

## The Couch and Tennessee

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### I

Tennessee Williams considered entering analysis as early as 1954, when he asked the producer Cheryl Crawford for a referral while he was working on *Cat on a Hot Tin Roof*. The fact that he felt sufficient psychic pressure to ask for help as he'd begun work on the play says something significant about his anxieties concerning the work's materials; that he put off such help is significant, also. Maybe Williams thought he could overcome any anxiety through writing; on the other hand, perhaps he was afraid of what he might discover about his subject matter should he probe it directly, without the intervening mask of imagination and symbol.

By the beginning of January, 1957, however, as preparations for the Broadway production of *Orpheus Descending* were getting underway, Williams wrote Donald Windham from Key West that he planned to start psychoanalysis as soon as he returned to New York, at the end of the month (Windham 292). But rehearsals for *Orpheus* may have interfered. It was not until the twin disasters of the poor reviews of *Orpheus Descending* in the daily papers of March 22nd, and his father's death five days later, that Williams went for the help he believed psychiatry could offer.

There were numerous reasons why the negative reviews of *Orpheus Descending* and its closing, after sixty-eight performances, were so devastating. Williams was growing more sensitive to any sign of critical or popular disapproval of his work, and in 1957, there were few failures more public than the closing of a Broadway play by a major playwright. He had had only one financial and critical success since *Streetcar* in 1947; since then there had been four failures. Still smarting from *Orpheus*'s quick demise a year later, he told an interviewer that his best work was behind him and that, with *Orpheus*, "I felt I was no longer acceptable to the theater public" (qtd. in Devlin 52) (within a few days of that interview, he would unleash on that public a play even stranger and more disturbing).

More significant, perhaps, was his lack of success—for the second time—with the very personal material of *Orpheus*. The story of Val Xavier and Lady Torrance, of the young, vulnerable artist as outsider, was important enough to Williams that he had never abandoned it, even after its Boston debacle as *Battle of Angels*. The play, he said, had never been off his work bench (Williams *Theatre* 224). The closing of *Orpheus Descending* no doubt reminded him of that painful experience, and also of his abrupt dismissal, as it seemed to him at the time, by the play's producer, the middle-brow, stuffy Theatre Guild. In truth, *Orpheus Descend-*

*ing* is a significantly better play than *Battle of Angels*. Its conflicts and actions are clearer, more compelling and move with far more assuredness and inevitability—but only when performed according to Williams’s explicitly expressionistic stage directions. The 1957 production, directed by Harold Clurman, was decidedly realistic, and what the audience saw was lurid melodrama rather than Williams’s deeply hued, highly theatrical depiction of how a small, bigoted town first renders paranoid and then destroys anyone who differs from the norm (in his *Memoirs*, Williams diplomatically refers to the production as “under-directed” (172)).

Williams was suffering, too, in his personal life. His lifelong claustrophobia, which had gotten increasingly severe over the years, grew so intense that he almost leapt from a car speeding through the Brooklyn-Battery Tunnel (Tischler 246). His drinking habit, which had ratcheted up so mysteriously during the writing of *Cat*, had not abated. By the middle fifties, he could not walk down a street unless he saw a bar on it, and he was known to flee restaurants if the bar was closed. He would rush home to the security of his own liquor, even if he didn’t want a drink (qtd. in Devlin 51). In addition to his increased drinking, since the summer of 1955 he had been mixing his liquor with Seconal (Williams *Memoirs* 169). His paranoia, which may have been exacerbated by the drinking and drugs, grew, too: increasingly suspicious of friends and to strangers almost totally unapproachable, he would stiffen if touched even by an intimate friend (Tischler 247). Years later, Maureen Stapleton would tell Donald Spoto that Williams’s paranoia reached new heights during *Orpheus*’s troubled rehearsal period and brief run. If he overheard negative comments in restaurants, he was convinced they were about him (Spoto 239).

Williams’s reaction to his father’s death was more surprising than his distress over the closing of *Orpheus*. Cornelius and Edwina had divorced in 1946, apparently against C.C.’s wishes, ending thirty-seven years of marital strife that had wrought severe damage on all the Williamses. Although Edwina was already a wealthy woman thanks to her fifty percent interest in *The Glass Menagerie*, C.C. was surprisingly generous in his settlement: he gave her their house on Arundel Place in Clayton, Missouri and half his stock in the International Shoe Company. He returned to his hometown of Knoxville, where he lived briefly with his sister. But their relationship was difficult as well, and soon C.C. moved into a hotel. A short while later, he met a widow from Toledo who became a close companion—drinking and otherwise (Williams “Man” xvi).

C.C. died in his sleep on March 27, 1957 in a Knoxville hospital. Williams and brother Dakin attended the funeral; Edwina did not. The pressure of these events finally forced Williams to seek the psychiatric help he’d been putting off for three years. And so, in June, Williams paid his first visit to the prominent New York psychiatrist, Lawrence S. Kubie.

## II

In the spring of 1957, the attitude of the American psychoanalytic establishment toward homosexuals was not, to put it mildly, constructive. Freud, still regarded as the font of psychoanalytic wisdom, regarded homosexuality as a neurosis, but not as a sickness. In 1903, in response to a question posed by the Viennese newspaper, *Die Zeit*, he wrote, "I am . . . of the firm conviction that homosexuals must not be treated as sick people, for a perverse orientation is far from being a sickness. Would that not oblige us to characterize as sick many great thinkers and scholars of all times, whose perverse orientation we know for a fact and whom we admire precisely because of their mental health? Homosexual persons are not sick" (qtd. in Lewes 32). In 1930, Freud signed a public statement calling for the decriminalization of homosexuality in Germany and Austria. Five years later, in a famous letter written in English to the mother of a homosexual, he elaborated: "Homosexuality is assuredly no advantage but it is nothing to be ashamed of, no vice, no degradation, it cannot be classified as an illness; we consider it to be a variation of the sexual function produced by a certain arrest of sexual development. Many highly respectable individuals of ancient and modern times have been homosexuals, several of the greatest men among them (Plato, Michelangelo, Leonardo da Vinci, etc.). It is a great injustice to persecute homosexuality as a crime and cruelty too" (qtd. in Lewes 31-32). Nor did Freud believe that homosexuals ought to be excluded from psychoanalytic training. "We do not on principle want to exclude such persons because we cannot condone their legal persecution," he wrote to Ernest Jones. "We believe that a decision in such cases should be reserved for an examination of the individual's other qualities" (qtd. in Isay *Being* 6).

By 1957, the landscape had changed considerably. With varying degrees of intensity, psychoanalysis was openly hostile toward homosexuality and viewed homosexuals as sick, if not purposefully perverse, individuals. This development, which took greater hold in America than in Europe, was due less to medical or psychoanalytic advances than to the politics and culture of post-war America.

During the war, American analysts had held several important posts in military psychiatry. Indeed, one of the most powerful and respected champions of psychiatry in the military was Lawrence Kubie. In 1942, as a member of the National Research Council's Committee on Neuropsychiatry, he formulated a regulation that defined and identified homosexuals for purposes of excluding them from military service. In a paragraph called "Sexual Perversions" he wrote: "Persons habitually or occasionally engaged in homosexual or other perverse sexual practices" were "unsuitable for military service" (Bérubé 19). The sexually "normal" man was defined as one who had "a conventional attitude toward sexual problems." This paragraph, according to historian Allen Bérubé, defined for the first time the homosexual and the "normal" person. It listed three telltale signs of homosexuality and clarified procedures for rejecting gay draftees: "feminine bodily characteristics," "effeminacy in dress and manner," and "a patulous [expanded] rec-

tum.” All of these “telltale signs” “linked homosexuality with effeminacy or sexually ‘passive’ anal intercourse and ignored gay men who were masculine or ‘active’ in anal intercourse” (Bérubé 19). It is most unlikely that Williams knew of Kubie’s role in institutionalizing the armed services’ prejudice against homosexuals which resulted not only in their exclusion from serving, but also (if they had avoided detection during the selective service process and were arrested while serving) imprisonment, often in mental institutions, and exclusion from benefits under the G.I. Bill (Bérubé 229-257).

Following the war, many psychoanalysts became chairmen of the more prestigious departments of psychiatry in American universities. During this period, they worked to transform the still suspect practice of analysis into the mental health profession of psychiatric medicine (Isay *Being* 6-7). Just as doctors had laid a medical construction on drunkenness (transforming it into alcoholism), and homosexuality half a century earlier, post-war psychoanalysts now fit gayness into a psychiatric disease model.

A genuinely humanistic impulse also contributed to the endemic homophobia of American psychoanalysis by the middle 1950s. Before and during the war, a concerted effort was made by American analysts to rescue their European colleagues from Hitler. Hundreds were brought out of Germany, Austria, Hungary, and Czechoslovakia and provided with American sponsors, homes, and jobs. This effort was led by the ubiquitous Lawrence S. Kubie. His courageous crusade, however, would have unforeseen consequences for gay men and women. In Europe, many of these analysts were radical reformers with Socialist leanings. Post-war America, however, was intensely hostile to these aims. The popularity of anti-Communism, as exemplified by Joseph McCarthy in the Senate and the Un-American Activities Committee in the House, was not lost on the recently arrived immigrants who, being foreign intellectuals, already felt themselves exposed to possible danger, even deportation. As eager as their American counterparts to transform analysis into a respected and lucrative medical profession, many of the European analysts, soon to form the core of the emerging psychoanalytic establishment, embraced social conformity and orthodoxy, including alarm over the supposed menacing homosexual presence in government (Brody interview; Isay *Being* 7).<sup>1</sup>

One expression of such conformity formulated during this period was the position that being homosexual automatically excluded one from becoming an effective psychiatrist, because the early trauma that “caused” homosexuality produced numerous other “severe personality defects” (Isay *Becoming* 20). Training institutes closed their doors to gay men and women who wanted to pursue careers in psychiatry. However, nowhere did psychoanalysis’s conformity to social, cultural, and political norms find as virulent expression as it did in its response to the findings of Alfred Kinsey.

In a follow-up to his massive *Sexual Behavior in the Human Male* of 1948, Kinsey wrote that, given the data in his study, “it is difficult to maintain the view that psychosexual relations between individuals of the same sex are rare and

therefore abnormal or unnatural,” and further that there was no evidence suggesting that “they constitute within themselves evidence of neurosis or psychosis.” That people might be troubled by homosexual behavior was due, he wrote, not to psychopathology but to “society’s reaction to the individual who departs from the code [of societal norms], or the individual’s fear of social reaction” (qtd. in Lewes 128). In 1950, a study of collegiate males would show results almost identical to Kinsey’s, and no study done in that era would ever claim to refute his findings (Lewes 129).

However, not only did the voices of the psychoanalytic establishment proclaim that it had nothing to learn from Kinsey’s work, many of the most prominent among them attacked its conclusions on homosexuality with unseemly zeal.<sup>2</sup> The psychoanalyst to speak out against Kinsey with the greatest fervor was Edmund Bergler, whom one historian has called “the most important analytic theorist of homosexuality in the 1950s” (Lewes 15).<sup>3</sup> Since the early 1930s, as a psychoanalyst in Vienna, Bergler had theorized that homosexuality was a curable disease (but only if the homosexual wanted to change) in which the homosexual suffered from “psychic masochism,” a condition which every person experiences to some extent (Bergler *Homosexuality* 188; Bergler *One Thousand Homosexuals* 7). Bergler defined psychic masochism as “the unconscious wish to defeat one’s conscious aims, for the purpose of enjoying one’s self-made failure” (*One Thousand* 9). Neurotics exhibit a greater degree of psychic masochism than do normal people according to Bergler; homosexuals revel in it. The psychic masochism in homosexuals derives from an infant’s belief that he had gotten too little from his mother’s breast. The infant, however, cannot punish the withholding mother (that would risk more punishment); instead, he turns his anger on himself by depriving himself of the love of women and loving only men instead. This, however, is no more than self-punishment: the homosexual knows, on some level, that his perversion will be punished, not just by society but by other homosexuals, none of whom are happy or healthy, and who must penalize others as well as themselves (*Homosexuality* 33-48). As Bergler wrote in italics, “*there are no healthy homosexuals*” (*Homosexuality* 8) and he would know: he claimed to have treated almost a thousand. A year before Kinsey published his report, Bergler had written of his gay patients’ “megalomaniacal superciliousness” and “their amazing degree of unreliability” (qtd. in Lewes 113). “The amount of conflicts, of jealousy, for instance between homosexuals surpasses everything known even in bad heterosexual relationships,” he wrote that same year (qtd. in Lewes 114). He marveled at “the great proportion of homosexuals among swindlers, pathologic liars (pseudologues), forgers, law-breakers of all sorts, drug purveyors, gamblers, spies, pimps, brothel-owners, etc.” (*Homosexuality* 200). For years, he made a crusade of refuting the Kinsey Report. Dismissing the findings as “fantastic,” he asserted that psychoanalysis “had always considered the homosexual a frightened fugitive from misconceptions he unconsciously builds about women” (qtd. in Lewes 131). In 1954, Bergler inveighed against Kinsey in *The New York Post*: “By misinterpreting homosexuality, Kinsey

gave homosexuals a new pretext for avoiding medical treatment. He has made it easier for borderline cases, where the issue of homosexuality versus heterosexuality hangs in the balance, to switch to homosexuality” (“Critics”). As late as 1959, eleven years after Kinsey had published his findings on male sexuality, Bergler described him as a “voluntary or involuntary dupe of the highly efficient homosexual propaganda machine” (*One Thousand* 5).

As the president of the New York Psychoanalytic Society, Lawrence Kubie also expressed his opinion of Kinsey’s work. Kubie was a relative moderate on homosexuality, and his response to Kinsey was in part a defense of the psychoanalytic point of view. Kinsey, he wrote, suggested that psychoanalysis considered homosexuality *ipso facto* a sickness, but this wasn’t true: “The psychiatrist is far from believing that homosexuality is in and of itself an index of psychopathology . . . but if the analyst’s selected experience is in any way characteristic of the whole group . . . the role of unconscious and unattainable goals is greater in the homosexual than in the heterosexual adjustment” (qtd. in Lewes 131). Kubie and some others voiced legitimate criticisms of Kinsey’s methods and analyses, but no one in the profession responded publicly to the distortions of Bergler and others.

Tennessee Williams read widely; he never failed to read up on a subject if it would aid his work. He took the same approach to his analysis: he read several psychoanalytical texts (Tischler 247-8) and even took to bandying terms such as “infantile omnipotence” when he was interviewed by Mike Wallace midway through his treatment with Kubie (Preston and Hamilton 20-23). He might have read Bergler’s 1956 book-length study, *Homosexuality: Disease or Way of Life* and found this: “If a homosexual is a great artist, this is so *despite*, and not because of his homosexuality. In the great artist who is a homosexual, a small autarchic corner has been rescued from the holocaust of illness. This corner is constantly invaded and polluted by the homosexual’s distorted outlook on life . . .” (175). Or Williams might have read an account of the 19th International Psychoanalytic Conference, held in Geneva in 1955. Their statement on homosexuality read in part: “Incapacity to love is of course a common characteristic of all the [homosexual] patients we have observed, which confirms, if it be necessary, the immaturity of their personality” (qtd. in Lewes 165).

If he scanned the medical journals, he might have read an article by H. Gershman published in a 1953 issue of the *American Journal of Psychoanalysis*. Gershman believed that the difference between homosexuality and psychosis was only a matter of degree, and wrote that homosexuals are “severely alienated people . . . [with] a core of petrified patterns of living . . . automatonlike. Zest for living, and the capacity to face the unknown, seem atrophied” (qtd. in Lewes 149).

In 1958, the year of *Garden District*, had Williams perused another title from the prolific Bergler, *One Thousand Homosexuals: Conspiracy of Silence, or Curing and Deglamorizing Homosexuals?* he’d have read this dire warning: “If information is unavailable, if false statistics are left uncontradicted, if new recruits are not warned by dissemination of the fact that homosexuality is but a disease, the

confirmed homosexual is presented with a clear field for his operations—and your teenage children may be the victims” (249).

Perhaps most interesting, Williams would have found, in *Homosexuality: Disease or Way of Life?* Bergler’s critique of his novel, *The Roman Spring of Mrs. Stone*. Bergler’s discussion is limited to a description of the book’s characters, which Bergler catalogues as aggressive lesbians, homosexuals, pimps and a “urologistic-exhibitionist” (78). He summarizes:

This dazzling lineup of homosexuals, perverts, and bisexuals is a basic part of the narrative; it has not merely been included to confirm Kinsey’s opinion that every third man one meets on the street has had some homosexual experience.

This particular framework recalls a statement I made in *The Writer and Psychoanalysis* [1954] to the effect that ‘writers concern themselves in their work exclusively with abnormal human reactions; normality is not a subject dealt with in poetry of any kind.’ Mr. Williams seems to overdo this privilege, concentrating as he does so nearly exclusively on perversions. (79)

Such was the general sentiment of psychoanalysis towards homosexuals when Williams presented himself for treatment in the spring of 1957.

### III

It may have been a referral from William Inge that, in June, brought Williams to the office of Lawrence S. Kubie. Kubie, who was then sixty-one, had been practicing psychiatry in New York since 1930 and by 1957 was one of the central figures of American psychoanalytic circles. He became President of the New York Psychoanalytic Society in 1939 and held high positions in other medical associations. His list of clients included Inge, Moss Hart, Charles Jackson (author of *The Lost Weekend* and *The Fall of Valor*, and a closeted man deeply distressed by his homosexuality), Laura Z. Hobson, and other celebrities (Crowley 3). He trained at Johns Hopkins and the National Hospital of Nervous Diseases in London, where his training analyst was Edward Glover, a leading theorist and teacher. He had been a faculty member at Columbia and Yale and on the staff at Mount Sinai Hospital in New York. He wrote prolifically, and by the time he died, in 1977, had produced hundreds of articles and a number of books (including one on creativity, a favorite subject, *Neurotic Distortion of the Creative Process*). Despite his central position in psychoanalytic circles, Kubie was a gadfly and challenger of conventional wisdom, more a rebel and a heretic than an orthodox Freudian psychoanalyst. One of the first American analysts of his generation, he would be among

the earliest to call for audio and later video records of psychoanalytic sessions and, near the end of his career, for the complete overhaul of the sequence of psychiatric and psychoanalytic training (Brody 2).

The roots of Kubie's rebelliousness, like Williams's, were in his childhood. He was born in New York on St. Patrick's Day, March 17th, 1896, the youngest of three children. His mother died when he was three, and he was raised by a paternal aunt who, according to later accounts, was a fervent believer in corporal punishment. From both sides of his family, Kubie inherited a volatile temperament: his paternal grandfather and his father were both given to violent rages, as were his sister and brother. Glover wrote that as a child, Kubie was "angry, explosive, rebellious and argumentative" (7). As an adult, his temper remained forbidding, and he had to work hard to keep it in check. At Harvard, where he went originally to study law, Kubie encountered anti-Semitism and became something of an outsider; he retained a life-long ambivalence toward authority figures.

Kubie was also a man of tremendous appetites, with an enormous capacity for curiosity, learning, and teaching. "He was almost voraciously involved with ideas, people, and activities," one colleague remembered (Brody interview). He published on the psychological effects of hypnotism and, later, of drug therapy; on child psychiatry, sex and marriage, education, war psychology and the military uses of psychoanalysis; and he wrote numerous articles on applied psychoanalysis in art, literature, and religion (Glover 12-13). One of his interests might have had important resonance in his work with Williams: as one of the relatively small number of psychiatrists in his day who bridged the worlds of psychoanalysis and neuroscience, Kubie was fascinated with the role that the temporal cortex played in memory. On more than one occasion, he recorded the speech of patients being treated with direct electrical stimulation of the temporal cortex (Brody 5).

Kubie's limitless capacity for experience and variety reminded his friends of the novelist Thomas Wolfe (Brody 6). Despite his volcanic temperament, students and colleagues recalled him as a gifted teacher and generous mentor. "This famous and uncompromising man was a warm, tolerant, and utterly supportive mentor," (Brody 1) remembered one who was both student and later colleague. Indeed, Kubie could be guilty of what he termed acts of "compulsive benevolence" (Glover 8). His leadership in rescuing European analysts from Hitler's concentration camps was only one example.

Kubie's ego was as large as his field of interests, and it revealed itself in several ways, both constructive and less so, from his large humanitarian gestures through the bullying of colleagues (and perhaps patients) and his willingness to be viewed as a maverick. One manifestation was his belief that psychoanalysis was "the most significant event in the recent history of human culture," as well as a conviction, almost religious in nature, that his chosen profession could, if properly applied, save mankind: "The patient who comes to analysis refusing to accept anything less than a searching exploration of his personality and development is unwittingly making a contribution to human culture," he wrote in *Practical and*

*Theoretical Aspects of Psychoanalysis*, “because the slow accumulation of knowledge which accrues from individual analyses may yet save our civilization and our world, if ever it is used to prevent the development of neurosis in the human infant and child” (xiii).

Similarly, Kubie envisioned a large and vital role for psychiatry to play during wartime, not only in the treatment of the psychological wounds suffered by soldiers in combat, but in the weeding out of undesirables in the selective service process, as well. “The so-called ‘neurotic,’” he wrote in 1942 of the value that psychiatry and psychiatrists would be to the war effort, “is a potential source of panic, poor morale, and subversive attitudes, and a trouble-maker in general. Therefore, the elimination of individuals who are potential sources of contagious disturbance is a psychiatric function of utmost importance, both in the selection of recruits before induction, and within the ranks” (“Memorandum” 7-8). Psychiatry could also be useful in eliminating the military’s wasteful potential for training men for tasks they would never be able to perform, or training men liable to break down under pressure. Some fighting men, he argued, are ruined psychologically by being placed in non-combat jobs, while others may be damaged for life by being sent to the front lines: “The art of placement is thus seen to be essential to the building of a powerful force; and to that art the psychiatrist has an essential contribution to make” (“Memorandum” 7-8). Since the fate of the free world was at stake, the uses of psychiatry were more than vital; they were indispensable.

While a moderate on homosexuality compared to Bergler, Gershman and others, and while he argued that the official psychoanalytic stance on homosexuality was more nuanced and flexible than Kinsey had charged, and despite his considerable reputation for heterodoxy, Kubie was still a psychoanalyst in the midst of Cold War culture. His statements on homosexuality per se were comparatively few and far between, but still one can glean his feelings on the subject. In his book *Neurotic Distortion of the Creative Process*, in a demonstration of how unconscious conflicts cripple creativity, Kubie presents a revealing example from all of those he might have chosen:

A playwright may write half a dozen plays which portray the same theme in various disguises, e.g., a father’s struggle to mask his destructive homosexual impulses toward his sons. This theme will be expressed in a series of disguises, without resolution, and with a mounting frustration which colors each successive version. Yet it may remain so well masked that the audiences and critics can no more understand the play than they can understand those neurotic symptoms which assume more banal and everyday forms. Therefore from such art, no matter how artful, no one gains: not the playwright, the players, or the audience. All that triumphs is the impenetrable and insistent rigidity which betrays the failure of art to resolve the neurotic components of

the artist and of the culture from which he springs. The neurotic in art is no more self-healing than is the neurotic in the clinic. (63)<sup>4</sup>

Concerning neurotic distortion in the dance, he wrote:

Insemination rites are danced in which the men are women and the women men. Or if, as sometimes happens, women are allowed to dance the woman's part, they mock the feminine by simpering posture and gesture as they dance, to the accompaniment of delighted cackles of homosexual laughter in the self-selected audience of balletomanes. (64)

To what degree Kubie explicitly judged his patient's behavior is unknown. Classically, analysts maintain a *tabula rasa* before clients, presenting a blank screen upon which the patient projects his own feelings and thoughts. While Kubie wrote that this non-judgmental, non-expressive stance was a requirement for any analysis to be successful, there were also, he believed, exceptions:

. . . it is traditional and legitimate for most physicians to play a pacifying, reassuring and comforting role toward their patients. The psychoanalyst, on the other hand, must often do just the opposite. He will be tactful and judicious in his warnings, but in the end he must be merciless in forcing a patient to face his neurosis. Indeed . . . he often has to tumble the patient into those very situations which arouse his fears, depression and anger. (*Practical* 88-9)

On at least one occasion, according to Williams, Kubie voiced his opinions of his client's plays—and it wasn't favorable. It seems likely that on another occasion, they had a discussion about Inge's *The Dark at the Top of the Stairs*, which had recently opened on Broadway (Kubie Letter to Williams).

According to Williams, Kubie also urged him to give up both homosexuality and writing. At this point, at least according to some of Williams's friends, Williams stopped taking the doctor seriously: after all, unlike many gay men who were urged to do so in the nineteen-fifties and sixties, Williams did not enter psychoanalysis to cure himself of homosexuality (Spoto 240; Williams *Memoirs* 173). Kubie may indeed have given him such advice; if so, it was in accordance with what he described as The Principle of Deprivation: “. . . during his treatment every patient must be prepared to face periods in which his only gratification will be a slow and barely perceptible growth in understanding,” he wrote. This requires patience and the ability to tolerate periods of confusion, unhappiness and deprivation. Sometimes, deprivation will be so important to a patient's progress that an

analyst must intervene in his daily life and deny him his traditional sources of satisfaction,

so as to force the patient into a state of active need. . . . For one person, it may mean living away from home; for another giving up reading or the movies; another who hides his problems in a compulsive work drive may have to take a vacation from work; a fourth may have to give up a favorite sport or stop even moderate drinking; a fifth may have to avoid normal social life with friends and family. What is cut off will depend on which activity has been used persistently as a major escape from inner problems. (Kubie *Practical* 86-87)

If Williams's reports are to be trusted and Kubie did suggest that he give up both writing and sex with men, these may have been the activities with which, Kubie thought, Williams was avoiding his problems. Years later, Williams said that Kubie would change the hours of their appointments, making it difficult for Williams to put a time aside for writing. But Williams merely adjusted his schedule accordingly: “. . . if he said I had to come in at eight in the morning, I'd get up at four and do my writing” (qtd. in Devlin 152).

#### IV

While Kubie may have suggested that Williams give up writing temporarily, such a tactic would have been employed with the intention of freeing Williams from the neuroses that were crippling his creativity. Kubie was fascinated by the creative process and was a vociferous opponent of the notion, prevalent in the nineteen fifties, that an artist's creative roots lay in his neurosis, and that to create was to effect a self-cure. Merely to be creative, Kubie warned, could not shield an artist from mental illness, nor could it cure him. In his work with creative patients, Kubie set out to prove that the notion that one must be “sick” in order to be creative was a dangerous cliché (*Distortion* 4).

The unconscious, also championed by many artists and laypeople as the richest vein of creativity, was Kubie's primary analytic target, and helping patients gain insight to the conflicts it generated in their daily lives was the center of his practice (Brody 4). The unconscious was a tyrant whose desires and drives remained unknown to the patient, and as long they were veiled in mystery, the ill person could not heal his life, nor could the artist be truly free to create. In 1972, in one of his last published papers, Kubie was still committed to the idea: “. . . lasting and significant change requires a release of psychological processes from domination by the dictatorship of unconscious mechanisms. Only this can produce . . . freedom” (qtd. in Brody 5-6). Recalling Franklin Roosevelt's call to arms against

the forces of evil in the visible world, Kubie invoked the “Fifth Freedom, the most important freedom of all, i.e., the freedom from the tyranny of the unconscious” (*Practical* 16-17).

In Kubie’s psychoanalytic topography, the key to creativity lay not in the unconscious but in the *preconscious*. This was that process between the limited, language-oriented conscious mind, and the unruly, unruleable unconscious. Relying not on language but on the swift processing of abstract concepts, the preconscious makes connections between symbols at a much faster rate and with much greater flexibility than does the relatively slow, literal, conscious mind. Symbols in the preconscious overlap, expressing many more meanings than can be expressed in a few conscious words. In an example Kubie uses, the abstract concept of “chair,” on the preconscious level, sets off many reverberations “down many mental corridors, all of which are tagged by the coded symbol ‘chair.’” Clear communication in daily speech, however, requires that we assign images only one meaning at a time. Thus, we do not think of every one of a word’s possible images when we use that word in conversation. The conscious mind samples the preconscious for the specific instance and image of “chair” it requires to make its point with clarity. “How much do you want for that chair?” is understood by both parties to refer solely to the object under discussion, rather than to any other idea and instance of “chair” in their respective experiences. Meanwhile, the manifest other images and meanings of “chair” remain active on the fringes of the conscious mind, like, Kubie wrote (employing an image from his own preconscious), “the sound of distant music” (*Distortion* 24). Such preconscious echoes or condensations of multiple meanings and images are used in poetry, humor, the dream, and the symptom. They are the basic ingredients of art (*Distortion* 35). In theory, we all have access to these newly-created images. The artist, according to Kubie, is one who, through some mysterious accident, has retained the ability to use his or her preconscious faculties more freely than other people who may be potentially as gifted.<sup>5</sup>

In order for the preconscious to make a significant contribution to an individual’s creativity, it must be free to gather, assemble, and rearrange ideas and images. An unfettered preconscious supplies the artist with a constant stream of old data—images, concepts and information—rearranged into new combinations for the artist’s use. In other words, the preconscious reorganizes the material of everyday life into images an artist can employ (39). However, the preconscious is hampered in its operation on the one hand by the rigidity of the plodding conscious mind’s everyday limitations of precise, literal language, and on the other by the “unreality” of the unconscious mind’s fears, aims, and impulses that are outside the corrective influence of experience, and which are rendered impenetrable through distortion and disguise. Therefore, the forces that originate primarily in the unconscious, such as guilt, shame, rage, and hatred, and the rigid patterns of behavior they foist on the unknowing artist, limit the free-ranging creative span of her or his preconscious (Kubie *Distortion* 60). In this circumstance, old data can-

not be rearranged into new patterns and meanings. Only by becoming aware of those unconscious conflicts can the artist restore to his or her preconscious its ability to gather, sort, and recombine its symbols freely.

Kubie's own mind seemed to work best in such lightening bursts, in the creative rearrangement of material at hand. When his former student and long-time colleague Eugene B. Brody was exploring the uses of making audio recordings of analysis sessions, Kubie acted as a consultant, listening to the tapes and commenting. His remarks had flashes of unconventional brilliance about them; Brody would recall that their bases lay in Kubie's intuitions, which could be startlingly good, but highly idiosyncratic. Kubie possessed a creative temperament as well as an artist's (and psychiatrist's) ego, which he demonstrated in his willingness to recombine elements of Freudian conventional wisdom into new methods of treatment and education. Kubie's artistic temperament may also have extended to his demeanor with his more artistic clients. He tended to talk more than most of his analyst colleagues, and he could be unusually competitive with his more illustrious patients (Brody interview). Apparently, on occasion he even introduced them to each other: the playwright and screenwriter Arthur Laurents claims that Kubie introduced Moss Hart to another patient, Kurt Weill, and the result was *Lady in the Dark*, the musical that introduced Sigmund Freud to Broadway (Laurents 72). Indeed, it is possible that one of Kubie's primary interests coincided with one of Williams's, and may well have aided in the conception of Williams's next major work.

## V

During the course of his analysis, Williams must have talked at length about his sister, her illness, her lobotomy, his feelings about Edwina's and C.C.'s roles in it, and his own feelings of guilt for surviving while Rose, in a crucial sense, did not. If Kubie was indeed unusually talkative and competitive, he might have mentioned his own abiding interest in the temporal lobe, and his taking down the words of a patient, unconscious on an operating table, whose temporal lobe was being stimulated. This, in turn, may have stimulated Williams's imagination. Kubie was particularly interested in the role the temporal lobe played in memory, in integrating past and present events and thus in the creation of personality. The temporal lobe, he wrote, was where "the 'I' and the 'non-I' pole of the symbol meet" (Brody 9). In *Suddenly Last Summer*, the integrating function of the temporal lobe is precisely what Violet Venable wants to interrupt in the brain of her niece ("... cut this hideous story out of her brain!"); what Catharine fears the most is the erasing of her memories, the disintegration of past events, and the destruction of her character.

Williams, of course, did not need the professional history of Lawrence Kubie to interest him in the effects of the surgical destruction of the temporal lobe. It may

be coincidence that the play he wrote in the mornings while seeing Kubie later in the day had, at the center of its action, the specter of an operation in which both he and his psychiatrist shared a special interest. It may also be a coincidence that the character in *Suddenly Last Summer* who holds the central figure's fate in his hands practices neurosurgery, a specialty in which Williams's psychiatrist was, for his time, unusually well-versed. It may be a coincidence as well that this doctor has the peculiar name "Cukrowicz," which, the character tells us, is Polish for sugar. Since Violet has trouble pronouncing it, the good doctor simplifies it: "Call me Dr. Sugar," he says (Williams *Theatre* 351). From Catharine's point of view, it is this doctor, Dr. Sugar/Kubie, who stands between her and the death of her personality desired by the fearsome mother-figure Aunt Violet, whose relationship with her son had about it more than a few overtones of incest. (While it is customary, if reductive, to "equate" Catharine with Rose Williams, in the context of Williams's daily visits to Kubie, the character might also be seen as the playwright's view of himself, hoping that the intervention of an idealized doctor will save him from the predations of a fearsome, castrating mother and the violent images of his own imagination. Not surprisingly, the end of the play leaves Catharine's fate at the hands of Dr. Sugar/Kubie unresolved.)

On retirement, Kubie destroyed his client records, so what he might have revealed about his own life, including any mention of his interest in the temporal lobe and its connection to memory, is a matter of speculation. Nonetheless, however unusual it might have been for a Freudian analyst of the fifties to offer examples from his own life or personal opinions of a patient's work, Williams wrote to his mother that Kubie had done just that: "He hit me where it hurt most," he wrote Edwina. "He said I wrote cheap melodramas and nothing else" (Edwina Williams 244). If Kubie did in fact voice such a personal, damaging opinion (as much an exercise in ego as in criticism), it is at least possible that he might also have discussed his own scientific work.

## VI

Williams was forthcoming in the press about his psychoanalysis, not unlike a child displaying a new toy. "I think if this analysis works, it will open some doors for me," he told the *New York Herald Tribune* six months into his sessions with Kubie. "If I am no longer disturbed myself, I will deal less with disturbed people and violent material. . . . It would be good if I could write with serenity" (qtd. in Devlin 50). He added that if he thought that analysis would hurt his writing he would never have started. "I would have preferred to remain confused and troubled," he said, rather than endanger his ability to write (qtd. in Devlin 52).

It would not be analysis, but drinking and drugs, however, that would compromise Williams's work. Kubie would no doubt say that Williams's trouble with alcohol and pills was the result of the conflicts which lay undiscovered and ex-

plored in his unconscious: conflicts which, had Williams stayed in therapy, may have been resolved, enabling his preconscious to create with greater freedom.

Six months into his analysis, Williams told the *New York Herald Tribune* that his sessions with Kubie were affording him “the most enormous relief” (qtd. in Devlin 52). At the minimum, his year of analysis substantially reduced his claustrophobia: he was able to ride without panic in the tiny one-passenger elevator in his apartment on the East Side (Devlin 51), and the process also hastened his coming to terms with his father, a rapprochement which seems to have begun before C.C.’s death. To be a patient of Kubie’s, however, required committing to five sessions a week, which meant staying in New York for long periods of time. Williams could rarely stay anywhere for any length of time, and once he had wealth, he almost never spent more than a few weeks in a row in any one place, from New Orleans to Key West to Taormino to New York—a city he never much liked. He told the *Herald Tribune* that he didn’t intend to become a permanent analysand, and planned to give it up after a year (qtd. in Devlin 51).

Soon enough, his restlessness overtook him and he began planning his escape. “I’m getting away again, Sunday, to Florida,” he wrote Edwina and Dakin, “as I felt myself reaching the point of exhaustion. Dr. \_\_\_ opposes the move but I think I have to consider my physical state as well as what he thinks is of psychological value, i.e., staying with him in New York. I respect the doctor and feel he’s done me some good but his fees are too high and if I continue analysis next Fall, it will probably be with someone younger and less expensive to go to. Or maybe I won’t feel the need of continuing it at all” (Edwina Williams 242-3). He gave several reasons for breaking with Kubie: after Kubie suggested giving up writing and homosexuality, he could no longer take the doctor’s advice seriously; his fees were too high; Kubie’s volcanic nature reminded him too much of his father and frightened him. Williams ended his treatment after a year, although he continued a part-time flirtation with analysis for the rest of his life. For example, he spent part of the summer he quit Kubie at Austin Riggs, an expensive private mental clinic in Stockbridge, Massachusetts. William Inge had done a stint there, and, as he may have referred Williams to Kubie, he also may have recommended a stay at Austin Riggs, as well. Perhaps not coincidentally, Kubie played a role in the early years of that institution, serving on its Medical Advisory Board and Board of Trustees (Bartemeier 19).

The truth is that Williams was probably not a good candidate for analysis, at least not analysis as it was practiced by Freudians (even mavericks like Kubie) in the nineteen-fifties.

Kubie saw the analyst’s job as strengthening “[an] individual to the point at which he will be able to face and accept the whole truth” (*Neurotic* 10). In theory, he ought to have been a good match for Williams who, after all, in interview after interview and play after play proclaimed his devotion to the truth. As he told the *New York Herald Tribune* while *Orpheus Descending* was in rehearsal, “The moral contribution of my plays is that they expose what I consider to be untrue” (qtd. in

Devlin 40). In the play he wrote during analysis, Catharine would proclaim, “The truth’s the one thing I have never resisted!” (Williams *Theatre* 401).

Williams’s devotion to the truth, however, was tempered by his even deeper commitment to freedom. “I want to be free and have freedom all around me. I don’t want anything tight or limiting or strained,” he wrote as a young man (qtd. in Leverich 174). The need for freedom and fear of confinement never left him. Freedom was exactly what Kubie offered Williams, but his definition differed significantly from his client’s. To Kubie, freedom meant relief from the neuroses that crippled Williams’s writing and his life. Kubie was a steadfast soldier in the battle against repression and in favor of self-knowledge: he agreed with Freud that repression is an attempt at flight from meaning (Brody 26). To Williams, freedom meant flight from the sources of his conflicts, either physically or in the incomplete release and solace he found in constructing symbols from them in plays, stories, and poems. Williams’s instinct was strongly, but not entirely, for flight (and in this sense, for repression). The battle between concealing and revealing that Williams fought out in his work, his instinct for truth versus his self-characterized “gift for evasion” (qtd. in Edwina Williams 137), drove him first to analysis and then from it. Requiring as it did a relentless examination of the conflicts in his life, with the oversized and frightening personality of Kubie as inquisitor, Kubie’s freedom came at too high a price. In the end, it was more than Williams was willing to tolerate.

Williams’s writing, especially a piece like *Suddenly Last Summer*, composed in throes of analysis, is at once an engagement and revelation of violent feelings and wishes, and an evasion and concealment of them. By casting them in the form of fiction, attaching them to fictional characters and detaching from them himself, Williams was able to put these feelings and wishes at a distance that made them amenable to his artistic control. In this indirect way, he exorcised those feelings, and relieved himself of their psychic pressure. That this was precisely what Rose had been unable to do added to his lifelong burden of guilt, and added extra urgency to the conflicts of *Suddenly Last Summer*. That Williams was able to deploy such charged material in so effective a way—and that he would never command such tight control again—suggests that psychoanalysis may well have been helpful to him, or at least to his work. Analysis certainly didn’t ameliorate the destructive way in which he led his life; nor did it seem to have any long-term effect on his writing. Analysis didn’t grant him his wish of writing less violent material about disturbed people: he followed *Suddenly Last Summer* with *Sweet Bird of Youth*. But it may be that by forcing him to engage the fearful passions of his inner life, his daily meetings with Kubie relieved him sufficiently so that those violent feelings did not overwhelm his work. There is no guarantee, of course, that had Williams stayed in analysis it would have continued to provide him with just enough relief to use his emotions so effectively in his writing. It would prove unfortunate that Williams’s need for evasion made it all but impossible, over the long run, to siphon off the pressures of his neuroses through either creation or

psychotherapy. Work, in the end, was his only salvation, and alcohol and drugs would only provide a fatal flight from that relief.

### Postscript:

After a deeply impressed Kubie saw *Garden District*, the double-bill of which *Suddenly Last Summer* comprised the second part, he wrote Williams a letter. "My Dear Mr. Williams," he begins in the letter dated January 13, 1958, "I am still very deeply under the influence of the remarkable experience of seeing your plays on Thursday night. All three of us felt the spell. They are remarkable not for the beauty of your writing alone, but also for their many subtle implications and partial but penetrating insights into some of the fundamental problems which convulse the human spirit."

After praising the principal women, Kubie mentions his particular pleasure at Robert Lansing's portrayal of Dr. Cukrowicz: "I wish you would tell him someday that of the many portrayals of the role of the psychiatrist that I have seen on stage and film, his rang truest. It had a quality of thoughtful, unpretentious, (sic) competence, of responsibility and humanity. He had strength without having to make a show of it; and he did not have bed-side manner oozing out of every pore. It was good." It may be that Kubie was doing a little projecting: nowhere in the play does Williams identify Cukrowicz, a neurosurgeon, as a psychiatrist as well.

Kubie goes on to note the play's "great intensity of feeling," although he admits there is much in the play that perplexes him—particularly "the fantasy of eating and being eaten. This is such an ancient component in human mythology," he notes, then lists several instances, including, "the Cocktail Party (sic) where the girl on the cross is eaten by ants; the carnivorous dreams of a young woman patient who is literally starving herself to death after an earlier period of compulsive over-eating, etc. etc. You interweave this dream with a special meaning of the concept of God, which is pretty cloudy to me." Now, one hears Kubie the teacher.

He closes by hoping Williams is having a good holiday and wishes that he find "the inner peace that you are seeking." Significantly, he adds, in a postscript, "Please extend my greetings to Frank."

Williams forwarded the letter to the production's director, Herbert Machiz, with a note to show it to Robert Lansing.

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### Notes

<sup>1</sup>Not all members of this establishment were blind to or content with this transformation of a once radical movement. In 1953, Clarence P. Oberndorf, who thirty years earlier had been president of the American Psychoanalytic Association, wrote, "Psychoanalysis had finally become legitimate and respectable, perhaps paying the price in becoming sluggish and smug, hence attractive to an increasing number of minds which found security in conformity" (Isay *Being* 136).

<sup>2</sup>To wit: 37 percent of the 5300 interviewed subjects had some homosexual experience between adolescence and old age; 18 percent were at least as homosexual in fantasy or behavior as they were heterosexual; and 13 percent were more homosexual than they were heterosexual (Lewes 123).

<sup>3</sup>Born in Austria in 1899, Bergler may well have been one of the many psychoanalytic emigres brought to America under Kubie's sponsorship. Between 1942 and 1945, he taught at the New York Psychoanalytic Society of which Kubie had been president.

<sup>4</sup>There is no knowing, of course, if the playwright Kubie refers to is Williams. It may be him; it may Inge. It may not be a playwright at all, if Kubie, in the interest of keeping his clients' sessions confidential, created a playwright where, say, a novelist existed.

<sup>5</sup>In *Touched With Fire: Manic-Depressive Illness and the Artistic Temperament*, a study of artists and mental illness, Kay Redfield Jamison (who categorizes Tennessee Williams as a manic depressive) discusses the similarities between mildly manic moods and creativity: "Two aspects of thinking in particular are pronounced in both creative and hypomanic thought: fluency, rapidity, and flexibility of thought on the one hand, and the ability to combine ideas or categories of thought in order to form new and original connections on the other. The importance of rapid, fluid and divergent thought in the creative process has been described by most psychologists and writers who have studied human imagination" (105).

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