

PROGRESSIVE AND REGRESSIVE ELEMENTS IN THE MAKING OF PROMISES *

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On first hearing, my topic, "The Making of Promises," might seem a rather specialized one, suitable for a paper which is written to throw a little light on a hitherto neglected but perhaps interesting corner of human psychology. But when one reflects that the making and keeping of explicit promises, or the living up to implicit promises, is probably the single most characteristic behavior of mature human beings, and that there is no aspect of our lives which is not regulated by explicit or implicit promises, then the topic becomes no "corner brightener" but so broad as to be presumptuous. Why not call it "The Psychology of People?"

The double-take I have just attributed to you is a projection. For it marks a turn in my thinking when I first became intrigued with the topic of promises that are broken.

The paths of our patients through life are strewn with broken promises and thwarted expectations and the courses of their treatment are no less littered with disappointments. In fact, the unfulfilled promise and the broken commitment are such common clinical phenomena that for the seasoned, or should I say hardened, psychoanalyst they occasion neither surprise nor indignation. Soft-hearted (or soft-headed) as we may be to devote ourselves to restoring a few broken individuals to a more effective place in society, we are hard-headed (and hard-hearted) in regard to promises. We rarely make promises to our patients, and almost as rarely solicit promises from them. Nor are we inclined to put much faith in the promises

Substantially as

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they spontaneously make to us. As a group, for all our willingness to listen intently, we are inclined to hold that actions speak louder than words.

No doubt it has occurred to you, also, that the "hard-boiled" attitude I have been describing owes something to a defense against being disappointed by the patient. Surely each of us has had that painful experience with chronically promising and chronically unredeeming patients. Perhaps not all have been as fortunate as I to have had a patient who combined the traits that we summarize with the expression, "a very promising person"--one of whom people were also continually observing that he did not live up to his promise, and who/made gratuitous explicit promises which, often as not, shared the fate of the implicit expectations he aroused in others. So it was that I was led to look behind the mere fact of promises kept and promises broken into the psychology of promising, the development of promising as a psychological act and its significance in infantile and adult life and in certain forms of psychopathology.

The general thesis I will try to make plausible to you in this paper is that the act that we call promising, with its overtones of commitment, morality, and honor is a relatively mature achievement of the growing personality. Preceding it in developmental sequence is a stage in which the act of promising is complete in itself and is not merely a prelude to a later act of fulfillment. I shall call this earlier kind of promising "primary promising" to distinguish it from the more usual kind of promising which I shall refer to as "secondary promising."

When we encounter an adult offering promises, whether these promises be implicit or explicit, but not fulfilling them, we usually assume that he simply fails to keep his word, with all the implications that follow from this of untrustworthiness, dishonor, and immorality. We are unpleasantly reminded that promises can be broken as well as kept. But perhaps what we may be seeing is promising in the primary sense, in some way anachronistically still functioning for this person.

I hope to demonstrate that this is possible perhaps more frequently than we may expect and particularly among our patients.

Here is a commonplace example of the way in which promises serve not as preludes to action, but as substitutes for action.

A patient accumulated a considerable debt for his analysis. He was paying his current bill and something on his old debt, but the "something" was far less than he could have paid had he been intent on paying the debt as quickly as possible. During an hour when he was describing certain long overdue expansive and expensive moves in his life, he spoke of his trepidation about moving from his small, dingy apartment (one which was in fact inappropriate for his current station in life) to a more suitable one. He mentioned as well his desire to reduce his analytic indebtedness.

When the analyst indicated in a non-specific way that he, too, was aware that the same funds with which the patient was planning to raise his standard of living could be applied to lowering his debt, the patient reacted with a great show of guilt. He said he had voiced the same opinion to a close friend who, it developed, deserved the full credit or blame for the change of apartments. He emphasized that he told the friend after moving to the new apartment, that he was appalled by the amount of money this new way of living was going to cost him and that he felt he really ought to move into a cheaper apartment, in fact, back to the old one in order to save money so that he could pay off his debt. He added that his friend had told him this was a lot of nonsense.

In the hour he repeated his promise and offer to move out of the new apartment, since he could not afford it, and since he should be reducing his debt. The analyst merely commented upon the emotional intensity with which the patient made these declarations. He then very quickly quieted down, his intense involvement in the subject faded and he was soon talking

about something else. When the analyst pointed out the change of subject and the loss of intense emotion to the patient, he was surprised.

When we reviewed the events of the hour, it became clear that the patient had heard the analyst's comment about the intensity of his feelings as if it had really echoed what his friend had said, i.e., "Nonsense," to his offer to give up the new apartment. Having offered to make this sacrifice and having had the offer rejected, the incident was closed so far as the patient was concerned. The offering, or the promising, was sufficient to assuage his feelings of guilt and apparently, by the same token, to satisfy the transference object for whom the analyst stood.

It was relatively easy to help the patient see that the very extravagance of his offer which brought forth the quite justified comment of "Nonsense" from his friend, and which he expected would be met in the same way by the analyst, was indeed intended to have no other purpose than to bring about its rejection. The offer represented no intention to do anything additional about his debt or to apportion his finances in a better way and the unrealistic promise was not succeeded by a more realistic counteroffer. It was, in itself, the act that was sufficient to assuage the angry and demanding parent-figure.

The incident mirrored in its construction the patient's first interview in which he begged not to be forced to lie on the couch and at the same time literally "promised his life" if only the analyst would relieve him of his intense anxiety. Needless to say, while the analyst worked to fulfill his part of the bargain, the patient reneged on his; nor did he have any expectation that the analyst would attempt to collect. But it remained to be discovered that this unfulfillable promise was only one of many that were to be considered by the patient as "payment in full."

Let us turn from clinical examples for a while to consider what is necessary, in the way of psychological structure, for one to be able to offer a promise which is intended to be kept and to subsequently keep that promise. One must first of all have a well-developed sense of time and of continuity of one's self over time. One must be aware that something stated now may have consequences at a later time, even when the need or other circumstances that prompted the original statement may have subsided. One must be able to anticipate the future, and to foresee the possible situations one might be in at the time set to redeem one's word. One must, of course, have the capacity to defer action as well as the ability to remember value received vividly enough to be willing to pay for it at a later time. Or, in the case of a situation of both deferred pleasure and deferred payment, one must be able to invest oneself sufficiently in a future contingency.

Basic to these preconditions, one must have an awareness of objects apart from oneself and that one exists in a condition of mutual dependence with these objects. Also important, in a different but related developmental sequence, is that one be able to distinguish between, and deal separately with, thought and action. The other achievements that mark the growth of relatively autonomous structures for cognition and action are no less important.

Piaget (2) is one of the few writers who has commented upon the development of the experience of time, its passage and the anticipation of future states in a way that has relevance for an understanding of promising. Piaget's thesis is, to oversimplify it, that the early experience of the passage of time is in terms of concrete events. To be told that, "You can go in ten minutes," signifies little to the young child, whereas being told, "You can go when the big hand of the clock moves from here to here," is at least potentially meaningful. Even more meaningful to the child, in Piaget's terms, would be, "You can go when all

your blocks are picked up." In short, the perception of time in early childhood is in terms of the occurrence of observable events and is not yet an abstract notion. The general correctness of this statement is apparent to anyone who has committed the folly of telling a young child that his favorite TV program will be on in just an hour. Unless the child is distracted there are certain to be thirty to sixty queries about when the hour is going to be up.

The significance of Piaget's observations for our present purpose is simply that they underline the psychological unreadiness of young children to make promises as these are commonly understood by adults, if only because children have no clear awareness of the future.

To reiterate, making and carrying out a promise in literal terms is an achievement of secondary process functioning of the highest order and requires a psychological structure of considerable maturity.* By contrast, however, the ability to make use of the verbal forms in which promises are couched, seems to precede the maturation of psychological structure to this point.

We often hear from children verbalizations couched as promises, and which adults sometimes tend to accept as promises, which are the everyday, or secondary, sense not promises at all. Our children at a very tender age are asked to promise, or learn to volunteer promises to be good, to behave themselves at the table, to go to sleep without fussing, to call mother the next time a

*This blanket statement can be qualified somewhat by taking account of the length of time between the making of a promise and its fulfillment, the similarity of the settings, particularly the emotional climate, at the time of promising and at the time of fulfillment, and the degree to which the fulfilling of the promise is in itself important to the promiser. Thus, a promise fulfilled by a child to pick up his toys in order that he be permitted to watch his favorite TV program, obviously requires less maturity than to carry out a promise to pick up his toys next week so that mother and father can go out to dinner earlier. Of course, primary and secondary are not to be thought of as denoting mutually exclusive or even as discrete categories but rather as poles on a continuum along which any act can be placed and judged as having had greater or lesser contributions from primary and secondary processes.

toilet need develops, and so forth. Our children, in short, soon learn that this is a world in which special value is attached to statements cast in the form of promises and they quickly come to appreciate the pragmatic usefulness of these verbal formulae, even if they remain for a considerable time unable to grasp the total significance that these statements have for adults. When a child, under the threat of loss of the parents' love, "promises" we tend to accept this token of surrender or submission and allow him back into communion with us. His "promise" has served its purpose, has done what it was intended to do, to repair the breach between his parent and himself and ward off the threatened loss of love. No other intention is harbored in the young child's promise. Certainly the young child has no clear idea what it means to be "good" other than to do what mother wants him to do at any given moment and he is incapable of truly pledging a future of which he has no conception and over which he has even less control.

I would like to paraphrase an idea of Ella Freeman Sharpe (3) about cautionary tales, those little stories with a moral about children who have through disobedience or carelessness invoked some disaster. She points out that these stories couched in the past tense are meant to control the future behavior of the child. I suggest that we could use the term "propitiatory tale" to identify those little "stories" (that is promises) that children tell us which are couched in the future tense but which are intended, like an apology, to correct the past, that is to undo a misdemeanor and the resulting alienation of his parents.

Seen in this way, the "promise" as a "propitiatory tale" can be said to occupy a similar place with respect to secondary narcissism as the infant's cry has to primary narcissism. Crying, we theorize, although originally an expression only of the infant's discomfort, comes through its signal value to the parent to be the means of relieving discomfort. The cry magically brings

back the parent and the parent-infant unity is restored. Similarly the "promise" comes to have the magical significance of restoring the somewhat older child to his parents' graces and assuring the continuation of their love for him.

We should not assume that because a primary promise implies no later fulfillment that it is valueless. At least during early childhood, such primary promises as, "I'll be good," are welcomed by parents. For parents, too, are eager for peace, and are most usually glad not to have to act on their hurt, angry, or disappointed feelings toward the child. The token which is offered to them in the form of a promise may thus be sufficient to clear the air and to put an end to the mutually unsatisfying state of disharmony between them and their child. The enlightened or intuitive parent, if I can assume for a moment that such paragons ever get into these predicaments, does not hear the child's promise as anything more than a bid for peace, and especially with younger children does not construe the promise to be a forerunner of a later act of fulfillment.

An incident from the kindergarten suggests that children, too, soon develop an awareness of the uses to which adults put promising.

The kindergarten teacher dismissed her class early one day after warning the children that other classes were still in session and they must be quiet going through the corridors. All the children, save Tommy, took the warning to heart and tiptoed through the halls. But no sooner was Tommy outside his own classroom than he delivered a war whoop that resounded in the stillness. The teacher angrily summoned Tommy back to the classroom and with him came little Teddy, Tommy's bosom pal, who customarily walked home with him. Teddy waited patiently while the teacher scolded Tommy, reminded him of her explicit warning and otherwise vented her hurt and angry feelings about his misbehavior. Tommy stood silently,

taking his punishment, tears welling in his eyes. The teacher quickly cooled off and saw that her reaction was more intense than the situation called for. I presume that in an effort to salvage her dignity, she asked Tommy to promise that he would henceforth be quiet in the corridors. But Tommy, who had been crushed by the scolding, just continued to stand silent and tearful as the teacher successively softened her demands for a promise until they amounted to a plea that he promise so that the incident could be closed. Finally Teddy, who had been growing impatient, and intuitively sensing the teacher's dilemma, urged Tommy, "For goodness sake, promise her so we can go home!"

I am happy to report that this "interpretation" was sufficient for the teacher to realize that the preservation of her dignity did not require Tommy's promise and she sent the boys home without further ado.

Sometimes the child's "promise" is not offered under the duress of the parent's displeasure. But I think many parents will agree that they intuitively understand even the child's unsolicited promise to be "good" in much the same way as they earlier understood his crying, as a bid for attention, for reassurance that the child is indeed lovable.

For the promise, as a propitiatory gesture, seems to have its roots in the child's spontaneous offerings of its love and its acknowledgement of dependency upon the parent. Such gestures are also highly valued by parents, and for a considerable time they provide one of the major reinforcements for continuing to supply the child's needs.

Parents contribute innocently in yet another way to the primary establishment of "promising" as an act of magic. When we soothe the frightened child at night and promise him that the bears won't eat him or promise him that we won't go away and leave him, our pledge to the child is a primary promise in that it is not so much a statement about future events in reality as a reflection of our

awareness of the child's need for reassurance at this moment. And we give reassurance freely while respecting the child's metaphor in which our reassurance must be cast in order to be effective.

I can draw an example from an experience with my younger child at a time when he was beginning to learn from his older brother about the wonderful world of trucks, airplanes, and other mechanical equipment and when he wanted to join in the conversation between the older boy and myself, which at the time had chiefly to do with such matters. He developed a stereotyped phrase with which he would often try to gain my attention, "Some day we have a steam roller?" or "Some day we have a big airplane?" As I rapidly learned, these questions could not be answered with a well-reasoned statement about the impracticability of his proposals and any such attempt was met with a clear indication that I had quite missed the point. But it proved quite sufficient to answer, "Yes, some day we have a steam roller." This satisfied Bobby and apparently ended the matter. At least no more was heard about the steam roller. I shall not speculate on all the possible meanings of the child's request; it is enough to convey my understanding that through it the child told of his need to be included in his father's orbit and to share in these esoteric conversations. I believe he understood my primary "promise" as acknowledgement that his need was recognized and that he could "have a steam roller" right now in phantasy with me. The verbal formula "some day" seems to serve for him much as does "once upon a time" for the older child, that is, as a signal that we are about to share a phantasy.

I recently found an unexpected confirmation of my thinking about explicit promises of a primary character that parents make to children in an article by one of John N. Rosen's students, McKinnon (1). She describes Rosen in the heat of his intense exchanges with regressed schizophrenic patients promising to marry them, to adopt them as his own children, to give them all the money they would

ever need, etc. As these interactions are described, the patients do not reject his "promises" as preposterous which, from the point of view of reality, they are. Rather they accept them with obvious appreciation for the immediate gratification they offer as communications of a badly needed sense of reassurance. If these promises are translatable into secondary process language, I believe their approximate meaning would be, "Yes, gratification is possible," or "I understand how deeply you need to feel loved and protected." Rosen's "promises" seem to serve as a concrete expression of his empathy with the patient in a state of need, and his awareness of the patient's regressed condition and hence limited accessibility to more abstract communication. These "promises" further express Rosen's wish to gratify the patient's needs and hint, in primary process terms, at his ability to do so. McKinnon reports that when Rosen's patients remit from their deeply regressed states they remember that such promises were made to them and they seem to understand that they were meant as a way of communicating with them in their regressed states and that they received the value of them at that time. They are said to give no indication of wanting to hold the therapist to the literal terms of the promises either when they are in the regressed state or when they have recovered." *

Perhaps I have sketched enough of the common phenomena of primary promising to permit reconstructing the line of development which has as its goal the development of mature or secondary promising behavior. The earliest precursor of promising might be placed in the primitive experiences of regularity

* That these phenomena must refer to a very special emotional climate can be attested to by any who have worked with schizophrenic patients and have experienced how sensitive they often are to the least hint of unreliability in the therapist, especially a broken promise.

in wish fulfillment. The familiar sequence of hunger, anticipation, a period of delay during which perception and registration of signals relating to fulfillment, and finally fulfillment itself, would seem to be at the roots of promising as it is for most other accomplishments of thought. As the period during which primary process holds sway goes through its developmental parabola, the varied expressions of wishes and the experience of fulfillment establish primitive notions of causality. The regular arrival of satisfaction following verbal and other indications of parental preparations to deliver what is needed help to establish firmly that certain signals tend to be reliable indices of pending satisfaction.

As reality gradually intrudes upon the state of primary narcissism and the child is forced to recognize objects apart from himself, he will be driven to assure himself of the continued loving attention of these objects through efforts to appease and propitiate them. The means he will use include the primary promises of the kind I have described. Thus, regularity in the experiencing of fulfillment following its anticipation is first gained with regard to the behavior of others, the nurturing figures. Long before children are ready to live up to their own promises in any consistent way, they seem to develop a remarkable acuteness to the promises made to them by adults and demand specific and immediate fulfillment. Children in this phase also tend to construe even the vaguest kind of assent as commitment to make specific delivery of what amounts to the child's own phantasy about whose details the adult may only have been partly, if at all aware. The mixture of primary and secondary functioning in such phantasy is poignantly evident when a child, for instance, approaches his parent who, engrossed in his newspaper, may grunt in an unspecific way to an unheard question only to be startled by the child's expressions of delight because he has unwittingly "promised" that they will go on a picnic the next day. This phenomenon is partly to be understood in terms of the projection of the child's infantile sense of omnipotence to the

parent, whose word or almost silent assent then becomes sufficient to make phantasy into reality. Another contributing factor may be the tendency of preoccupied parents to say "yes" in a vague way by which they mean not agreement but only a wish to put a temporary end to the child's nagging. Such a circumstance, of course, would also be an example of promising of the primary sort, part of the psychopathology of everyday life.

During this time the groundwork for the next phase is laid as, with an increasing sense of reality, the child first sharpens the accuracy of his perceptions and then the appropriateness of his anticipation of his parents, developing "rules" for parental behavior which include the sanctity of literal promises--their promises. The child does not yet extend these rules to his own behavior, and indeed one can see in this double standard a realistic appreciation of the child's awareness of his continued dependence upon his parents. He must be able to count on his parents much more than on himself. The child's sense of omnipotence, both in its native form and as projected, is gradually displaced by more realistic notions of causality. One of the results of this process together with the processes of identification with the parents is the formation of ego ideal and super ego. In the course of these developments, the regularity first sought and required of the parents' behavior toward the child becomes expected by both parents and child in the child's own behavior as well. Thus, in coming to see his parents as being bound by their words, the child himself becomes so bound. I have implied earlier that we might consider this state the end-point of the development of promising behavior. But I can conceive of an ideal state beyond being able to make and keep an explicit promise. That is the state to which

those arrive who have a well-developed sense of identity and have the capacity to feel bound to a course of honorable action whether or not one has specifically promised to do so. In this kind of "post-promising" morality one lives up to one's sense of integrity rather than being bound by specific promises.

As in any other sketch of a line of development from the psychoanalytic point of view, it is not implied that the stages or phases succeed each other like clockwork. Rather the sequence is gradual and the rate uneven. Nor are the forms of primary promising ever wholly supplanted by their secondary process successors. As we know to our common sorrow, the attainment of maturity in thinking is not always fully achieved and remnants of magical thinking are to be found in all of us. Often earlier and later forms seem to exist side-by-side and with more or less interaction between them. This state of affairs may even obtain cultural sanction, as tourists in certain countries in which a premium is placed upon the outward forms of politeness can testify. They often become exasperated with natives who out of a wish not to disappoint the visitor will promise all sorts of things which they have neither intention nor even capacity to carry out. Yet at the same time these countries are involved in a modern economy which depends as much as ours upon the orderly fulfillment of promises. I could cite similar examples closer to home of hard-headed people who in certain matters are quite credulous and eager to believe promises whether made to them by promoters of watered securities, by quack healers, or by the spokesmen of certain of the more optimistic faiths. Also, perhaps some of the conventional insincerities with which we lubricate our social interactions could be viewed from this vantage point with profit.

Thus far, in support of my contention that there is a primary-magical form of promising that precedes the more familiar secondary form, I have cited instances of young children's propitiatory gestures toward adults and the more or less self-conscious use of reassurances that sound like promises by most

parents and certain therapists. We would expect, in conformity with our general experience, that a pattern of behavior that is normal for a phase of childhood may, with the proper preconditions and under the pressure of regression, reappear in adult life. In what follows, I shall draw upon the treatment of a patient in psychoanalysis to demonstrate the importance and the varied appearances of promising and disappointing in his psychopathology as well as the ways in which the form of primary promising complicated the picture.

✓ } The not-so-peaceful coexistence of forms of primary promising and secondary promising was a prominent characteristic of this patient who had the faculty of arousing great expectations in those around him. He had something of a truly heroic quality about him, for from extremely humble beginnings he had, through a few strokes of good luck, a capacity for unbelievably hard work under adverse circumstances, a strong physical constitution and an unflinching will to survive, managed to overcome a series of near-fatal handicaps and to arrive at a station of leadership in his company in a manner which was statistically highly improbable. His life was in many ways a fulfillment of the American dream of rags to riches. He combined the paradoxical traits of a sure business judgment during the working day with exceedingly poor judgment both in his leisure time activities and in his choice of companions. He was, and felt himself, constantly in danger of being exposed, of having his business reputation ruined by his intemperate use of alcohol and the resulting social indiscretions. In addition he felt highly dissatisfied with his life. Although he was not lacking in material success, he found himself unable to commit himself solidly to any course of action, to other persons or even to any single identity; one could describe him as having gone through life with his fingers crossed.

While his attainments were real and many, they were somehow exploited by him to imply endless promise rather than solid achievement. His pattern of arousing expectation through implicit or explicit promising was perhaps more clearly seen in his relations with women. Although he was divorced and had had many,

subsequent companions and therefore had the something of the reputation of a wolf, he nevertheless succeeded in arousing expectations in the woman, or in each of the two or three women, with whom he might be involved at any time, that this relationship was something special. He not only behaved in a promising manner, he often made gratuitous explicit promises, promises which he did not usually keep. He tended to make such promises when it seemed to him that his partner's interest in him was flagging.

He had been married for several years. His wife, who was long-suffering, had left him finally, fed-up with the repetitive disappointments she suffered at his hands. His indecisiveness at home, his unwillingness to live a regular and predictable life away from the office and his drinking left her always uncertain as to whether she could count on him or not. More and more and in spite of herself she found herself drawn into a nagging and reproachful relationship with the patient to which the patient would respond with a mixture of hurt and anger that would lead to sulking and orgies of self-pity, or to professions of love and entreaties that she not leave him. These led typically to tender scenes of reconciliation with promises by the patient to do better which were forgotten not long after they were made. When she left him, the wife still felt he was a man of great promise who could "give so much if he only would let himself." In addition to his characterological difficulties, which did not bother the patient particularly, the patient suffered intermittently from a variety of symptoms including paralyzing anxiety attacks during which he was sure he would die. There were also a number of obsessive fears, for instance that he would drive into head-on collisions, and also transitory phobic formations, and hypochondriacal preoccupations. It was the sum of these painful symptoms that drove the patient unwillingly to treatment.

As one might expect from this vignette, the patient's analysis provided many opportunities to see his trait of promising and disappointing in action. It

was most evident during one prolonged phase of the analysis when the patient attempted to present himself as the hapless victim of his drives. He wanted to be "good," to stay dry, to find a woman whom he could love enough that he would not need to drink. But though he insisted that the spirit was firm, the urges of the flesh invariably proved stronger. Again and again his promises to be temperate and discreet were followed by mournful accounts of failure. The patient expected that the analyst would be angry and disappointed, that he would refuse to appreciate the patient's own despair and disgust with himself at failing and further that he would disbelieve the "genuineness" of the patient's intentions.

As a first approach to this syndrome, the analyst commented on the repetitiveness with which the patient offered unsolicited promises that he had every reason to suspect he would not keep. The patient, seeing the repetitiveness of his behavior, resolved to correct matters by promising not to promise, while construing the analyst's intervention to mean that he was expecting too much of himself in the way of self-denial. Thus he continued much the same pattern of misbehavior with the exception that he preceded each episode with his hopes, not his promise, that he would not fail again. When the analyst observed that it seemed that his promised temperance was somehow assumed to be for the analyst's benefit, we struck a snag. While the patient conceded that the observation was more than partially correct, he refused to accept the idea that such a goal could be solely his own. For did the analyst not himself stand for the values toward which the patient was striving? How could he then dissociate himself from them? The patient made it clear that in his mind I, as his analyst, had no choice but to identify myself wholly with his efforts to be "good" and to have my hopes and expectations rise and fall with his promises, successes and failures. I could not permit him to "get away"

with his misbehavior. Nor, like a proper mother, could I totally disown him in the face of his promises to do better. Rather, I ought to be angry and he ought to be anxiously uncertain: Would I finally get fed up and throw him out of treatment or could he once more promise his way back into my good graces? Gradually it became clear that the point of this whole sequence of behavior was the erotization of the sense of anxious uncertainty which made him feel "alive" and which culminated in a feeling of warmth and bliss when he felt he had won my forgiveness.

It takes only a moment's reflection to see the suitability of the pattern of promising and disappointing to express the libidinal and aggressive relationships of child and mother during the anal phase. The child promises and disappoints. The mother is forced to reproach, urge, and cajole to get the child to deliver on its promise. By withholding and disappointing, the child guarantees the intensity of the mother's interest in him and guarantees her continued participation in getting him to deliver the goods. It was not hard to reconstruct in the foregoing case how the mother's reproaches became libidized by both parent and child and, when delivery was finally made as it inevitably had to be, when the promise was fulfilled, how delicious was the reconciliation between the two.

As one could expect, the predominant transference paradigm during this period was a sado-masochistic relationship in which, as the patient saw it, he and his analyst were bound together with bonds of hateful dependency. To use an image of one of his dreams of this period, it was as if he and the analyst stood on the bank of a rushing river, each in the position to push the other in, but only at the expense of being dragged in himself, and each of us was aware that neither of us could swim.

Clearly, the main purpose of the total pattern of promising and disappointing* was neither a primary mendaciousness nor a basic desire to profit through deceit, but rather to repeat an infantile method of maintaining his mother's interest in him. While his misbehavior did bring him some pleasure, this was short-lived and far less in quantity than the distaste and lowered self-esteem that he suffered in consequence of it. Yet his concept of himself during a long period of his treatment was such that he could not conceive that his analyst (mother) could possibly be interested in him as such. He would attempt to rationalize his failure to live up to his promises by regarding the analyst as interested only in his own success or failure in curing the patient, or interested, in a scientific and impersonal way, in the museum of symptoms the patient could muster, or perhaps willing to treat him for other selfish reasons. By stretching matters, he could concede that the analyst might have some general humanitarian concern about the acute suffering of a fellow human being. The emergency with which the patient began his treatment can be seen, in this context, to have the meaning, "It is not I who ask for treatment for myself, rather the pain and suffering speak for themselves. They, not I, demand attention, and I am here under their duress."

Two facets of this manner of beginning proved to be important. First that he did not feel worthy enough to seek treatment for himself, and second, that not having asked for anything for himself, he need feel under no obligation to the analyst. The analyst treated the emergency--let the emergency pay for it. As with the burghers of Hamelin, once the rats were piped out of the city the value of the piper's services diminished sharply. Unlike the burghers of Hamelin, our patient's reluctance to "pay," as distinguished from the act of promising itself, was motivated

*i.e., I mean now not simply the act of primary promising alone, which, of course, does not contemplate the future event of non-fulfillment, but the behavior pattern which came to be built upon the act of primary promising in part because of the parents' intense reactions to his efforts at propitiation.

primarily by the wish to intensify the relationship with the analyst via the anticipation of his anger and retaliation and was motivated only secondarily and to a lesser extent by anticipation of personal gain.

This pattern of making promises that are their own fulfillment appeared not only in the patient's behavior, but in his phantasies and memories as well. One such memory recurred repetitively during the course of treatment, always with a nostalgic affect signaling a wish to regress to that less complicated time in the patient's life when good intentions were sufficient. The memory, apparently drawing upon a romantic tale for children, has its scene in a village square. A villager has somehow outraged the community and has brought down upon himself the judgment that he pay with his life. With full public ceremony the offender is brought to the scaffold where a pot of molten lead has already been prepared. On his knees, the condemned man is readied to have the molten lead poured down his throat. He is resigned to this awful end and does not struggle. Demonstrating his willingness to die for his crime he opens his mouth to receive the searing fluid. After a moment of anxious horror during which, with eyes closed, he hears the preparations of his executioners, he feels something poured into his mouth-- not hot, but cool; not lead--but honey. With amazement and hope he opens his eyes to behold the smiles of his erstwhile executioners and finds himself welcomed back into the community. His willingness to die in atonement was all that was demanded of him, it was not necessary actually to pay the forfeit.

It is possible to infer from this story probable incidents in the early life of the patient involving being forced to swallow things for his own good, only to find that having swallowed the bitter, sweet things followed. Certainly we would be correct in inferring that whatever these incidents were, they reinforced an overvaluation of masochistic surrender, or rather, the willingness to or promise to do so, as a means of insuring parental love.

I would like to consider these examples as prototypes of acts of explicit promising in which both the forms of primary promising and secondary promising participate. They form a kind of baseline in that they involve an explicit promise made to an existing other person. Departing from this baseline, I will describe some of the patient's behavior which had the same basic structure as these prototypes, but in which one or both of these elements of the transaction, the explicit promise and the existing other person are not present as such.

Explicit promises can be made not only to external objects who are present, but also to internal objects. An example of explicit promising in relation to an internal object, which for the moment is externalized in phantasy, can be seen in a typical self-healing practice of the above mentioned patient when bitten by remorse and in a low mood, a not uncommon state of mind for him. He would then tend to become preoccupied with the rather neglectful way in which he had treated his parents and siblings and would dwell nostalgically upon the hardships that they had all shared during his childhood. Then he would phantasy himself in a fancy department store picking out gifts for them, things which they had sorely needed in the old days and luxuries which in their wildest imagination they would not have desired for themselves. Having selected gifts in phantasy and given them to his family, he would almost weep at his own generosity and at their touching surprise and gratefulness, and thereafter he would feel much better about himself.

This kind of phantasying had its parallels in his analytic hours as well, when on occasion the patient would feel a sense of warmth toward the analyst or find a feeling of gratitude stirring within him. He would speak of these emotional stirrings in such a way that one would have to listen sharply to penetrate the elaborately formulated subjunctive mode to understand that he was conveying how he would feel or how he would think of himself as feeling or, more directly, how he felt only yesterday, but never, at that stage of his analysis, how he felt right then. His talent for indirect expression occasionally took extravagant forms. For example, in one hour during a period when the patient had been quite depressed and in much

pain, his depression yielded to vigorous interpretation by the analyst. Toward the end of the hour the patient was feeling much better and he closed the hour with very pleasant phantasies of how he would like to tell the analyst of his appreciation for what he had done for him, he would even fall on his knees and beg forgiveness for the nuisance he had made of himself, and so on. But in his next hour the patient spoke about these phantasies and their continuation with quite muted affect.

It became clear, as all was pieced together, that what was being offered was not the expression of thankfulness that had been promised, but only a report of yesterday's phantasies about it. This was offered as a bit of historical narrative with no sense of active giving. When the analyst commented upon this, the patient could see what his offering was and what it was not and could relate this event to his by now growing awareness of his general character pattern. Still he could not help but feel that the analyst misunderstood him, that his good intentions had been rejected and scorned and that for his desire to express gratitude he was being reproached and criticized. This hurt and angry reaction, which was typical of the patient's first responses to most interpretations in this area, was the bridge to the important adaptive style that this way of promising and disappointing had come to serve. For it became clear that the patient felt resentment and anger toward the analyst welling up even as he could see quite clearly that he hadn't really offered anything, not even the thanks that would have been appropriate for him to offer, and further, that he was from the beginning expecting reproach and criticism from the analyst (mother).

As this paradoxical situation was explored further, it gradually became clear that the pattern of promising which had originally served to propitiate the mother, to magically neutralize her anger and ward off the possibility that she would abandon the child to starvation, served as effectively but in a different way at the anal stage to guarantee the integrity of the relationship with the mother.

In addition, by anticipating the indifferent reception that his "promises" would receive, promises that were empty in the secondary sense but rich in primary meaning, the patient was able to nourish his deep conviction that he was treated unjustly and that he, therefore, had a claim against the world to be indemnified for his unwarranted suffering. He could thus justify his feeling that he should be an "exception," free of customary human obligations and entitled to special indulgences on account of the mistreatment he had endured.

Another form of "promising" that was much less explicit could be detected in certain phrases that the patient used repetitively during one phase of his treatment. When an interpretation was finally understood and some affect was released, the patient almost invariably reacted by saying, in a marvelling tone, "This is the first time I really felt so warm toward you," or "so sad," etc. The patient would repeat this phrase several times as if he were pathetically eager to be believed, while not at all sure that the analyst would really believe him. The source of the repetition was the experience of the child who had disappointed his parents so often and who had every reason to know that on the basis of his past behavior, his parents' lack of confidence in him was fully justified. Thus, at the moment when he did experience a genuine feeling, he had to dissociate himself entirely from his reputation and to insist that what he felt now was brand new, hoping in this way to convince us that we should have more faith in his future than we had had in his past. The statement, "This is the first time," was in short an implicit promise that, "From now on things will be different, now that I have actually felt this way." A similar phenomenon is, of course, commonly seen in the "morning-after" vows of alcoholics.

The motivation for our patient's statement, as for his explicit promising, seemed to be his sudden awareness that there was the danger of losing the mother's love just at the point when he was experiencing something genuine toward her. In order to keep her interest in him alive, to propitiate her and ward off her retaliatory withholding of herself from him, he felt impelled to try at all costs to arouse in her the hope of something new and different in him.

With some analytic work the patient was able to see that one implicit meaning of "This is the first time," was that all previous pretensions that he had experienced similar things in the past were false, and that his assertion therefore had the effect of confirming the impressions that he feared others had about him.

The similarity of this behavior pattern to that of "crying wolf" deserves at least passing mention. The story of the boy who cried wolf is one of our classical cautionary tales. Being eaten by the wolf, while it fulfills all the requirements of ironic justice, has always seemed to me an excessive punishment for having given a false alarm. As I recall it, the motive attributed to the young shepherd was mischievousness rather than viciousness; he just liked to see the grown-ups come running, only to be disappointed again and again. So it has often seemed with our patient, who had even come to believe about himself that he had, inexplicably, a primary wish to disappoint others through arousing false expectations. But the foregoing discussion about "This is the first time," suggests what proved to be the case: Rather than a primary wish to disappoint or tease, he suffered from a primary uncertainty about his mother's love for him which led to the kind of testing which guaranteed that if there were not a basic sense of love and trust between mother and child, there would be a firm bond compounded at least of mutual suspicion, mistrust, disappointment, and withholding.

There are some lessons in psychoanalytic technique to be learned from experiences with promising and disappointing patients. The chief pitfall, I believe, is the tendency for the analyst to be drawn into repeating the patient's childhood neurosis with him, and there are some special difficulties with such patients that may make acting out in the countertransference more likely than with the ordinary patient. One of these difficulties stems from the very procedure of psychoanalysis which encourages the analyst to be silent when he has nothing indispensable to say.

After a few experiences with any patient who explicitly promises or indirectly arouses expectations only to fail to live up to them, the analyst, like the parents of the patient's childhood, will tend to react with irritation, annoyance, reproaches and distrust. While the well-trained analyst will hardly yield openly to direct retaliatory acts, he will, if he is not alert to the tendency, find an easy way to adhere to a sound, conservative, psychoanalytic technique and at the same time by unduly prolonging his silences give the patient "what he deserves." The silences, whatever their technical rationalizations, may also have the meaning in the countertransference of "turning a deaf ear to the patient." Like the too-often-burned shepherds of the "cry wolf" story, the analyst will be inclined to ignore the patient's efforts at propitiation couched as promises and will, as effectively as if he had actively reproached the patient, reinforce the patient's tendency to approach him in this way with increasing desperation. I do not propose that, as the shepherd boy wished of the shepherds, the analyst should "come running" indefinitely, but rather that a more active interpretive technique be employed. The interpretive activity I advocate should stem from the analyst's awareness that at these times in such cases protracted silence can amount to a quite "active" intervention indeed.

On the other hand, a too-ready acceptance of the patient as one from whom no more than primary promises can be expected can be disastrous to the treatment. For if my experience is at all typical, while the patient will in the first place be at least secretly aware of his desire to placate the analyst and will also be aware that

he promises more than he can hope to deliver, he may not be aware of the connection between these ideas nor be aware of the degree that these promises have come to represent a bid for the analyst's negative attention--that they are an opening move in a campaign to re-establish a sado-masochistic relationship with the parents of his childhood.

Lest I leave the impression that all is pre-Oedipal, I should add here that the prominence of the pattern of promising and disappointing in the life of the patient I have described owes not just to the strength of his pre-Oedipal fixations, which were indeed strong, but also to a strong regressive trend in the face of Oedipal anxieties. This regressive defense could be verbalized as, "See, I am harmless. I promise much, but deliver nothing, and I am, therefore, not to be taken seriously as an active phallic contender for mother. I only want to be her little boy and to have her urge me to discharge my excretory functions. Without her demands and permission I can produce little. And even with this facilitation she more than likely will be disappointed." With the analysis of this defense against Oedipal anxiety, a moderate amount of progress was made by the patient toward a more mature acceptance of adult responsibility.

SUMMARY

The act of promising is not one that springs full-grown into late childhood based upon the developed capacity to undertake and fulfill commitments with a mature sense of their significance. Rather, a prolonged preparation for such mature secondary promising occurs during early childhood before a clear concept of time has developed and when the verbal forms of promising serve, like other verbal and nonverbal magic, to restore the child to the safety of its mother's love. These magical, propitiatory gestures which resemble mature promises only in their verbal form, seem to be a normal phenomenon of childhood. But through more or less special circumstances, instead of being supplanted by secondary promising in the course of maturation, primary promising can remain a significant mode of behavior, a character trait or a

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symptom in the adult. I have shown some of the multiple forms that such behavior can take as well as one way in which the therapeutic problem such a behavior pattern poses can be approached psychoanalytically.

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