The Talking Cure

I NEVER PROMISED YOU A ROSE GARDEN

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From *The Talking Cure* by Jeffrey Berman

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Anyone reading ***The Bell Jar*** who lacks familiarity with Plath's The Limits of the Fictional Psychiatric Case Study *Journals* is bound to form a mistaken impression of the talking cure. Plath's desire to preserve the confidentiality of her relationship with Dr. Beuscher and the need to idealize her psychiatrist both contributed, we suspect, to the incomplete portrayal of psychotherapy in the novel. Confidentiality and transference issues always prove problematic in literature based on case studies, whether the author is the analyst who conducted the treatment or the patient whose recovery is the subject of the story. Freud was vexed by these constraints and assumed, as he writes in the introduction to *Dora,* drat other physicians would read his case histories not as a contribution to the understanding of psychopathology but as a *"roman a clef* designed for their private delectation."[1] Freud did not anticipate, however, the possibility that both patient and analyst might eventually write accounts of the same experience from different points of view, the narration of one complementing and perhaps contradicting the other. The situation becomes particularly troublesome when both parties are writing without the other's awareness or consent. A full-scale war may erupt, as we shall see in the case of Philip Roth, involving, among other issues, the preservation of the patient's anonymity and the impossibility of resolving fundamental differences in analytic interpretation. But other problems may occur when the participants are aware of each other's account of therapy and

even have contemplated collaborating on the writing project.

A case in point is the best-selling novel *I Never Promised You a Rose Garden,* a powerful description of a young woman's battle against schizophrenia. The novel has sold more than 5 million copies, been made into a film, and has become required reading for medical and psychology students as well as literature students. The novel has earned its author the Frieda Fromm-Reichmann Award from the American Academy of Psychoanalysis in 1967, the first non-physician to receive that honor.[2] When the story was first published in 1964, the author used the pseudonym Hannah Green to conceal her identity. Growing tired of the pseudonym and sensing the irony of maintaining a double identity even after she was cured of schizophrenia, the novelist disclosed her real name—Joanne Greenberg.[3] Nor is it a secret any longer that the affectionate portrait of the fictional Dr. Fried, the psychoanalyst who successfully treats Deborah Blau in *Rose Garden,* is based upon Dr. Frieda Fromm-Reichmann, who treated Joanne Greenberg at Chestnut Lodge Sanitarium in Rockville, Maryland. What remains unknown, however, is that long before the novelist wrote her story, the analyst had published accounts of it as a case study (though without disclosing the name of her patient) in her two medical textbooks: *Principles of Intensive Psychotherapy,* published in 1950, and *Psychoanalysis and Psychotherapy,* appearing posthumously in 1959.[4]

A comparison of the novel to the psychiatric case study reveals significant differences of interpretation, emphasis, and characterization. An interesting story in itself, *Rose Garden* conceals a still more fascinating story in the pages of Frieda Fromm-Reichmann's clinical study. These differences, moreover, may suggest the limits of any autobiographical or semi-autobiographical narration of an author's breakdown and recovery.

Published only one year after *The Bell Jar, Rose Garden* closely resembles Plath's novel in many of the external and internal details of the protagonists' breakdowns. Born in 1932 to immigrant fathers, Sylvia Plath and Joanne Greenberg struggled to assimilate their parents' American and East European cultures. Growing up against the backdrop of World War II, the girls keenly suffered discrimination, one because of her German origins, the other because of her Jewish roots. In both novels, the parents of each child share similar personality traits. The fathers have strong, often violent, tempers while the mothers maintain a surface calm that is experienced by their daughters as coldness and rejection. Despite different economic backgrounds and family history, Esther Greenwood and Deborah Blau form their identity around the theme of martyrdom and regard themselves as victims of personal and historical persecution. Unable to express their feelings of anger and injustice, they turn inward and reject the external world. Esther's breakdown begins in college while Deborah's psychotic break occurs earlier, in high school. Each attempts suicide and is then hospitalized, Esther

for a couple of months, Deborah for a couple of years. In both novels there is a contrast between an unsympathetic male psychiatrist and a sympathetic female psychiatrist. Dr. Nolan and Dr. Fried become the loving mother figures for whom Esther and Deborah have been searching, respectively. Like "The Yellow Wallpaper" and *The Cocktail Party, The Bell Jar* and *Rose Garden* are born out of the writers' experience with mental illness, and the novels may be viewed as acts of exorcism. Closely following autobiography, the two novelists create fictional narrators who break down, attempt suicide, and then are restored to health at the end. The heroines' recovery contrasts other less fortunate women who either commit suicide in the story or are condemned to permanent madness, victims of an uncaring society and questionable psychiatric procedures such as lobotomy and electroshock. Employing psychiatric case studies to dramatize the process of breakdown and recovery, *The Bell Jar* and *Rose Garden* fall into the category of the *Bildungsroman,* an autobiographical novel about the growth and education of the artist.

There are also significant differences between the two novels. Unlike *The Bell Jar,* which does not convincingly demonstrate the dynamics of therapeutic cure, *Rose Garden* remains one of the most psychologically sophisticated literary representations of mental illness. Deborah's rage is analyzed, traced back to its distant origins, and successfully worked through. The third-person authorial narrator is judicious in her characterizations, balancing sympathy and criticism. She enters into the world of insanity

without losing sight of the world of health, and narrative distance is handled expertly. Like Esther's bell-jar vision, Deborah's psychotic Kingdom of Yr comes into existence as a defense against terrifying reality. Soon Yr becomes more frightening than the world it has replaced, and we can experience its nightmarish as well as seductive qualities. In its realistic depiction of psychoanalysis, *Rose Garden* adopts a mythic pattern of rebirth through death, as does *The Bell Jar.* Unlike Plath's story, Greenberg offers an earned resolution of the protagonist's madness. The resolution derives not from the adoption of primitive defenses, such as splitting and projective identification, but from the integration of the good and bad self. As with Flora Rheta Schreiber's *Sybil,* a remarkable study of multiple personality, *Rose Garden* presents us with a "whodunit of the unconscious." In contrast to earlier literary portrayals of the talking cure, Greenberg's story dramatizes the paradoxical idea of a "good, healthy illness."

The roots of Deborah's schizophrenia, like those of nearly all patients suffering from severe mental illness, extend backward to her childhood. Born in 1932 to well-meaning middle-class parents, she spends her early years in apparent calm. On the surface she seems little different from any other child. The problem lies precisely in Deborah's surface deception. Her crippled Jewish immigrant grandfather, filled with anger that distorts his vision, teaches her to deceive the world by pretending to an inhuman perfection and self-control she obviously lacks. Viewing himself as both a cripple and outcast,

the embittered grandfather sees Deborah as the means for his own redemption. Unexpectedly, however, Deborah internalizes her grandfather's anger and martyrdom and develops her identity around the image of damnation. Against a backdrop of anti-Semitism experienced at a camp during the time of World War II—madness on a cosmic level—she comes to regard herself as an enemy Japanese soldier. Or in the clinical language of the personality tests she takes, Deborah suffers from a "typically schizophrenic pattern with compulsive and masochistic component."[5]

Another major cause of Deborah's illness is an operation performed on her at the age of five to remove a tumor growing in her urethra. The first symptom of the tumor is an embarrassing incontinence for which she is punished by a stern governess. Even worse are the feelings of violation and impurity arising from die "wrongness inside her, in the feminine, secret part," along with the lies and callousness of her doctors. " 'Now just be quiet. This won't hurt a bit,' they had said, and then had come the searing stroke of the instrument. 'See, we are going to put your doll to sleep,' and the mask had moved down, forcing the sick-sweet chemical of sleep" (p. 45). The insensitivity of the surgeons and the location of the tumor horrify the child. Far from feeling cured by the surgery, she believes the tumor is still lodged within her, punishing her for an unspecified crime. Her self-hatred is magnified by a troubled relationship with her inarticulate father and by the normal Oedipal instincts that seem malignant to both of them. As Deborah

explains to her psychiatrist:

> He was always frightened of the men—the men lurking to grab me from dark streets; sex maniacs and fiends, one to a tree, waiting for me. So many times he shook warnings into me. Men are brutes, lusting without limit. Men are animals . . . and I agreed in myself. One time he was scolding me for having seen an exhibitionist on the street. Because I had attracted the man's attention my father somehow connected me with having done something. He was full of rage and fear and he went on and on as if all such men were bound by laws like gravity to me alone. I said to him, "What do they want with me, broken into and spoiled already. I'm not good enough for anyone else." Then he hit me very hard because it was true (p. 111).

Deborah is not actually seduced by her father, as Fitzgerald conveys with the "Daddy's Girl" motif in *Tender Is the Night.* Nor does she search out father figures to seduce, as do Nicole Warren and Esther Greenwood. But she does regard herself as sexually violated, and behind the fear lies a concealed wish. In all three novels, *Tender Is the Night, The Bell Jar,* and *Rose Garden,* unresolved Oedipal feelings—"the tangles of that old bed," as Plath writes in her *Journals*—strongly contribute to the formation of the heroines' madness. These feelings shape their relationships to all men.

The birth of a sister also proves upsetting to Deborah, not only because she feels displaced in her parents' affection, but because the intense sibling rivalry culminates in an imagined near murder of the infant. "The sick are all so afraid of their own uncontrollable power!" Dr. Fried thinks, "Somehow they cannot believe that they are only people, holding only a humanized

anger!" (p. 46). As with *The Bell Jar,* we see how Deborah's overestimation of her unconscious powers—the "omnipotence of thought"—leads to the irrational belief that she has caused the death or near death of a family member. While this phenomenon, according to Freud, applies to all people, it is especially true for psychotics, who consistently overestimate their destructive powers. Thus, Deborah fears that her own malignant essence, what she calls *nganon* or "Deborah-rot," will fatally infect those who come too close. Only late in the novel does Dr. Fried convince her that what she had misremembered as an attempt to murder her sister was only harmless jealousy.

Neither the events nor explanations underlying Deborah's schizophrenia appear remarkable from a literary or psychological point of view. The real artistic triumph of *Rose Garden* lies elsewhere, in the startling descriptions of Deborah's retreat from reality into the inner kingdom of Yr that defines the space of her psychotic break from the normal world. To imagine this self-created universe, the novelist uses mythological themes and symbols: a pantheon of dark gods, incantatory chants of seduction and damnation, metaphors of darkness and chaos, descent into an abyss, and a gradual reemergence into light. Deborah's gods have Latinate names, speak in Miltonic rhythms of defiance, and embody Dantesque horrors. The ruler of Yr is Anterrabae, the god who evokes images of Satan and Icarus in his thunderous plunges into the pit of madness. Lactamaeon, the black god,

alternately moans in horror and hurls execrations. The Collect symbolizes the "massed images of all the teachers and relatives and schoolmates standing eternally in secret judgment and giving their endless curses" (p. 22). The Censor must preserve the mysterious secrets and voices of Yr from the outside world. Upuru is the punishing god, Imorh is the Awaited Oncoming Death. The mythological kingdom has its own secret language and code. "Suffer" is the Yri metaphor for greeting, "tankutuku" means unhidden, "nelaq" signifies eyeless, and "Deborah" means "The Always Deceived."

As *Rose Garden* progresses, we discover, along with Deborah, the psychological explanation of the origin of Yr, but the power of the novel lies less in the analytical decoding than in the terrifying immersion into her psychotic reality. Although Yr originates as a defense against a threatening environment, the psychic landscape eventually becomes more oppressive than the external world. Deborah begins as the queen of the alluring kingdom but soon becomes its slave. The novel moves downward as she descends into a fearful pit suggestive of a Dantesque Inferno, Christian Hell, and Freudian unconscious. Amidst Dr. Fried's gentle but persistent questioning, Deborah discovers the origins of Yr. The gods personify the various figures and events in her life. The Collect embodies the tyrannical self-criticism of her mind, the superego. Upuru arises from the punishing tumor operation and the frightening memory of the hospital. Lactamaeon incarnates her father's violence, while Anterrabae originates from a long-forgotten book, Milton's

Paradise Lost, which she had seen in her grandfather's study. Through analysis, Dr. Fried persuades Deborah to renounce the kingdom of Yr, with its private allurements and imaginative landscapes, for the everyday reality of the world.

Critics have noted, however, that the healthy reality Deborah tentatively embraces at the end of *Rose Garden* seems less aesthetically powerful than the psychotic world she repudiates. Certainly this is an old problem for artists: evil appears more fascinating than good, sickness more interesting than health. Yet if there are Laingian hints that the sick are more creative and less dishonest than the healthy, we remain convinced at the end that Deborah's search for insight, trust, and compassion can be fulfilled in the "normal" world, where she has the freedom to choose how she wants to live her life. In Yr there is no choice or responsibility, only eternal punishment. Another criticism of *Rose Garden* is that we fail to see any character in Deborah's life who contains the terrible intensity of the Yr gods. Neither the father nor the maternal grandfather seems sufficiently cruel or terrifying to explain the demonic power of Deborah's inner torturers. And the mother's role in the daughter's flight into Yr remains curiously undeveloped. Once again, as in *The Bell Jar,* it is difficult to separate psychic reality from objective reality. Also, as we shall see, although *Rose Garden* offers one of the most authentic descriptions of the relationship between the patient and analyst found anywhere in literature, the stormy therapeutic sessions containing the

interactions of transference and countertransference are largely missing from the novel.

The clue to Deborah's reintegration into society lies in the character of Dr. Fried, the beloved "old mental garbage-collector" (p. 248) who serves as psychoanalyst and exorcist. A tiny, gray-haired, plump woman who looks more like a housekeeper than a famous doctor, she is nicknamed "Furii" or Fire-Touch, the Yri word suggestive of her fearsome power over Deborah. Mistrustful of hypnotism, medication, shock therapy, social adjustment without inner change, and easy therapeutic reassurances, Dr. Fried affirms die power of dynamic psychology, psychoanalysis with certain minor modifications, for the treatment of psychotics. Defining herself to Deborah as a "representative of and fighter with you for this present world" (p. 241), she succeeds where the others have failed. She alone understands die elementary principles of mental health that the others in Deborah's life have forgotten or never learned. Unlike Deborah's father, who calls her "unhappy" rather than sick, and unlike her family and teachers, who have been telling her for years that there is nothing wrong with her, Dr. Fried acknowledges her sickness and thus initiates the process of recovery. Unlike the others in the hospital, Dr. Fried knows how to maintain the proper distance from her patients—neither too close nor remote.

Rose Garden powerfully dramatizes the shaky defenses erected against

the "crazy" patients by the "healthy" who are only slightly less ill. During Deborah's treatment, two nurses crack up shortly after leaving their psychiatric affiliation and become patients in mental hospitals. One sadistic attendant, Hobbs, commits suicide while another attendant, a religious fanatic named Ellis, hovers on the brink of losing control. Even the doctors erect defenses through intellectualization of their patients' illnesses. Dr. Royson, whom Deborah calls "Snake-Tooth," can painstakingly analyze the Latinate roots of Yri but never overcome his professional coldness. But Dr. Fried is different. The symbolism of her name foreshadows her therapeutic triumph: Deborah is freed by the analyst's insights and compassion. And Dr. Fried's name returns us to Joanne Greenberg's real psychoanalyst, Dr. Frieda Fromm-Reichmann.

Frieda Fromm-Reichmann's contribution to psychiatry involved the demonstration of the effectiveness of psychoanalysis for psychotic patients. Unlike Freud, who was pessimistic about the application of psychoanalysis to the cure of the psychoses, she remained optimistic about the possibility of curing even severely ill patients. She showed that transference relationships could be established, that the psychotic's communications could be understood, and that the patient's hidden resources could be tapped. Along with Harry Stack Sullivan, probably the foremost American psychiatrist of the age, she maintained that there is a potential toward health even in severely regressed patients. "In some mental patients, a spontaneous wish for change

and recovery is found. In others, such a wish can be aroused on the basis of their tendency toward health, unless life has so little in store for them that they cannot be expected to become interested in being able to cope with its vicissitudes" *(Psychoanalysis and Psychotherapy,* p. 22). She helped to elevate the mental patient from the ranks of an object of therapy to a partner of the therapist, and she affirmed an attitude of respect and equality between doctor and patient—an attitude strikingly different from the inequality of earlier doctor-patient relationships.

Psychotic patients, however, required modification of psychoanalytic techniques. Frieda Fromm-Reichmann pioneered these changes and thus helped to achieve the widening scope of psychoanalysis. She believed analysts should be "thrifty" with interpretations for fear of intellectualizing their patients. She repeated Freud's warning that "The psychoanalyst's job is to help the patient, not to demonstrate how clever the doctor is." She urged the patient to play an active role in therapy, and she minimized the use of free association, fearing it would disturb the psychotic's inner disorder. She also stressed the multiple meaning of symptomatology, the principle of over-determination, in which a symbol in a dream or symptom of an illness may have several different meanings. If a symptom persists after its meaning has been unraveled, additional meanings must be discovered until the symptom disappears.

To appreciate Frieda Fromm-Reichmann's influence on *Rose Garden* and the extent to which the psychiatric case study has been transmuted into fiction, we may compare the doctor's account in *Psychoanalysis and Psychotherapy* (p. 204) with the novelist's description in *Rose Garden* (p. 106). The influence begins with the title of the novel:

> One exuberant young patient, the daughter of indiscriminately "encouraging" parents, was warned against expecting life to become a garden of roses after her recovery. Treatment, she was told, should make her capable of handling the vicissitudes of life which were bound to occur, as well as to enjoy the gardens of roses which life would offer her at other times. When we reviewed her treatment history after her recovery, she volunteered that this statement had helped her a great deal, "not because I believed for a moment that you were right, Doctor, but because it was such a great sign of your confidence in me and your respect for me, that you thought you could say such a serious thing to me and that I would be able to take it."

> "Look here," Furii said. "I never promised you a rose garden. I never promised you perfect justice . . . and I never promised you peace or happiness. My help is so that you can be free to fight for all of these things. The only reality I offer is challenge, and being well is being free to accept it or not at whatever level you are capable. I never promise lies, and the rose-garden world of perfection is a lie . . . and a bore, too!"

Psychiatric realism defines both passages. The historical and fictional analysts demythologize their role during the therapeutic process, declining to act like tragic heroes, Christ-like saviors, or demonic Fausts. The doctors wisely attach limits both to their own power and to the role of psychiatry. The patient's cure will not transform the world nor restore order or sanity to

society. In Frieda Fromm-Reichmann's words, the psychotherapist "should know that he is not called upon to fulfill any noble, magic mission. More skeptical of all types of would-be and as-if attitudes than the rest of us, the schizophrenic will definitely react unfavorably to a therapist with alleged missionary and similar Godlike attitudes" (*Psychoanalysis and Psychotherapy,* p. 173). In Joanne Greenberg's words, "Esther and Jacob sat together in the office, waiting, Dr. Fried saw, for reassurance and for peace. She wanted to tell them bluntly that she was not God. There were no sure promises and she could not be a judge of what they had done or not done to their daughter to bring her to this battlefield" *(Rose Garden,* p. 108). This vision of psychotherapy is antithetical to that seen in *Tender Is the Night* and *The Cocktail Party,* in which Dick Diver and Sir Harcourt-Reilly function not as trained psychiatrists but as Christ-like saviors who offer Messianic love or religious consolation. Dr. Fried's clinical insight represents a more modest but appropriate treatment for mental illness. The psychiatric authenticity of *Rose Garden* does not become apparent until the novel is contrasted to earlier fictional representations of mental illness, which reveal distorted characterizations of the therapeutic process.

Additionally, we see a new approach to the patient-analyst relationship not seen in earlier fictional representations of psychotherapy, not even in the contemporaneous *The Bell Jar.* There is little exchange between Esther and Dr. Nolan apart from the patient's vague admission that she hates her mother,

an admission that remains curiously anticlimactic. But in *Rose Garden,* the heroine's illness is taken seriously and treated with the precision and expertise accorded organic illness. For the first time, a patient's symptoms are analyzed not as a symbol of a universal religious or historical malaise but as a manifestation of an inner and potentially curable conflict. The psychiatrist promises at the beginning of treatment that she will not eliminate the patient's symptoms without her consent; Deborah will not be rendered defenseless against anxiety. This part of the novel also reflects Frieda Fromm-Reichmann's actual treatment of Joanne Greenberg, as a comparison of the psychiatric case study and *Rose Garden* suggests:

> A patient shouted at the psychiatrist during their first visit, "I know what you will do now! You'll take my gut-pains, and my trance, and my withdrawal states away from me! And where will I be then?" The psychiatrist first asked for a description of the three pathological states, the loss of which the patient allegedly feared. The patient's answer made it possible for the psychiatrist to demonstrate to her the attempt at escaping anxiety, which all three of the states had in common. Subsequently, her anxiety regarding the psychiatrist's role as a foe rather than as a co-worker was labeled as such, and the historical roots for this interpersonal attitude and expectation could be scrutinized. After that the patient was told that her symptoms would not be taken away from her but that, in all likelihood, she herself would wish to dispose of them when she learned to understand enough about her anxiety to make it decrease. Also the patient's attention was drawn to the fact that she had made her symptoms known immediately to the psychiatrist. It was suggested that this seemed to indicate that, perhaps without realizing it, she was just as desirous of losing her symptoms as she was anxious, within her awareness, at the prospect of being deprived of them *(Psychoanalysis and Psychotherapy,* p. 190).

> They went into a sunny room and the Housekeeper-Famous-Doc-tor turned, saying, "Sit down. Make yourself comfortable." There came a great exhaustion and when the doctor said, "Is there anything you want to tell me?" a great gust of anger, so that Deborah stood up quickly and said to her and to Yr and to the Collect and to the Censor, "All right—you'll ask me questions and I'll answer them—you'll clear up my 'symptoms' and send me home . . . *and what will I have then?"*
>
> The doctor said quietly, "If you did not really want to give them up, you wouldn't tell me." A rope of fear pulled its noose about Deborah. "Come, sit down. You will not have to give up anything until you are ready, and then there will be something to take its place" *(Rose Garden,* p. 23).

In the description of the treatment we have a striking confirmation of the similarity between the psychiatric case study and the novel, a cross-fertilization of two essentially different yet similar disciplines and art forms. The psychiatrist uses the patient's actual speech in the case study and then, several years later (at least 12, since this section of *Psychoanalysis and Psychotherapy* first appeared in a book published in 1952), the novelist repossesses the language for her own story. The difference between these two passages is not content but form: The novelist condenses the material, dramatizes the scene, and endows the psychiatrist with dialogue. The novelist also deemphasizes the pedagogical quality of the psychiatric case study without sacrificing the power of illumination. In the novel we have direct access to the patient's inner life, the psychotic kingdom of Yr, that refuses to yield its privileged position to the external world. In both accounts, the psychiatric case study and the novel, the therapist assures the patient that she

will not be violated or left defenseless. Nothing will be taken away from her except, if she desires, the terror. This fundamental tenet of psychotherapy regrettably gets lost in literature, which often portrays illness as allied with creativity. At die end of Peter Shaffer's *Equus,* die deeply ambivalent psychiatrist promises to deliver Alan Strang from madness but only by destroying his passion and imagination. "Passion," says Dr. Dysart, "can be destroyed by a doctor. It cannot be created."[6] By contrast, Dr. Fried simply promises to help Deborah help herself, allowing the patient to liberate her own passion and creativity from the oppressive Yr gods.

Curiously, however, not all of the pertinent details of Joanne Greenberg's therapy appear in *Rose Garden.* For a fuller account of the patient's illness and stormy relationship with her analyst, we must turn to Frieda Fromm-Reichmann's two medical texts, *Psychoanalysis and Psychotherapy* and *Principles of Intensive Psychotherapy,* both of which contain revealing clinical vignettes of the same patient. To demonstrate, it is necessary to quote an extended passage from *Principles of Intensive Psychotherapy* (pp. 176-177) and then to contrast this full and lively narration to the fragmentary clues in *Rose Garden:*

> An eighteen-year-old schizophrenic girl complained about severe persecutory ideas, to the effect that she could not bear to have anyone standing or walking behind her. Something frightful would happen to her, perhaps a stab in the back or, at any rate, something terrible, the thought of which made her shudder. She was paralyzed and could hardly move

whenever there was someone behind her or whenever she sensed that there might be someone back of her. She did not dare to go downtown because there always seemed to be someone right behind her. Questioned about the actual experience which the patient might consider as the first one of its kind, she said that she could not remember. But she did volunteer the information that, as far back as she could remember, her father had warned her against men who might persecute her and rape her. This happened long before the patient knew what "rape" was and what men might "do" to women. Further investigation of and associations to her fantasies regarding rape and regarding her persecutory delusions disclosed that the form of the patient's persecutory ideas were due neither to her fear of nor her secret wish for rape only, as one might have easily suspected. Eager to safeguard against therapeutic operations with any partial interpretive truth, the psychiatrist asked for further associative memories to the patient's delusions. The patient recalled eventually that at the time of Hitler's invasion of Czechoslovakia her father had condemned, with great affect, "the stab in the back" done to the Czechs. She was too young to know that father was referring to people and thought he was talking about the checks in the tablecloth on the breakfast table. It was at the breakfast table and while reading the morning paper that her father had these emotional outbursts which were incomprehensible to the patient. Also during breakfast her father would scold the patient severely for various types of infantile misdemeanors about which he had just been told.

Another associative memory came from a later period of the patient's life. Her parents would find out that she had taken money from them, that she had bought hair ribbons or sweets against their wishes, that she had teased her baby brother or the dog, or that she had antagonized the maid. Her father would throw a temper tantrum and say that she was betraying her parents and the training they had given her. The use of the word "betraying" reminded her of her father's using the word "betrayal" in connection with "the stab in the back" to the Czechs.

As a result of a condensation of these memories, the patient experienced her persecutory delusions to the effect that she dreaded that someone behind her would "stab her in the back"—betray her, rape her—as she

> allegedly had stabbed in the back, that is, betrayed, her parents when she had stolen pocket money or when she had committed any of the other above-mentioned childhood sins. Father had reacted the same way, namely, with a heavy temper outburst, to both types of stabs in the back, hers and the one done by Hider to the Czechs. Besides, the Czechs had been the "checks" of the tablecloth to her, and father had thrown temper tantrums about her, too, when she misbehaved. So the temper tantrums about the "checks," about her earlier and later childhood sins, together with the fear of rape with which her father had imbued her, were condensed into the patient's formulation of her persecutory delusion of being "stabbed in the back" by someone who was behind her.

The psychiatrist's artful narration is extraordinary in its thematic unity, compression, symbolic richness, and moral ambiguity. The patient's fear of "the stab in the back" may be interpreted in different ways and on different levels: the sociopolitical madness of Hitlerism, the insidiousness of racial or nationalistic fervor, the irrational anger of a hot-tempered father, the paranoid schizophrenia of an adolescent. Yet the patient is not merely an innocent victim of her father's (or Hitler's) wrath. Insofar as she is guilty of childhood crimes, however minor, she too becomes the aggressor, the stabber, the criminal, thus unconsciously imitating her father's (and Hitler's) acts of violence. Consequently, in the psychiatric case study, she plays the dual role of victim and victimizer, betrayed and betrayer. She is paralyzed with ambivalence as she acts out the psychoanalytic maxim that wishes and fears are often inextricably related. Her symptoms reveal a bewildering condensation of wishes, fears, and defenses: confused Oedipal feelings, regression, identification with the aggressor, paranoia, and displaced

aggression.

What emerges from the case study is a portrait of a self-flagellating young woman whose ambiguous moral identity evokes contradictory emotions from the reader. We sympathize with the daughter's suffering but also feel for the father's grief. We are torn between sympathy and judgment, pity and disapproval. As we begin to criticize the father for his violent outbursts and defective parenting, we remember that he, too, is human and caught up in the madness of World War II. Indeed, he and his parents had left Poland during World War I; how could he not feel rage and perhaps guilt for the continued destruction of his birthplace? Despite our natural sympathy for his daughter, the victim of forces she can neither understand nor control, we remind ourselves that she must also accept a degree of responsibility for her infantile behavior and the fact that she is driving her family crazy. Neither the father nor the daughter is entirely blameless in the psychiatrist's narration. Both characters are caught up in a terrible family drama in which each stabs the other in the back. The psychiatrist refuses to favor one character at the expense of the other or to reduce the complexity of the story.

To appreciate the psychological and moral complexity of Frieda Fromm-Reichmann's case study, we need only recall earlier literary representations of mental illness. In "The Yellow Wallpaper," the narrator is viewed more as a victim than as the potential victimizer of the beloved baby whose presence

she cannot bear to suffer. The infanticidal imagery hints at the diffuseness of the mother's rage and her inability to escape from intolerable reality. In *Tender Is the Night,* Nicole Warren's schizophrenia is seen as the result of the incestuous union with her father instead of, as clinical experience would predict, the product of much earlier disruptions in the mother-daughter relationship. Celia Coplestone's protracted struggle against psychotic fragmentation and de-realization in *The Cocktail Party* is perceived as a precursor to her special calling as a saint, rather than as a deep narcissistic injury that can be healed through a less manipulative therapy. In *The Bell Jar,* Esther's breakdown is presented as a martyrdom and crucifixion, instead of as a mode of behavior concealing virulent aggressive feelings toward her family and herself.

Oddly enough, many of the rich details in Frieda Fromm-Reichmann's case study are omitted from *Rose Garden,* to the novel's loss. A passing reference to the "checks-and-the-poles" appears in the novel but with narrowed focus:

> The instincts of these hating children [at camp] were shared, for Deborah heard sometimes that a man named Hitler was in Germany and was killing Jews with the same kind of evil joy. One spring day before she left for camp she had seen her father put his head on the kitchen table and cry terrible, wrenching men's tears about the "checks-and-the-poles." In the camp a riding instructor mentioned acidly that Hitler was doing one good thing at least, and that was getting rid of the "garbage people." She wondered idly if they all had tumors (p. 50).

Whereas in the psychiatric case study the patient acts out roles of victim and victimizer, in the novel she appears only as an innocent and passive martyr, almost Christ-like in her suffering—in short, very much like Esther Greenwood. Greenberg reduces the father-daughter tension, softens the father's character, and internalizes Deborah's violence, rendering it harmless to everyone except herself. We are struck by the similarity to *The Bell Jar.* These fictional changes in *Rose Garden* heighten our sympathy toward Deborah but also diminish the complexity of her character. Interestingly, the novelist splits off the paranoid characteristics of Deborah and projects them onto another woman in the hospital. In Frieda Fromm-Reichmann's case study, the patient herself fears the "stab in the back" while, in Joanne Greenberg's novel, the persecutory fear dwells within Fee, a more violent and sinister character than Deborah. "Fee could not allow anyone to be behind her, and she didn't like to stand against the wall the way the others did, so she had to keep circling relentlessly to 'keep everyone properly placed.' Without allegiance or loyalty, but because of a mysterious sense of fitness, Deborah began to follow Fee, the Ptolemaic sun circling her planets" (p. 106).

Why did the novelist omit this rich material from *Rose Garden?* There are genetic and biographical explanations that come into play not only in *Rose Garden* but in perhaps all fictionalized accounts of psychological breakdown. To maintain reader sympathy and identification, the author of a fictionalized psychiatric case study tends to create innocent heroes or heroines whose

violence is internalized, not externalized. Who among us feels more sympathy for a victimizer than for a victim? A suicidal character awakens greater pity in us than does a homicidal character, and there is probably more mystery surrounding the former than the latter. The paradigm behind most accounts of madness and recovery is the timeless religious and mythic metaphor of death and rebirth, with both "cure" and "redemption" awaiting those who are worthy. "How many of the dead could be raised?" (p. 246) the narrator in *Rose Garden* asks about the patients of D Ward, containing the most seriously disturbed patients, who, like Lazarus, are waiting to be reborn. As we have seen, the Lazarus theme also figures prominently in *The Bell Jar* and in Plath's poetry. Indeed, the majority of fictionalized psychiatric case studies contain "innocent" patients, ranging from Chief Bromden and McMurphy in *One Flew Over the Cuckoo's Nest* (victims of a "matriarchy") to a host of other fictional and nonfictional accounts of madness: *The Snake Pit, Autobiography of a Schizophrenic Girl, The Three Faces of Eve,* and *Sybil.* Even in Anthony Burgess' *A Clockwork Orange,* Alex's viciousness is more than offset by the horrors of the psychiatric brainwashing he undergoes. "Ludovico's Technique" transforms Alex from a thug into an ironic Christ symbol, a "true Christian," in the words of the doctor, "ready to turn the other cheek, ready to be crucified rather than crucify, sick to the very heart at the thought even of killing a fly."[7]

Another generic determinant of the fictionalized psychiatric case study involves the need for heroism and fairy-tale status for those who recover

from a severe breakdown. Because mental illness is so mysterious, terrifying, and unpredictable, there is the tendency to confer heroic status on the survivors, to see them as initiates who possess secret knowledge. Kurtz's dying words in *Heart of Darkness,* "The horror! The horror!", evoke the oxymoronic "exalted and incredible degradation" of those who plunge into the abyss. Deborah's affinity to the adolescent heroine in popular literature, however, imposes artistic constraints, as critics have pointed out:

> None of the violence on Deborah's part is directed at anyone other than herself, and the general absence of sexual motives and experience from her story—even though it seems likely that such experiences would comprise a significant element of her psyche—give her the aspect of the "innocent." Not even her most repulsive actions, such as her continued self-mutilation, are sufficient to remove our sympathies from her, and in this respect she is not unlike many other adolescent heroines in popular fiction.[8]

In addition, a strong didactic element characterizes this genre. The novelist aims implicitly for a clear-cut resolution of the protagonist's mental illness, at the expense of the ambiguities that often remain unresolved in the greatest imaginative literature.

There are also biographical constraints on the novelist's freedom to describe the intimate details that may appear without difficulty in a psychiatric case study of an anonymous patient. Joanne Greenberg presumably omitted many details from *Rose Garden* for the same reason she and Sylvia Plath used pseudonyms: to protect herself and her family from

embarrassing public scrutiny, and perhaps to avoid stirring up the distressing memories of the past which contributed to the formation of the former illness. Can anyone be blamed for the wish to avoid reopening the wounds which must intimidate even the healthiest writers, those who, in Hemingwayesque language, are strong at the broken places? The difficulty lies in reconciling the conflicting demands of confidentiality and revelation, private life and impersonal art. Reconciliation becomes impossible when, as in the example of *Rose Garden,* the patient's psychiatrist has first published a substantial account of the story, thus creating a narration against which the novelist's later version may be read and judged.[9]

Nowhere is the problem of portraying the analyst more apparent than in the incomplete portrait of the doctor in *Rose Garden* and other fictional psychiatric case studies. Although we see a far more authentic and lively picture of the therapist in *Rose Garden* than in *The Bell Jar,* the figure of Dr. Fried remains highly idealized. She is not merely an admirable doctor but a paragon, a woman of inexhaustible courage and strength. Her private life never intrudes upon her professional duties; her inner consciousness never interferes with the patient's story. If we could see more of her private life and learn more about her inner consciousness, we would have a more satisfying grasp of her life. Dr. Fried's human frailties are asserted but not demonstrated, and she endears herself to us when she confesses her imperfections to Deborah. Part of the problem lies in the restriction of the

doctor's point of view. She appears only in a clinical setting, thus depriving the reader access to her life apart from her treatment of Deborah. Moreover, she functions less as a character than as the instrument of the patient's recovery. The novelist's traditional interest in character for the sake of character is absent from *Rose Garden,* as if the subject were off limits.

Nor is the relationship involving transference and countertransference adequately explored. *Rose Garden* presents us with a few tantalizing glimpses of Dr. Fried's personal life, but the novel does not show us the image of the analyst existing within the patient's imagination. The interaction between the patient and analyst, we have been suggesting, contains real and symbolic elements. To cite Freud's observation, the patient sees in the analyst the "return, the reincarnation, of some important figure out of his childhood or past. . .[10] In addition, problems with countertransference pose greater difficulties with psychotic patients because the analyst must serve as a representative of and bridge to reality. The fusion and confusion of the analyst's real and imagined presence make the relationship between transference and countertransference infinitely complicated in therapy and no less problematic in literary representations of the talking cure.

As with Esther's relationship to Dr. Nolan, only the patient's attitude of positive transference toward the therapist appears in *Rose Garden.* We do see glimpses, admittedly, of Deborah's fear that the analyst will deceive or betray

her. On one occasion, for example, Deborah cannot help project her fear of maternal loss on to the therapist. Despite Dr. Fried's assurance that she will return from an extended professional conference in Zurich, the young woman interprets the absence as an act of abandonment. Immediately after Dr. Fried's departure, Deborah initiates a series of ugly skin-burning incidents involving stolen cigarettes and matches. To Dr. Fried, Deborah's burning herself is symptomatic of self-hatred and displaced aggression toward the doctor. The patient disagrees with this interpretation, though, and the novel remains ambiguous here. Apart from these isolated moments of Deborah's anger and mistrust, nothing occurs in the novel to suggest the stormy therapeutic interviews between patient and doctor.

"Stormy therapeutic interviews"—the words come from Frieda Fromm-Reichmann's case study, and we do not have to speculate on the intense negative transference that is missing from *Rose Garden.* The story is told in great detail in *Psychoanalysis and Psychotherapy* and includes both the skin-burning incident and a related symptom, skin-pulling. According to the psychiatrist's narration, the patient emerged from a severe schizophrenic disturbance for which she was hospitalized for two years at Chestnut Lodge and treated for another two years as an outpatient. Eventually she became free of all psychotic symptomatology except one symptom: She would pull off the skin of her heels to the point of producing open wounds. In response to the doctor's comment on the favorable changes that had taken place as a

result of therapy, the patient developed an acute anxiety state which helped to illuminate one meaning of the compulsive symptom. Like the earlier skin-burning, the skin-pulling enabled the patient to maintain a continuity between sickness and health, past and present. Further investigation revealed that the localization of the symptom was determined by "mischievously ridiculing memories of her mother's coming home from outings to prepare a meal for the family, going into the kitchen, removing shoes and stockings but not coat and hat, and walking around the kitchen on bare feet."

None of this appears in *Rose Garden,* and consequently the novel is less successful than *The Bell Jar* in dramatizing the antagonistic mother-daughter relationship. On a transference level, the self-mutilating nature of the skin-pulling expresses resentment toward the psychiatrist whose Yri name in Greenberg's novel, "Furii" or "Fire-Touch," symbolizes the "fearsome power that had seared Deborah's arm with an invisible burning" (p. 105). The patient's self-mutilation thus represents displaced aggression toward the therapist, whose interpretations are experienced as intrusive and incorrect. "In her judgment," writes Dr. Fromm-Reichmann, "I misevaluated the other act of self-mutilation from which she suffered during her psychotic episodes, the compulsion to bum her skin. The patient thought of it as a means of relieving unbearable tension, whereas she felt that I thought of it only as a serious expression of tension. In maintaining the skin-pulling, while otherwise nearly recovered, she meant to demonstrate to me that skin

injuring was not a severe sign of illness" (*Psychoanalysis and Psychotherapy,* p. 206).

But symptoms have multiple meanings, as do symbols in a dream, and another meaning of the skin-pulling is the patient's fear of closeness, the effort to peel away an unhealthy dependency on mother and analyst. In the psychiatric case study, we discover, as we do not discover in the novel, the fact that the patient's imaginary kingdom has arisen as a means to exclude the prying parents from the young woman's life:

> During the treatment period after the dismissal from the hospital, the patient tried for quite a while to avoid the recognition of her hostility against me and the realization of her dependent attachment to me, which she resented, by trying to cut me out of her everyday life. She did so, repeating an old pattern of living in two worlds, the world which she shared with me during our therapeutic interviews and her life outside the interviews, during which she excluded me completely from her thinking. Previously, the patient had established this pattern with her parents by living for eleven years in an imaginary kingdom which she populated by people of her own making and by the spiritual representations of others whom she actually knew. They all shared a language, literature, and religion of her own creation. Therapeutic investigation taught us that the patient erected this private world as a means of excluding her prying parents from an integral part of her life. It was her way of fighting her dependence on them and of demonstrating how different she was from them in all areas where she disliked and resented them (*Psychoanalysis and Psychotherapy,* pp. 206-207).

After a few stormy therapeutic interviews, the patient discovered that her periods of readmission to the hospital, when she regressed to the old

symptom of skin-burning, indicated her dependency on and resentment of mother and doctor. Dependency forced her to return to the hospital; resentment compelled her to burn her skin. Through analysis she learns that the exclusion of the analyst from her life was a repetition of the exclusion of the parents from her private kingdom. "After that, she saw, too, that her resentment against me was also a revival of an old gripe against her parents; they had a marked tendency to make her out to be dumb, as I tried to do, in her judgment, by inflicting upon her my misevaluation of the skin burning. They kept her for many years in a state of overdependence, as I had done, too, by virtue of our therapeutic relationship" (*Psychoanalysis and Psychotherapy,* p. 207).

Like Esther's retreat into the bell-jar vision, Deborah's escape into the kingdom of Yr originates in part from the need to flee from an intrusive parent. The destructive mother-daughter symbiotic relationship is central to both novels, with pre-Oedipal issues of separation and individuation coming into play. Both heroines are paralyzed by the confusion of wish and fear: the desire to remain dependent upon mother and the fear that dependency will result in loss of freedom and autonomy. As in "The Yellow Wallpaper," it is the internalized mother, the mother within the daughter, from whom Esther and Deborah are attempting to escape. But, in rejecting the biological mother, the daughters are searching for higher spiritual mothers with whom to merge. Had Plath remained in psychoanalysis, she would have had to work through

these identity conflicts and experience them emotionally in the transference relationship, just as Joanne Greenberg did with Frieda Fromm-Reichmann. The patient's separation from the analyst is almost always painful (patients speak of this as a period of mourning), just as the child's separation from the parents is Fraught with emotion. Nevertheless, the process of separation is essential for health.

Significantly, the story of the patient's separation from the analyst seldom appears in literary representations of the talking cure. Nor do many writers choose to include any description of the relationship between transference and countertransference. Usually it is the analyst, not the patient, who is willing to write about this hidden story and, even then, only reluctantly, fearful that the public will seize upon this as evidence of the ineffectiveness of psychoanalysis.

Frieda Fromm-Reichmann's uniqueness was her willingness to admit to the analyst's fallibility and in particular to her own mistakes. Her two medical texts offer eloquent proof of a statement by Harry Stack Sullivan she was fond of quoting: "We are all much more simply human than otherwise." Far from accepting the mythic status accorded to the analyst, she demythologized the role and stressed her failures as well as successes. In *Principles of Intensive Psychotherapy,* we hear her saddened admission of a schizophrenic woman whose reasonably good therapeutic prospects she damaged through non-

committal talks and inappropriate setting. In *Psychoanalysis and Psychotherapy,* she tells how an assaultive patient, unable to endure the analyst's blundering question about her past violence, struck her in the face with a cup from which she was drinking. "In retrospect, I consider this act of violence wholly justified from the patient's point of view. She had every reason to interpret my question as an implied reference to her assaultiveness; it made me another of those people who labeled her a violent person" (p. 214). In appropriate settings she could mime a patient's over-solicitous mother or domineering wife, as Joanne Greenberg has commented upon elsewhere.[11] She also could confess to countertransference with certain patients. She was more than willing to accept responsibility for failure, as she admits in italicized print in *Psychoanalysis and Psychotherapy. "If the schizophrenic's reactions are more stormy and seemingly more unpredictable than those of the psychoneurotic, I believe it to be due to the inevitable errors in the analyst's approach to the schizophrenic, of which he himself may be unaware, rather than to the unreliability of the patient's emotional response"* (p. 119).

If Joanne Greenberg had included the tempestuous therapeutic sessions in *Rose Garden,* they would almost certainly have enriched the novel and resulted in a more intellectually satisfying presentation of Deborah's illness and recovery. There also would have been a greater aesthetic and psychological tension between patient and analyst and a more complete

picture of the vicissitudes of therapy, including the intensity of the patient's resistance to regaining her health. The multiple meaning of Deborah's schizophrenic symptomatology would have strengthened the detective-like quality of the novel. The reader would have been thrust into the analyst's position of tracking down the scattered and distant clues to the psychological thriller. And since psychotherapy with the schizophrenic patient is a hotbed for the analyst's positive and negative difficulties with countertransference, we might have been allowed a glimpse into the unspoken story—the extent to which the patient's anxiety or loneliness may become contagious to the therapist, for instance, or the analyst's tendency to be seduced into sharing the patient's madness.

The discovery of the medical source of Joanne Greenberg's novel thus reveals the difficulty of writing a story based upon the author's psychological breakdown and therapeutic recovery. And a comparison of the psychiatric case study to the novel points to the limits of literary representations of the talking cure. Despite the intimate relationship between the creative and therapeutic process and the extent to which novels like *The Bell Jar* and *Rose Garden* remain indebted to the writers' own therapy, the unique requirements and ground rules of psychoanalysis often make it hard for patients to write about their personal experiences. Why? Because the analyst is required to maintain a strict distance from the patient and to refuse to talk about his private life or feelings to the person lying on the couch. This is, in a

sense, unfair, but the patient-analyst relationship is exempt from notions of social equality. Psychoanalysis limits the patient's efforts to come to know the analyst or to encounter him in nonanalytic settings. Indeed, the analyst is trained to interpret the patient's inquiry into his private life as a subtle form of resistance, an unconscious attempt to thwart the process of self-discovery by undermining the analyst's distance and authority. *Tender Is the Night* reveals the catastrophic consequences of a patient's seduction of her therapist. The seduction may be sexual or intellectual. Countless novels offer additional evidence of the ambivalence directed toward the person who investigates the secrets of the psyche. The analyst's privileged position deepens his mystery to outsiders and thus perpetuates the fascination and mistrust surrounding psychoanalysis. For analysis to succeed, though, the patient must agree to restrict his contact with the therapist and to interpret his curiosity as symbolic of forbidden wishes, to be analyzed but not acted out.[12]

The restriction of the patient's imaginative freedom to enter into the analyst's character is helpful for therapy but harmful for literature. Although the patient is not medically or legally constrained by the rules of confidentiality, as the analyst is, the patient turned novelist almost invariably adopts clinical assumptions about the proper focus of attention in a story about the talking cure. There are several ways in which the patient-analyst relationship limits the novelist's freedom to imagine the visible and invisible

details of his therapeutic experiences. First, the novelist's exploration of the analyst's life may compromise his privacy and professional career, impairing his effectiveness with future patients.[13] Although this did not happen in *Rose Garden,* which was published seven years after Frieda Fromm-Reichmann's death, the fear of compromising the analyst's privacy may be seen in *Sybil,* where the author presents an admiring but highly restricted portrait of Dr. Cornelia Wilbur, a leading authority on multiple personality.[14] Second, the novelist may question his own motives in imagining hence "analyzing" the therapist's character. If the effort to penetrate the analyst's mind during therapy betokens resistance, can the patient turned novelist entirely escape this fear during writing? Finally, the patient's affection for the analyst (assuming therapy was successful) culminates in the natural desire to pay him back through loving art, but this may work against realistic characterization. Analysis cannot succeed unless the patient has the freedom to project his hostility on to the therapist and work through the transference relationship. Similarly, art cannot fully succeed unless the writer has the imaginative freedom to enter into the lives of both participants, patient and analyst, in the therapeutic drama. To date, this has not been accomplished, neither by writers like Sylvia Plath and Joanne Greenberg, who wish to repay their psychiatrists through loving art, nor by a writer such as Philip Roth, who repays his analyst through an angry act.

I do not mean to disparage *I Never Promised You a Rose Garden* but to

appreciate for the first time the unique generic and biographical difficulties from which the novel blossomed. The tide aptly cautions us not to expect too much from life, neither perfect justice nor complete truth. Ironically, the exclusion of the stormy therapeutic scenes, especially those moments when Deborah's violence toward the doctor must have seemed demonic, creates a rosier impression of the therapeutic process than occurred in reality. And the omission of the emotionally volatile relationship of transference and countertransference transforms the psychoanalyst into the mythic figure Frieda Fromm-Reichmann passionately warns against in her medical texts. It is as if these angry or emotionally charged clinical sessions were too terrible to be contained within the novel or, paradoxically, too "fictional," calling for a suspension of disbelief worthy of *The Inferno* or *Paradise Lost. Rose Garden* ends with Deborah's affirmative words "Full weight," suggestive of her steady progress ahead; yet, the words conceal an intriguing irony whose meaning is revealed only in the context of Dr. Fromm-Reichmann's case study.[15] The complexity of psychoanalysis is such that a full narration of the talking cure is impossible. The principle of indeterminacy always limits the observer's point of view, and the transactional nature of the patient-analyst relationship results in a forever changing communicative flow. The best we can hope for is an approximation or partial fiction of health emerging from sickness, heroism arising from therapeutic battle, art awakening from the shrinking vision.

Notes

1 Sigmund Freud, *Fragment of an Analysis of a Case of Hysteria* (1905), *Standard Edition* (London: The Hogarth Press, 1953), Vol. VII, p. 9.

2 Hannah Green, "In Praise of My Doctor—Frieda Fromm-Reichmann," *Contemporary Psychoanalysis,* Vol. 4, No. 1 (Fall 1967), pp. 73-77. In presenting the Frieda Fromm-Reichmann Award in 1967, the Awards Committee, consisting of members of the American Academy of Psychoanalysis, characterized the impact of *Rose Garden* in the following way. "The book has made an enormous impact upon large sections of the general population and has exerted particularly strong appeal to medical students and residents. At the University of Pennsylvania I would estimate that one half of the medical students have read this book, and that it has done as much for their understanding of psychiatry in general, and schizophrenia, particularly, as any other single aspect of our teaching program. . . ." I am grateful to Joanne Greenberg for sending me a copy of this talk and for her responses to mv inquiries.

3 For Joanne Greenberg's lively discussion of the reasons for using a pseudonym in *Rose Garden* and the decision to use her real name, see Stephen E. Rubin, "Conversations with the Author of *'I Never Promised You a Rose Garden,"' The Psychoanalytic Review,* Vol. 59, No. 2 (1972), pp. 201-215.

4 Frieda Fromm-Reichmann, *Psychoanalysis and Psychotherapy,* Dexter M. Bullard, ed., "Foreword" by Edith V. Weigert (Chicago: University of Chicago Press, 1959). Frieda Fromm-Reichmann also wrote *Principles of Intensive Psychotherapy* (Chicago: University of Chicago Press, 1950). All references come from these editions. For a discussion of the uniqueness of Chestnut Lodge Sanitarium, see Helm Stierlin, *Conflict and Reconciliation: A Study in Human Relation and Schizophrenia* (Garden City: Anchor, 1969), pp. 231-235.

5 Joanne Greenberg, *I Never Promised You a Rose Garden* (New York: Signet, 1964), p. 18. All references come from this edition.

6 Peter Shaffer, *Equus* (New York: Avon, 1974), p. 124. Also see Jeffrey Berman, *"Equus:* 'After Such Little Forgiveness, What Knowledge?' " *The Psychoanalytic Review,* Vol. 66 (Fall 1979), pp. 407-422.

7 Anthony Burgess, *A Clockwork Orange* (New York: Norton, 1963), p. 129.

8 Kary K. and Gary K. Wolfe, "Metaphors of Madness: Popular Psychological Narratives," *Journal of*

Popular Culture, Vol. IX, No. 4 (Spring 1976), p. 905. For a social scientist's approach to *Rose Garden,* replete with statistical tables and reliability scales, see Philip Lichtenberg and Dolores G. Norton, "Honesty, Trust, Equality in the Treatment of Schizophrenia: An Analysis of *I Never Promised You a Rose Garden," Pennsylvania Psychiatric Quarterly,* Vol. 10 (1970), pp. 33-40.

9 According to Joanne Greenberg, she and Frieda Fromm-Reichmann planned to coauthor a book on schizophrenia. The psychiatrist's death in 1957 made this impossible. See "Conversations with the Author of *'I Never Promised You a Rose Garden,' "* p. 206.

10 Sigmund Freud, *An Outline of Psycho-Analysis, Standard Edition* (London: The Hogarth Press, 1964), Vol. XXIII, p. 174.

11 In accepting the Frieda Fromm-Reichmann Award, Greenberg expressed a quality of the psychiatrist not found in *Rose Garden:*

> Frieda was one of the great natural actresses. This skill permitted her to show subtle gradations of approval or disapproval without committing herself to the force of a word. She liked to use her face and voice to mimic—sometimes to satirize parts of both the sick and the reasonable worlds. Her satire was balanced and never used in malice. The acting was from herself but she never seemed to *act herself us* a role. She had less need for this protection than any one I know. Frieda's hallmark was an artist's—a light Touch. Her genius was to bring it to her work whole and as naturally as breathing" (Green, "In Praise of My Doctor—Frieda Fromm-Reichmann," p. 75).

For a humorous portrait of Frieda Fromm-Reichmann by a patient who is now a distinguished analyst, see Leslie H. Farber, "Lying on the Couch," *Lying, Despair, Jealousy, Envy, Sex, Suicide, Drugs, and the Good Life* (New York: Basic Books, 1976), pp. 215-218. Also see "Sincerity and Authenticity: A Symposium with Lionel Trilling, Irving Howe, Leslie H. Farber and William Hamilton," *Salmagundi,* Vol. 41 (Spring 1978), pp. 102-104.

12 In *Principles of Intensive Psychotherapy,* Frieda Fromm-Reichmann warns against the abandonment of strict analytic neutrality. "Deep down in his mind, no patient wants a nonprofessional

relationship with his therapist, regardless of the fact that he may express himself to the contrary. Something in him senses, as a rule in spite of himself, that an extra-professional relationship with his psychiatrist will interfere with a patient's tendency toward change and improvement in his mental condition" (p. 46).

13 The effort to preserve the analyst's confidentiality led Tilmann Moser to avoid disclosing the name or any biographical details of his own analyst. Moser's book, *Tears of Apprenticeship on the Couch* (New York: Urizen Books, 1977), is a remarkable narration of the author's training analysis. For a delightful account of how an analyst can become entrapped in his patient's fabrications, see Robert Lindner, *The Fifty-Minute Hour: A Collection of True Psychoanalytic Tales* (New York: Holt, Rinehart and Winston, 1955).

14 Sec Jeffrey Berman, "The Multiple Faces of *Eve* and *Sybil:* 'E Pluribus Unum,' " *Psycho-cultural Review,* Vol. 2, No. 1 (Winter 1978), pp. 1-25.

15 The ambiguities of "Full weight" are lost to the reader of *Rose Garden* unless he knows that the words "wet" and "weight" derive from a traumatic childhood incident at camp, during which the youth expressed in symbolic form her resentment of her father and defiance of her mother, respectively. Frieda Fromm-Reichmann narrates the story in considerable detail in *Psychoanalysis and Psychotherapy,* op. cit., pp. 182-183, to demonstrate that a psychotic patient can untangle a knotty' linguistic pattern, with the analyst's help. There can be no doubt about the identity of the anonymous patient. In a preceding paragraph the doctor alludes to an operation performed on the five-year-old-girl, who had been punished and humiliated by her parents for bed-and-pants-wetting:

> . . . she came from a family in which the women were disposed to become overweight, and avoidance of overweight was made a religion. In defiance, the patient developed into an obese, compulsive eater. "Pants-wetting and overweight belong together," she volunteered one day during a psychoanalytic interview, "and not only be-« cause both are connected with defiance and resentment against my parents and with the anxiety connected with these feelings." There followed a pause. Then she went on, *"Wet* and *weight* belong together, but I don't know how." Eventually a childhood memory followed: the patient was in the dressing cabin at the swimming pool of a camp which she attended upon parental dictum and against her

> own wishes. She shared this cabin with another girl. While alone there in the nude, she had to urinate, and she wet her large Turkish towel. When the patient heard the other girl coming into the cabin, she tried to wring the wet towel, and she remembered how hard it was to do this when she was only a little girl. "It was 'the *weight'* of the *'wet'* towel which made it so hard," she stated. "There you are, 'weight and wet.' 'Wet' has to do with my resentment against my father, 'weight' with my defiance against mother, and I hated them both for forcing me to go to that camp. So they might not love me anymore. . . . So I was frightened. . . . There you have my whole hostility and meanness, and my whole anxiety. 'Wet' and 'weight' are father and mother, and the camp stands for both of them."

In *Rose Garden* we learn about Deborah's overeating, and her embarrassment and humiliation at summer camp, but not about the relationship between "wet" and "weight." Surely the novelist did not expect us to make this connection, but are we to infer from the psychiatric case study that Deborah's assertion of "full weight" at the end of *Rose Garden* has unexpected meaning, her healthy defiance of and independence from her parents? In any event, the creation of *Rose Garden* was a cathartic act, a lifting of an intolerable weight or burden from the artist. Like *The Bell Jar, Rose Garden* ends on a note of resolution and health but, unlike Plath's biography, Greenberg's life has remained free from mental illness. Her continued literary production—she has written three other novels and two collections of short stories—affirms the truth of Frieda Fromm-Reichmann's statement in *Psychoanalysis and Psychotherapy:* "A person can emerge from a severe mental disorder as an artist of rank. His previous liabilities in terms of his pathogenic history, the expression of his subsequent mental disorder—that is, symptomatology—or his inner responses to either of them can be converted into assets" (p. 5). Occasionally, fairy-tale endings to troubled beginnings do come true, both in life and art; and we can learn as much from these stories as from the tragic ones.

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