said to her with great contempt. I found her impenetrable, and she treated my words as phobically as she treated food and companionship. Eventually, however, as both of us persevered unwaveringly in the pursuit of therapeutic gain, Miss B. began to soften and show more trust and appreciation of my long-suffering attempt to reach her.

One day, during our seventh year of psychoanalysis, Miss B. arose from the couch, grabbed the large coat that hid her skeletal body, and shuffled out of my office just as she always did. However, on this particular occasion, I noticed that for the very first time in more than 1,000 sessions, Miss B. had actually left a proper head-print on the tissues. It seems that during this session she had really allowed the pillow to carry the full weight of her head, and further, she had shifted her position a few times during the course of the session, so that when she left the room she had left the tissues in a slight state of disarray. For the first time, it looked as though someone had actually been there.

Although research psychologists and directors of managed care companies might not be at all impressed that it had taken

me seven years of traditional psychoanalytic work for Miss B. to crumple a tissue, I experienced this session as a breakthrough and as a harbinger of the more profound intrapsychic changes that began to occur thereafter. Eventually, during her eighth, ninth, and tenth years of analysis, this very troubled woman found a boyfriend and had her first sexual experience—a disappointing one, it must be said—but a sexual experience nonetheless. More significantly, she began to eat more fully and eventually developed very pleasing female bodily curves in which she took pride. Her voice became louder and richer and she began to socialize—somewhat clumsily at first, but eventually she started to join fellow workmates at the pub on an increasingly regular basis.

Miss B.'s capacity to dent the tissues beneath her head not only proved to be a very useful projective test of her ability to make an impression on the world, but also helped me to keep hope alive in what had always felt like rather a weighty and colorless analysis in spite of my many attempts to represent life and liveliness. Her relationship to the tissues continued to deepen, and eventually she developed the ability to fidget and to tear at the tissues on the couch, helping me to remember that she did have the capacity to become more awake.

### **Case 3: Mr. C.'s Consulting-Room Myopia**

Although I found the fifty-five-year-old Mr. C. quite bubbly and entertaining, I could not help noticing that he suffered from extreme grandiosity and other features characteristic of a narcissistic personality configuration. An academic who had published virtually nothing, Mr. C. would regale me with “new” theories that would set his field of specialization ablaze, if only he could manage to put pen to paper. Mr. C. spoke so rapidly I often found it difficult to find a space in which I could intervene, and I sometimes had the countertransferential fantasy that if I popped out of the consulting room for a cup of coffee in mid-session, Mr. C. might not even realize it.

Mr. C. also seemed to notice nothing about either me or about my office. Some patients might comment if I had recently had my hair cut or if I had purchased a new pair of spectacles; others might stare at my bookcase and ruminate about some

of the titles, which would trigger off a chain of associations. But Mr. C. remained oblivious to his surroundings as though trapped inside a self-contained narcissistic bubble. During the third year of twice-weekly psychoanalytic psychotherapy with Mr. C., the buzzer to my office rang in the middle of one of Mr. C.'s sessions. Evidently, someone had pressed the wrong bell by "accident," thus disturbing the onslaught of Mr. C.'s invariably self-obsessed associations. The buzzer startled him, and he wondered whether my next patient had arrived early and whether I would have to answer the door. I replied very factually that we still had twenty-five minutes left to our session and that someone must have buzzed the wrong bell in error. To my surprise, Mr. C. looked around the room, until his eyes landed on the entry-phone buzzer system attached to the wall, inches away from the office door. Mr. C. exclaimed, "I never noticed that entry-phone before. Did you just have that installed?" I explained that this entry-phone had been in exactly the same position for the duration of Mr. C.'s psychotherapy.

Together, we began to wonder why Mr. C. had not noticed the very visible entry-phone before. This exchange prompted some much-needed insight as Mr. C. began to admit that he often does not "clock" other people, and sometimes his self-absorption lands him in "hot water" at work.

Later that week, Mr. C. returned for his next session. He lay on the couch, as usual, and he rested his head on the two tissues spread out on the pillow, as usual. Mr. C. then started to finger the tissues beneath his head and announced, "When did you start putting tissues on the couch?" I told him frankly that I have always placed two tissues on the pillow, from the very start of his analysis with me, in fact. For the first time, Mr. C. paused to collect his breath, and then he announced, "I can't believe these tissues have been here all along. How could I not have noticed them before?" Naturally, I connected his sudden awareness of the tissues with his sudden awareness of the entry-phone in the previous session. Suddenly, Mr. C. began to become more cognizant of everything in the room, and everything about me. The analysis became richer and fuller, and through the plodding process of working-through Mr. C. became increasingly less narcissistic.



**Case 4: Mrs. D.'s Phlegm**

Unlike Miss A., who “remembered” early episodes of sexual abuse only after many years of psychotherapy, Mrs. D. knew all about her sexually traumatic past from the outset. An older woman, Mrs. D. had survived the London Blitz during World War II only because her parents had evacuated her to a farm in the North of England. Although free from bombs, Mrs. D. and her sister both endured sexual abuse at the hands of the farmer charged to care for the girls. Mrs. D. had vivid memories of performing fellatio on the farmer and of rushing to the bathroom afterwards in order to expectorate the semen.

From the very outset of psychotherapy, Mrs. D. would cry as she told me about her early abuse; she would also develop *globus hystericus* symptomatology, and start to choke. Thereafter, she would reach for the box of tissues and produce a staggering amount of phlegm that she would discharge into the mass of Kleenex. This anxiety attack recurred frequently during the first year of once-weekly psychotherapy, and Mrs. D. seems to have found it cleansing.

As we worked on this aspect of her history over the next two years, Mrs. D. finally found a way to make some peace with the mental representation of the persecutory farmer, and she no longer remained so tormented by the lifelong memories of the fellatio trauma. Eventually, Mrs. D. stopped coughing up the semen-phlegm in sessions, and ultimately had no further use for the tissues. Whereas Miss A. demonstrated progress by reaching for the tissues for the first time, Mrs. D., by contrast, offered evidence of progress by refraining from using the tissues.

**Case 5: Mr. E.'s Fear of the Christmas Break**

Mr. E. had suffered an enormous amount of loss during his early childhood. He had lost all four of his grandparents before the age of five, and his elder sister died from a severe bronchitis during Mr. E.'s seventh year. At the age of ten, Mr. E.'s parents sent him to an old-fashioned English boarding school that he found deeply scarring. The academic terms seemed to go on endlessly, and Mr. E. craved a return to his family home. At the age of eleven, Mr. E. packed up his trunks and he waited for the family chauffeur to collect him from school to bring him

back home for the Christmas holiday. Shortly after his arrival, he learned, shockingly, that early that very morning his father had broken his neck during a horse-riding incident and had died en route to the hospital. Christmas-time would always be a very painful period for Mr. E. thereafter.

Mr. E. embarked on five-times-weekly psychoanalysis and he settled in rather quickly, although, as one might expect, he feared that I would die “in harness.” As our first Christmas break approached, Mr. E. began to have panic attacks, imagining that I would be killed in a plane crash while jetting off to the Caribbean. I did not tell him, of course, that I would be spending a quiet Christmas, safely at home in London.

On the Friday session before the three-week Christmas break, Mr. E. stood up and reached for his coat. He then said goodbye to me and wished me a pleasant Christmas rest. He turned to exit the consulting room, but then he walked back towards the couch and quickly plucked the tissues from atop the pillow and crammed them into his pocket. He nodded at me, and I nodded at him, and then he left.

Evidently, the tissues represented an indispensable transitional object or linking object for Mr. E. In his regressed, abandoned, infantile state, he needed concrete objects from the pillow-breast to keep with him as a token of my physical presence; and the milky-white tissues no doubt served this role very adequately indeed.

\* \* \*

In preparation for writing this essay, I began to ask several colleagues about tissues. Very few had anything particularly edifying to report. But one woman told me that she keeps several boxes of tissues in her office—one by the patient’s chair, one by the couch, and another on the table beside her chair. She told me that she regards analysts who hide their tissues as sadistic. Another colleague maintained that the tissues must be kept discreetly out of view so that the patient will not be bombarded by them, lest he or she should feel that all tears must be wiped up immediately. And still another colleague, an elderly male psychoanalyst, offers no tissues at all. He brusquely explained

that, in this day and age, those who needed or who might need tissues could bring their own. After all, he announced, if he provided tissues, then his patients might also expect tea and coffee!

Yet another analyst told me that one ought to dispense with “Man-Sized” Kleenex because the psychoanalyst should function as the tissue, mopping up the patient’s projections.

As with so many matters of technique, our senior professors never teach us about tissues in “shrink school,” and each of must find his or her own way of furnishing our consulting rooms, and of understanding how our analysands either use or do not use these furnishings as communications and as expressions of their psychic structures and their internal worlds. Personally, I have found the tissue to be a remarkably little-studied aspect of our work, yet one that provides us with a veritable Rorschach of the patient’s intrapsychic state. Of utmost importance, the use of the tissue serves as a key marker of progress within a long and sometimes “stuck” treatment experience. Thus, a closer scrutiny of the “tissue behaviors” of our analysands may yield interesting returns for the practitioner and, ultimately, for the course of the psychotherapeutic treatment itself.

*Suite 6  
4 Marty’s Yard  
17 Hampstead High Street  
London NW3 1QW  
England  
Kahr14@aol.com*



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## BOOK REVIEWS

### REVIEW DIALOGUE

#### A Conversation between Robert A. Burt and Elyn R. Saks

*The Center Cannot Hold: My Journey Through Madness.* Elyn R. Saks.  
Hyperion: New York, 2007. 340 pp. \$24.95.

*Robert A. Burt:* Anne Dailey asked me to review your new book, Elyn, *The Center Cannot Hold*, for *American Imago*, even though I had already praised the book in print—specifically, on the dust jacket, where I said it was “an extraordinary, gripping account of Saks’ struggle with mental illness. . . . [S]he refutes fearful prejudices and demonstrates the respect deserved by all people with serious mental illness.” Before writing this, of course, I had read the book in manuscript. As I was reading (devouring it might be a more accurate description), I told my wife how captivated I was by the manuscript; she asked to see it, and for an entire day, the two of us sat across from one another in our living room, with me passing pages to Linda as quickly as I could finish them, and her waiting eagerly for more.

Now I have reread the book, and once again was struck by the strength of your narrative and the beauty of your writing style. Few books, in my experience, stand up so well on second reading. When Anne Dailey, and then Peter Rudnytsky, asked me to write a review, I happily agreed—but then found myself stumped. What more could I say than I’d already said? That’s when I called you, told you my assignment and the impossibility as I saw it of writing a standard review, except to praise the book once again. I suggested that we might instead have a conversation about the book in which I would ask some questions, you would respond, and our interchange would then appear in print; and you agreed.

To begin, I have three related questions that arise from reading your previous books on mental illness and the law, *Jekyll*

*on Trial: Multiple Personality Disorder and Criminal Law* (Saks and Behnke 1997) and *Refusing Care: Forced Treatment and the Rights of the Mentally Ill* (2002). In both books, you make initial reference to the basis for your interest in the subject matter. In *Jekyll*, you say, “my interest in writing on MPD stems from my research and teaching about psychiatric illness and criminal responsibility” (Saks and Behnke 1997, 2); in *Refusing Care*, you make a more elaborate statement:

Writing this book has been an important experience. . . . [T]his book has deep personal meaning. I have worked in mental health law for years, as a legal advocate for the mentally ill, as a volunteer at a psychiatric hospital, as a therapist, and as a teacher. I care about the issues immensely. And I find them very difficult. What follows is my attempt to come to terms with these issues. (2002, ix)

In these prefatory remarks, of course, you make no direct reference to your own personal experience with severe mental illness—but this experience is the explicit subject matter of your most recent book, written just a few years later.

So my first question to you is: Why were you reticent in 1997 and 2002? The social stigma of mental illness is obviously powerful, as you spell out at the beginning of *Refusing Care*, and if you had spoken at all, even without all of the powerful personal details in *The Center*, you would have not only opened yourself to being targeted by this stigma, but your substantive ideas for reforming criminal and civil law treatment of mental illness might have been dismissed as “special pleading” or insufficiently “objective.” All of this is a plausible explanation for silence; and you may have had more, or different, concerns that led to your silence.

My second question: Whatever the reasons for your previous silence, what led you to go public just a few years later—and in this extraordinarily detailed, gripping way?

And my third: What are the personal and professional gains and costs that have come to you as a result of your public “coming out”?

*Elyn R. Saks*: You are right, Bo, that when I wrote my earlier books I disclosed some of why I was interested in the topics,

but not all of why: I did not reveal that I was a mental health patient myself. The reasons were just as you point out: stigma is powerful, and people might see my work in mental health law as “special pleading” or “unobjective.” Even worse, I might come to be known—as one of my psychiatry colleagues warned—as “the schizophrenic with a job.” This prediction took me aback, and for a brief moment made me think I should not do this book. But then I decided that I could probably never write anything which could potentially help people as much as my memoir—and if so, the benefits would be worth the risks.

In a way the risks were higher because I am in the field. Someone writing about protons couldn’t be dismissed as having her views biased by her own experiences. Was I nothing more than a disgruntled mental patient?

In fact some of my scholarly views would not, if implemented, have benefited me as a patient with mental illness. Yet I take them because, over the long run, I think they would lead to the best results. Indeed, I like to think that my background puts me in a *better* position to assess the values at stake in an issue. I have been on all sides of the medicine counter, so to speak—patient, therapist, lawyer for patients, hospital staff member. I know the challenges facing everyone in any particular situation.

In any event, I chose to come out when I did because I felt secure professionally. I am not just talking about tenure, which I had received well before I went public. (Indeed, my law school is so nurturing and supportive that I would have disclosed even if there weren’t any such institution as tenure; but even then probably not until well into my career.) I am talking about feeling professionally secure—that I had a reasonable reputation before my illness was revealed. By the time my memoir came out I had three other books published, dozens of articles, many grants. I thought people who already had views would not change their views.

In fact, the reception of my book has been terribly gratifying. I can’t tell you how many people approach me—in talks, in letters, in emails—to thank me for giving them hope. This is such a great feeling. I do get my share of wacky responses. One person wrote—not, as far as I could tell, in jest—that “you and the doctors are all wrong. You actually *are* a space alien, and the medications are poison.” But most are very kind. I wish there

were a way I could help people when their relatives and friends won't accept treatment. If I knew the answer to this, I would be the second person with schizophrenia, after John Nash, to get a Nobel Prize! Finally, I can't tell you how many people, including the press, confide in me about their illnesses that they may have had for decades without anyone at work ever knowing. I am hopeful that my book may make it easier for people to be open, to live without a big, shameful secret.

*RAB:* A second set of questions arose for me from considering your previous books in the light cast by *The Center Cannot Hold*. In a general sense, this set of questions revolves around the conception of the "self" that emerges from your work read as a whole. You addressed this issue most directly in your book on multiple personality disorder, *Jekyll on Trial*, where you concluded that "alters [that is, the multiple personalities inhabiting the same body] are not psychologically continuous or connected with each other" (Saks and Behnke 1997, 79). From this conclusion, you draw moral consequences about the inappropriateness of imposing criminal punishment on an individual for the actions of one of his alters. I don't want to engage this issue here, but instead I wonder about the ways in which this dissociated conception of a person with multiple personality disorder—this absence, in your account, of a coherent self—relates to the portrait of you that emerges in *The Center Cannot Hold*.

I don't mean this as a question of psychiatric diagnosis. Whatever labels were attached to your illness, I don't recall MPD among them; and, in one sense, your own account is diametrically opposed to an MPD diagnosis. You continually use "I" in *The Center* as if you are referring to your "*authentic self*" (245; italics in original). Thus, to cite almost random examples among many, you describe as a marker of the growing severity of your illness while a student at Oxford, that you "began to mutter and gesticulate . . . while walking down the street," and you observe, "When I heard the sounds I was making, I felt neither disturbed nor surprised; for some reason it helped me feel calmer" (55). Who was this "I," Elyn, who "heard the sounds I was making"? Were there two different "I's" in this sentence? Or was there really only one, as you experienced and understood this, an "*authentic self*" and an imposter "I"?



Similarly, after you were hospitalized at Oxford, you describe looking at your mirror image for the first time in weeks and reacting:

*Holy shit*, I thought. *Who is that?* I was emaciated, and hunched over like someone three or even four times my age. My face was gaunt. My eyes were vacant and full of terror. . . . It was the visage of a crazy person on the long-forgotten back ward of a hospital for lunatics. . . . The woman looking back at me was in some kind of terrible, terrible trouble. I vowed that I'd do whatever I needed to do to get her out of this place in any way I possibly could. (68–69; italics in original)

Is this “I” who looked in the mirror and saw “a crazy person” only a retrospective reflection on your part, or do you recall experiencing this self-objectification at the time?

When you refer to your wish “to be healthy and whole . . . to exist in the world as my *authentic self*” much later in your book, you do so as an explanation for your resistance to taking psychoactive drugs, on the ground that they “undermined” that goal (245). But after describing many years of going on and off medications, you appear to invoke a different vocabulary for self-identity near the end of your book:

The fact was, I had a condition that required medicine. If I didn't use it, I got sick; if I used it, I got better. I don't know why I had to keep learning that the hard way, but I did. . . . As exasperating and frightening as my years-long process of tinkering with my meds was for my friends and physicians, I understand now that it was hugely important for me to do it; it was a necessary stage of development that I needed to go through to become my full-fledged self. (282)

You don't italicize “full-fledged self” in this sentence, but I am tempted to do so. Is this conception of yourself different from the “authentic self” that you felt you needed to protect against medication?

Then, at virtually the end of your book, you describe the impact that a new drug, Zyprexa, had on you:

The most profound effect of the new drug was to convince me, once and for all, that I actually had a real illness. For twenty years, I'd struggled with that acceptance, coming right up to it on some days, backing away from it on most others. . . . There's no way to overstate what a thunderclap this revelation was to me. And with it, my final and most profound resistance to the idea I was mentally ill began to give way. Ironically, the more I accepted I had a mental illness, the less the illness defined me—at which point the riptide set me free. (304)

This is an extraordinary passage in your extraordinary book, Elyn. And I think it raises the same question: Who was this “me” who had been imprisoned by your unwillingness to acknowledge that you were mentally ill and needed medication forever (as you say in the last paragraphs of your book)? How did this acknowledgment of your illness and dependence on mind-affecting drugs free you from being defined by your illness? What is this freedom that you have achieved, that knows itself and thereby your self, in this seemingly paradoxical way?

Before you answer, may I offer my own hypothesis about your meaning? I have a sense—which may, of course, be incorrect—that your conception of your “self” has changed over time, that the new freedom you have found is reflected in the verbal shift from pursuit of an “authentic self” to a “full-fledged self,” and that the hallmark of this freer conception is a greater fluidity, a diminished urgency about demarcating a fixedly stable personal identity and a more relaxed attitude toward the fluctuations in your sense of self and your grasp of what is conventionally called “reality.” If I may play with your word choice, you are no longer centrally concerned with “authenticity” as opposed to imposture—an essentially static idea—but have become fully “fledged” in the dictionary sense of that word, “to grow the feathers necessary for flying” (Webster's 1988, 515).

Your prolonged resistance to acknowledging that you had a mental illness was based, as you say, on “the belief that basically, there was nothing unusual about my thoughts[, that]

everyone's mind contained the chaos that mine did, it's just that others were all much better at managing it than I was" (304). It is possible to read your book as implying that you have now abandoned this view and that, in acknowledging your status as mentally ill, you have accepted the proposition that your mind is radically different from others. But by my reading, your account conveys a different implication. I sense in your new freedom that the differences between your thought processes, your subjective sense of your self, and others' self-conceptions are no longer an urgent concern for you, that you have become much more comfortable with the intertwinings of "fantasy" and "reality"—between waking life and dream life—in your own thought processes.

In that way, it seems to me, you have become your "own self"—unique but only, paradoxically, in the shared characteristic that each of us is continuously engaged in negotiating a shifting balance between subjectivity and objectivity, between dreams and wakefulness. By my reading, the "full-fledged self" that you have come to is not an identifiable entity—not "authentic" or "true" in the sense of a static, unitary conception—but a continuous process of inner negotiation that defies any fixed stasis.

Does this make sense to you? Are there other, or different, conceptions of the freed "self" that have emerged for you as you worked your way to a center that can hold?

*ERS:* Thank you, Bo, for raising these interesting points about selfhood. I honestly have never considered, in a thoughtful way, issues around how I conceptualize selfhood in the context of a psychotic illness, much less my own psychotic illness. Here are some thoughts in response to what you say.

I'd like to start with a funny anecdote. So, I was having lunch with someone who was about to become the editor for my second book, at Yale University Press. She had heard about my first, which was on multiple personality disorder and criminal law. She then asked—in an amused way—whether I had multiple personality disorder myself. To which I replied, without skipping a beat, "No, I am rigidly one person!"

This anecdote is completely apt given your observations and questions. Your most central point is that I progress from rigidity to flexibility. You thus provide an account of my moving from a concern with my "authentic" self to a concern with my

“full-fledged self.” The former is singular and stable while the latter is multifaceted and flexible. Rigidity softens and fluidity replaces it. People can have different preferences and goals at different times, can feel comfortable observing themselves (having an “observing ego”) without feeling pressed to identify one “self” as real, can be less concerned with comparing their selves to the selves of “normal” people.

A fragile person might latch onto singularity and stability in self-concept, as in other matters, because stasis is less scary. If you know what to expect, you can plan better, you won’t be surprised and lacking in the resources to deal with whatever is facing you. Simplicity is easier to deal with than complexity. Change is stressful in and of itself.

Your contrast with multiple personality disorder raises another important issue. One might see a person with MPD as rigidly many people/personalities, or as lacking a coherent personality. The first suffers from the same problems as rigidity in general regarding the self (only worse). The second is a risk once one leaves the world of the “rigidly one.”

That is to say, I think, that in addition to being flexible, one must be relatively integrated across contexts. The person with MPD moves from one selfstate to another, not owning the different states as themselves. They are separate identities. An adaptive, flexible self can move comfortably among different aspects of itself and different contexts without losing its self. Even people without MPD can be unintegrated. For instance, I had a hard time reconciling the “successful academic” me with the “crazy” me. Adaptive people can be many and one at the same time, without being at all pathological.

I would finally like to say that a preoccupation with the “authentic” self is not all bad. We all have different aspects of ourselves, and we have choices about which parts of ourselves we want to identify as truly us and which we want to relegate to the sidelines. The question is especially pointed when the discrepancy in self-states is profound. One is in a terribly different state when acutely psychotic than when one is not, or when one is manic than when one is in a nonmanic mood-state. The addition of medication makes things more complicated. Is the “natural you”—the psychotic you—the “real you”? Or is the “medicated you” the “real you”—the medication conceptualized

as taking away the foreign body of the illness and restoring one to one's true self? Clearly, both are you in some sense, but we have choices about which selves we want to nurture and foster.

For me, my real self being freed has meant both my gaining in flexibility and my not spending most of my time as my psychotic self. I can't deny the psychotic self is there, but it no longer tosses me willy-nilly around the universe, occupying most of my waking life. My big achievement is in rejecting that self as not the authentic me and fostering a healthier, nonrigid self to "run the show" for the most part.

In the end, then, we want both flexibility rather than rigidity, and the embracing of the many instead of the embracing of just the one. We also want sufficient integration of "the many" and an identification with the better parts of oneself. I realize there are many paradoxes built in here, but such is the complexity of selfhood!

My bottom line? Your recognition of my movement from "authentic" to "full-fledged" self is very well taken and raises much more general issues about our selfhood that apply to everyone, mentally ill or not.

RAB: I wonder if the reflections that led you to write *The Center Cannot Hold* might lead you to reexamine the fundamental premise of your 1999 book, *Interpreting Interpretation: The Limits of Hermeneutic Psychoanalysis*. In that book, you insisted that psychoanalytic theory must ultimately rest on the proposition that the memories that the analytic patient explores during the course of treatment are either true or false, and that their correspondence to actual rather than entirely imagined events cannot be dismissed in the way that contemporary exponents of psychoanalytic hermeneutic theory maintain. By coming to appreciate a fluidity in your conception of "self" (not just yours but everyone's), I wonder if this might call into question your position that, especially from the analytic patient's perspective, the question of the objective existence of recalled memories is of crucial importance for the coherence and integrity of the psychoanalytic process.

Freud himself seemed to fluctuate on this issue. In his *Introductory Lectures on Psychoanalysis*, delivered in 1915–1917, Freud stated:

By means of analysis, as you know, starting from the symptoms, we arrive at a knowledge of the infantile experiences to which the libido is fixated and out of which the symptoms are made. Well, the surprise lies in the fact that these scenes of infancy are not always true. Indeed, they are not true in the majority of cases, and in a few of them they are the direct opposite of the historical truth. . . . [W]hat it is about this state of things that perplexes us so much . . . is the valuation of reality, the neglect of the difference between it and phantasy. . . . It remains a fact that the patient has created these phantasies for himself, and this fact is of scarcely less importance for his neurosis than if he had really experienced what the phantasies contain. The phantasies possess *psychical* as contrasted with *material* reality, and we gradually learn to understand that in the world of the neuroses it is psychical reality which is the decisive kind. (367–68)

But around the same time, Freud wrote about his clinical treatment of the Wolf Man where he interpreted his patient's recollection of a dream he had had when he was four years old as referring to an actual memory of witnessing the primal scene when he had been less than two years old. In this account, Freud explored the possibility that the dream did not refer to an actual memory but was a "retrospective phantasying," and he described this possibility as raising "the most delicate question in the whole domain of psycho-analysis" (1918, 103n1). But in the end he held to the conviction that, at least in the Wolf Man's specific case, it was an actual memory rather than a retrospective fantasy that emerged in his analysis. Freud's holding to this conclusion, by implication, amounted to an insistence on the importance of maintaining this distinction between memories of actual events and retrospective fantasy.

I don't mean to ask you to rewrite your complex book on this "most delicate" hermeneutic question. But I do wonder whether you now find yourself questioning the central importance that you have previously ascribed to this issue.

*ERS:* Once again, Bo, your questions are excellent concerning my hermeneutic psychoanalysis book. I want to clarify my position a little and then respond to your question. I argued

against the “story” version of hermeneutic psychoanalysis, which says that analysis aims for “narrative truth,” and that the actual truth or falsity of interpretations was unimportant. I said that reasonable patients would and should want only interpretations that purported to be possibly true and would and should not accept things that have only narrative truth.

It will be clear that this could apply to memories or to interpretations of underlying unconscious states motivating particular thoughts or behavior. For the latter, for example, I used the example of a husband who “accidentally” breaks a favorite vase of his wife’s when he has found out that she was having an affair. The analyst’s interpretation that unconscious hostility motivated the accident should be offered as a possible truth. The patient should accept it only as such, and not if it is simply a story that doesn’t correspond to reality—even if it makes “narrative” sense. It is true that we often can’t verify the truth of an interpretation, or the validity of a memory, but our goal—and our requirement—should be to try to get to the “historical truth.” We should not be satisfied with an interpretation that doesn’t purport to get to that, however tentative it may be in achieving its end. In other words, we should not make a virtue of necessity.

You don’t frame the issue in quite this way. You discuss rather whether the cause of the neurosis is reality or fantasy. (“Did my uncle really rape me and cause all these problems?” Or, “Do I have a fantasied recollection that he did, and this has caused all my problems?”) In other words, did “psychic reality” or “actual reality” cause the neurosis? I am rather concerned with whether representations about reality—whether beliefs about what happened or beliefs about what is in one’s conscious or unconscious mind—purport to be possibly true. Was it “really” unconscious rage that caused the breaking of the vase? Was it “really” memories of early abuse that led to withdrawal from sexual relations?

You are right to point to Freud’s concerns around these matters. I think Freud’s “most delicate question” does concern the fact that we often can’t know—whether about events or unconscious fantasies causing thoughts and behavior—if the events or fantasies are true. But again, we shouldn’t make this necessity a virtue. He is also concerned about etiology—fantasy

or reality—of neurosis. And here, it may not much matter if the real cause is fantasy.

All of that said, I think you have picked up on something to do with my personal psychology that is profound and has had a lasting effect on my position in this matter. That is, I may care more about the truth of actual thoughts and events than others because I am so often confused about this. When your “reality testing” is poor, you want to be able to get clear signals of what is true and false, and you want to make sure you are believing what is true and not false.

Ambiguity about this, then, is perhaps more unsettling to a person often unsettled about reality. That said, things often *are* ambiguous, and that is a reality too. We should not make things black and white when they are gray.

While you have uncovered something profound about my psyche, and its effects on some of my intellectual positions—in particular, those concerning the story version of hermeneutic psychoanalysis—I continue to think there is merit to my positions. I also recognize that other patients may not have as great a need to insist on “historical truth” as I do, so that my argument that most patients will agree with me—and reject mere “stories”—is not as strong as I once thought.

It will be clear that your observations in this section as in the last focus on a kind of rigidity in my thinking—“Who is the real me?” “What is the real truth of the matter?”—which I think, by being understood, may come to be modified.

*RAB:* I can see the distinction you are drawing, Elyn, between the accuracy—that is, the reality—of accounts of conscious and unconscious thought processes and the accuracy of specific memories about past events. Viewed in this light, your insistence on the goal of “truth” in psychoanalytic interpretations—not about memories as such but about the meanings of memories—does seem persuasive to me.

My final question is not about the possibility of your changed views between *The Center Cannot Hold* and your previous writings, but about the way in which *The Center* illustrates and amplifies the basic position you espoused in your 2002 book, *Refusing Care*. The enterprise at the core of *Refusing Care* was to devise and justify rigorous limits on coercive treatment of mentally ill people—largely forbidding the use of mechanical



restraints and drastically limiting the possible use of forced hospitalization and psychoactive drugs. In *The Center*, you describe your horrific experience of being mechanically restrained—tied spread-eagled to a hospital bed for long time periods—and you contrast that with your experience in a British hospital where, no matter how disruptive your conduct appeared, no mechanical restraints were imposed on you. You also describe the repeated willingness of your therapists, both in England and the United States, to refrain from committing you to involuntary hospitalization or forcing medications on you, even though you appeared to present a significant possibility that you would harm yourself without hospitalization or forced medication.

In *Refusing Care*, you built your case for limits on coercive interventions fundamentally from a norm of individual autonomy and dignity. In *The Center*, you vividly conveyed the disrespectful and even dehumanizing impact of the coercions to which you were subjected. But you took an added step beyond this. You asserted that the freedom extended to you by your various therapists to risk serious harm, and even the possibility of suicide, was not only respectful of your humanity but was essential to the success of their therapeutic goals for you. Regarding your periodic refusal to take psychoactive medication, you say, “As exasperating and frightening as my years-long process of tinkering with my meds was for my friends and physicians, I understand now that it was hugely important for me to do it; it was a necessary stage of development that I needed to go through to become my full-fledged self” (282).

This strikes me as a very important observation. If the only case to be made against coerced treatment rests on abstract norms of individual autonomy and dignity, a plausible counterargument can be mounted that a seriously delusional person, especially with self-destructive impulses, does not possess the kind of “self,” including the requisite capacity for self-determination, to which the norms of autonomy and dignity properly apply. But if, as your account avers, the case against coerced treatment also rests on the proposition that the coercion in itself interferes with, and even makes it impossible to reach, the therapeutic goals of mental health treatment, then the case against coercion is considerably strengthened.

I felt that I could glimpse the grounds for this second proposition in the following interchange that you relate with Mrs. Jones, your first psychoanalyst in England:

The doctors in the hospital had been stiff and formal when they dealt with me, seemingly more interested in giving me advice—"Eat more, Elyn!"—than in figuring out what was going on inside my head. Mrs. Jones was different. Her training had prepared her well for me, and she went directly to the heart of the matter, in the process sparing neither my feelings nor my assumptions about how a proper British matron should speak.

Mrs. Jones: "Tell me about your difficulties at university."

Me: "I'm not smart enough. I can't do the work."

Mrs. Jones: "You were first in your class at Vanderbilt. Now you're upset about Oxford because you want to be the best and are afraid you can't be. You feel like you are a piece of shit from your mother's bottom."

Me: "I'm closing the curtains from now on because people across the street are looking at me. They can hear what I'm saying. They are angry. They want to hurt me."

Mrs. Jones: "You are evacuating your angry and hostile feelings onto those people. It is you who are angry and critical. And you want to control what goes on in here."

Me: "I *am* in control. I control the world. The world is at my whim. I control the world and everything in it."

Mrs. Jones: "You want to feel in control because in fact you feel so helpless."

Me: "I had a dream. I was making golf balls out of fetuses."

Mrs. Jones: “You want to kill babies, you see, and then make a game out of it. You are jealous of the other babies. Jealous of your brothers, jealous of my other patients. You want to kill them. And then you want to turn them into a little ball so you can smack them again. You want your mother and me to love only you.” (92)

From this interchange, you concluded that your analyst was a comforting presence for you, “so calm, so reasonable, no matter what bizarre words and images she or I used” (93). By my reading, her therapeutic effect arose not simply because—as you said—“no matter how disgusting or horrible, she never recoiled from what I said” (93). Even more fundamentally, her calming effect arose because she treated you with respect. No matter how bizarre or disgusting or horrible your words or actions might appear—especially to you—Mrs. Jones reacted to them as entirely intelligible communications from one person to another. She not only helped you to decode their intelligibility, which you were attempting to disguise from everyone (including yourself); more fundamentally, she acted on the premise that you were an intelligible human being, not an alien creature, not an inhuman or dehumanized, mentally ill piece of shit. She offered this depiction of yourself to you, and with this offer you could ultimately accept this self-depiction for yourself.

That would be my account of the most important lesson that emerges from *The Center Cannot Hold*: the therapeutic imperative for treating you, and all mentally ill people, with respect for their autonomy, their dignity, their shared humanity. From your perspective, Elyn—from your experience so vividly conveyed in *The Center* as a person suffering from serious mental illness and, from your earlier self-identification in *Refusing Care* as “a legal advocate for the mentally ill, as a volunteer at a psychiatric hospital, as a therapist, and as a teacher” (2002, ix)—would you agree?

ERS: Bo, you are quite right, I think, that *The Center* extends a conversation I began in *Refusing Care*. There is actually a funny story around the latter. You point out that that book is very autonomy-protective. In reality, it is both more autonomy-protective *and* more paternalistic in different ways than current law. And so, in a book review in the *Times Literary Supplement*,

a Maudsley psychiatrist, Dr. Raj Persaud, ended his review by saying, “In *Refusing Care*, Elyn Saks has presented an erudite and academically impeccable argument, but she needs to attend to the perspective of those on the receiving end of her paternalism” (2004, 22). Little did he know!

It remains true that I am very autonomy-protective in my orientation. Indeed, comparing my experiences with hospitalization in England—very humane—and in America—very inhumane—I have come to say that “I am very pro-psychiatry but very anti-force.” Perhaps I am an unusually shame-prone person, but I recall instances of forced treatment—particularly long-term mechanical restraints for up to twenty hours—as being extremely traumatic. I had nightmares for years about this. Forced treatment causes feelings of shame and degradation, humiliation, and helplessness (there’s nothing you can do to stop it).

Forced treatment is also an unstable solution. Once the force ceases, the patient has no incentive not to return to the ways he or she never rejected for him- or herself. Perhaps more important, the person is deterred from seeking future treatment, lest he or she be subjected to inhumane treatment again.

My position does not preclude the use of coercion in any instance whatever. If someone is imminently or seriously dangerous, we may rightly intervene; or if she or he is incapable of making an autonomous decision, a benign other should decide. (If you think taking medication will cause a nuclear war, you should not be permitted to refuse on that basis.)

All of this is a long way to say that autonomy and dignity are not, as you point out, abstract principles alone. There are important treatment implications of treating people with dignity and respect. There are important treatment implications, too, in enlisting the patient in her care and allowing her to come to her own decisions, in her own time and her own way, about such things as medication.

Because of all of this, I think it imperative that we try to study ways to get people to want treatment, rather than to take the easy way and force it. A good place to start might be England. When I was there it was less coercive on all measures than American hospitals—virtually no mechanical restraints, little seclusion, few locked wards, much lower rates of commit-

ment. Obviously, there are cultural differences, but we owe it to ourselves to try to learn how we can get people help without forcing them. We thereby will incur both autonomy benefits and therapeutic benefits—as you so rightly suggest.

I want to conclude by highlighting something you pointed out: that my therapists were all willing to sit with a certain amount of anxiety when my condition looked threatening. In the face of considerable ambiguity, they respected my desire to stay out of the hospital, when it would have been much the easier course to commit me. I consider their willingness to do this courageous on their part and a great gift to me.

Finally, I do believe that you have done a terrific job of identifying questions raised by the body of my work in light of my new, more personal trek into the issues. In some sense, I would say that part of what you are doing is a bit of psychoanalyzing of me—why, psychodynamically, do I take certain positions? For example, does my focus on my “authentic self” derive from psychological rigidity that later moderates some? Or is my insistence on truth a function of fears around being out of touch with reality and wanting clear truths? I do think you have hit the nail on the head in some instances.

And this raises interesting questions around the role of psychoanalytically understanding an author’s positions. This used to be much more popular in the academy, and there has been some retrenchment here, people saying the roots of a position are unimportant, or, even if important, things we can hardly get to just by reading someone’s work.

To me, your engagement with my work on this level has been enormously useful and offered me some interesting insights into my own writing. In the main, I think your points are right on. Everyone’s positions have psychodynamic roots, so simply pointing these out does not mean the person’s positions are wrong. But understanding the roots may free a person to reevaluate what she thinks—to avoid simply being driven to one answer rather than another. On the other hand, she may reevaluate and still think her positions right. (My views about hermeneutic psychoanalysis, for example, remain largely the same.) In the end, thinking about the psychological roots of one’s positions should perhaps be an imperative for everyone, on all sorts of questions.

So, I want to end by thanking you for this wonderful journey into understanding and thinking about a variety of issues my book may raise. Your taking my work so seriously in this way is a gift it would be hard to repay.

*School of Law*  
*P.O. Box 208215*  
*Yale University*  
*New Haven, CT 06520*  
*robert.burt@yale.edu*  
*Gould School of Law*  
*University of Southern California*  
*Los Angeles, CA 90089*  
*esaks@law.usc.edu*

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***Adaptations: Disquisitions on Psychoanalysis, 1997–2006.***  
**Phillip Freeman. Boston: Word Association, 91 pp.**  
**2007. \$15.00 (pb). With a CD.**

Done well, satire can change a political, social, or cultural climate. Classically, Jonathan Swift's "A Modest Proposal," a brutal diatribe against English domination of the Irish in the eighteenth century, exposed the cannibalistic effects of oppressive economic policies and helped reverse these policies while securing Swift a dubious immortality in undergraduate English anthologies for such lines as, "I rather recommend buying the [Irish] children alive, and dressing them hot from the knife as we do roasting pigs" (1729, 2177).

Phillip Freeman's *Adaptations*, a collection of after-dinner, graduation speeches for the Boston Psychoanalytic Institute, proffers no such disincentive to his listeners' appetites, nor does his modest satire of American psychoanalytic institutions aspire to Swift's political and moral outrage. Yet Freeman's in-house publication, like his in-house jokes about the current state of psychoanalysis in America, certainly smacks, at times, of a tragicomic despair. Consider, for instance, his "straight-faced" rendering of the dwindling and decaying membership of the American Psychoanalytic Association, the promise offered to this organization by an innovative marketing of its product, and, in counterpoint, the seductive allure emanated by its one-time sister, the American Psychiatric Association, now held tightly in the bosom of Big Pharma.

Nationally the number of psychoanalysts reportedly dropped another 1 percent and the average age of the membership rose to 63. Marketers have encouraged us to approach new audiences with a less forbidding product such as occurred when teenage "popera" sensation Charlotte Church topped the Billboard charts with a selection of crossover hits that sold in the millions and reversed a malaise caused by the downward spiral of classical music sales. Paul Burger, president of Sony Music Entertainment Europe, said that only the "classical cognoscenti . . . a small . . . but regrettably, closed community," felt the



successful outreach was limited by the fact that the recordings are not, in fact, opera. . . .

And there was comfort and commiseration as well for our friends under the Smith Kline umbrella, the American Psychiatric Association, who discovered their doppelganger in two groups with a history of progressive ideals that have insisted that drug money is necessary for their operations and for the preservation of their mission. The groups, the Columbia Revolutionary Armed Forces (FARC) and the National Liberation Army (ELN), inherited their drug money from the government-sponsored dismantling of the for-profit Medellin and Cali cartels. Asked whether this arrangement might corrupt the ideals of these people's movements, journalist Mark Bowden said that the movements had never convinced the populace of their worth and that forty years was a long time to live in the mountains. (58–59)

Consider further, in finer and more particular elaboration, the entertaining ingenuity displayed during a recent "site visit" by representatives of the American Psychoanalytic Association to assess the state of the Boston Psychoanalytic Institute:

They were at meetings. They were at seminars. They were in my house. At the Institute we served a lot of food. . . . After several days the site visitors told us that we were great. Top drawer. The best they had seen. We told the site visitors that we like them, too. The candidates told the site visitors that their report did not address an important issue facing the institute—that psychoanalysis is about to disappear—so we talked about that too. (73)

Freeman goes on to observe that when the site visitors were told that the Institute was confronted with the possible loss of its building, they responded that such an incidental handicap need not derail the business of training candidates. Positively Swiftian in their use of scientific analogy to offer remedies and consolations for a psychoanalytic failure to thrive, the visitors (says Freeman) cheerfully reminded the Institute faculty that

“more than ninety percent of living things lack a backbone.”  
Freeman expatiates:

They suggested that we consider the example of the coelenterates, planktonic marine members constructed around a central body cavity, the coelenterons, in short, jellyfish, that have survived the oceans for over sixty million years, survived extremes of temperature, salination, and the very sliming of their reefs, such that, today, when toxins have killed the reef algae, and thereby starved the small fish and caused the large fish, in turn, to disappear, indigenous fishermen have been forced to turn to jellyfish for food. They cook them. They taste crunchy. (75–76)

If such worldly-wise despair prompts me to invoke Swift, Owen Renik reaches even higher on the cover of *Adaptations* to compare Freeman’s free-associative riffs to the orphic and stock-courting commentaries proffered by Shakespeare’s fool, who “illuminates and thereby ameliorates, the tragedy.” Maybe so—but Lear’s fool came to, at best, an ambiguous end. The invocation of the fool’s truth-telling as a prototype for Freeman’s soliloquies is apt, but Renik’s meliorative vision is perhaps unduly optimistic. I do not say that we should put Freeman in the stocks for his comical jabs against the institutional practice of psychoanalysis in this country, but I do think that we need to recognize head-on that through the laughter and the tears invoked by his diatribe there are distinct traces of fatigue, despair, and anxiety. Consider, for instance, that his role as fool at these dinner parties allows him the freedom to direct many palpable hits at psychoanalytic royalty without enduring its scions’ unmediated wrath. Lear’s fool saw his master’s self-disenfranchisement of his kingdom while warning him of the coming storm. But he cannot induce Lear to recognize, until it is too late, the love of the child who longs to sustain his distinguished legacy, nor does he enable his master to reconcile himself to the elder siblings who have been forced to wait so long to ascend to their inheritance that they have been consumed by their own rage. If at all, the insight of Lear’s fool is redemptive only in retrospect.

Thus, although Phillip Freeman may well be loyal to the reigning establishment of the American Psychoanalytic Associa-

tion and savor the opportunity to entertain its aging lords and ladies in this dazzling series of after-dinner confections, his running commentary and side-splitting asides may only amuse for a time. After our brandy and cigars, we may leave the joint wondering if we should not get to shelter or send word to France that help may be needed to restore what is left of our shattered kingdom.

Vera J. Camden  
3066 Scarborough Road  
Cleveland Heights, OH 44118  
vcamden@kent.edu

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