



**JANUSIAN PROCESS AND THE
FLASH OF INSIGHT AND DISCOVERY**

Albert Rothenberg

The Creative Process of Psychotherapy

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Janusian Process and the Flash of Insight and Discovery

Playwright Arthur Miller told me the following: “Simultaneity of opposite forces. I can’t imagine anyone failing to see that at the earliest phases of creation this procedure has to happen. I have always felt that it —the cohabiting of the unlike or opposed —provides the energy to go on with the making of a work, not because it is a solution but because it is the matrix of the problem that the work will finally de-intensify. . . . The creator ... in maturity has learned how to hold in suspension this illogical logic, a balancing act which a wisp of breeze can undo. . . .”¹

According to my documentary and interview evidence, numerous other creators in art and science, like Miller, formulate simultaneous opposites and antitheses as a “matrix” of a problem or as a flash of insight and discovery. Eugene O’Neill conceived the idea for the play “The Iceman Cometh” after realizing that a friend of his youth had simultaneously wanted and not wanted his own wife to commit adultery.² A novelist’s initial formulation for his Pulitzer Prize winning novel was of a revolutionary hero who was responsible for the deaths of hundreds of people but with his own hand killed only the one person he loved; a poet conceived a poem about the relationship between sex and violence after having the idea that rocks on a beach were weapons of violence and, at the same time, felt like smooth human skin;

Picasso's initial conception of his painting "Guernica" was of a woman simultaneously looking inside a room and outside at a courtyard; in addition to Einstein, Bohr, and McMillan discussed earlier, Darwin formulated the simultaneous operation of maladaptation and adaptation in the struggle for existence in discovering the principle of natural selection, Watson conceived chemical chains as simultaneously identical and opposite in determining the double helix structure of DNA, and Pasteur conceived chickens as both diseased and not-diseased at the same time in discovering the principle of immunization.³

All of these are instances of the operation of the janusian process in creative accomplishment. For the therapist engaged in creative therapeutic collaboration, the janusian process also involves what Miller calls a matrix. In a flash of insight and discovery, the therapist conceives simultaneously operating opposites or antitheses regarding the patient's mental functioning and behavior. Frequently, these simultaneous opposites or antitheses are constitutive of the patient's particular psychic conflicts. Unlike ordinary stepwise understanding of conflict, however, janusian formulations are not derived directly from inductive, deductive, or analogic reasoning. Although based on both theoretical and clinical expertise, they involve actively formulated leaps of understanding at both early and later phases of therapy. Motivated by the therapist's intense desire to comprehend or by a feeling of being stymied, they serve as waystations —Miller's "matrix of the problem"—

in the production of the final creative outcome.

The path to construction of these formulations is varied and complex, but the immediate precursor in the sequence is the therapist's recognition of salient patterns or themes in the patient's past and current feelings, thought, and behavior. A 33-year-old unmarried female patient with symptoms of anorexia nervosa and bulimia had a history of a good deal of success in school and work. Also, she had always, she said, been a "nice" girl who sacrificed herself in her early years by taking care of a seriously depressed mother. Despite her successes and past laudatory behavior, however, she suffered from very low self-esteem. Consciously, her preoccupations centered completely on food; she constantly talked in therapy of her eating difficulties and their interference in her interpersonal relationships. For one thing, she felt she could not attend parties because she was tempted by the presence of large quantities of food and drink.

After several months of therapy, she decided on one occasion to try to go to a party despite her fears and misgivings. Although managing to go and stay for a while, she soon felt she had to leave because of acute anxiety and revulsion when viewing all the food. When she discussed these circumstances with the therapist later, she first dwelt on the details about the food but, in response to his exploration and questioning, shifted to talk about the interpersonal contacts at the party. She had been talking with a female friend,

and, during the course of the conversation, began thinking that she was really a lot nicer person than this friend. She added that she had had similar thoughts about another friend with whom she had talked earlier. Finding then that she felt highly critical of both of them, she decided that there was no value in being at the party after all. She left feeling lonely and miserable.

At this point, the therapist had the following thought: *She is both below and above everyone else at once and is therefore all alone.* Listening to her account of her experiences at the party, he first remembered numerous previous occasions on which she had compared herself with others. Frequently, she decided she was nicer or smarter and placed herself above them. He also thought of her success in school and work and her helpfulness to her mother, and felt somewhat puzzled about how to understand or help her with her loneliness. At that moment, he actively shifted to the opposite and thought of her very low self-esteem. Immediately conceiving her as fixated simultaneously above and below everyone else, he realized she was on no one's level and alone. He then decided to transmit this understanding to her in the form of an interpretation, pointing out that one of the reasons she felt lonely was that she felt only above and below other people and never together with them.

The validity of this leap of understanding seemed to be demonstrated by subsequent events. At first, the patient argued that she never put herself

above anyone else, just below. While continuing to challenge that aspect of the interpretation in subsequent sessions, she at one point told the therapist for the first time that she liked him and also talked both of feeling better and of eating somewhat more regularly. Gradually, with further discussion and application of the interpretation, her challenge became milder and milder and she began to make active choices not to compare herself with others and started to make more friends. Much later in the therapy, she and the therapist made connections between her behavior with friends and feeling both above and below her mother in her earlier years. In taking care of her mother during the period of the latter's depression, she felt like both a mother and daughter to her.

The flash of insight contained in this sequence was neither a welling up of unconscious material for the therapist nor a theoretically derived construction. With respect to the former, it was a fully conscious shift and connection of opposites. With respect to the latter, it went beyond a theoretical recognition of grandiosity as a defense against feelings of low self-esteem. It involved a compressed grasp in context of one of the patient's specific conflicts. Although surely unconscious material as well as conscious knowledge factors played a role, as both do in all types of thinking, the attainment of insight in this case resulted directly from the operation of the creative janusian process. The therapist, like the scientists and artists described earlier, actively shifted to formulate the opposites of being above

and below operating simultaneously in the patient's feelings and behavior. This construction of a conflictual theme was eventually connected with the patient's competitive above/below feelings about her mother. Also, in other aspects of the therapy I have not described in this brief vignette, connections were made with the patient's conflicts about success and failure.

The janusian process in therapy begins with assumptions and formulations about the patient that are based on experience and association with that particular person. In this way, it follows the same sequence as in any creative field. The artist has familiarity and experience with his materials, the scientist with the canons of knowledge, and creative persons generally know their fields exceptionally well. On the basis of this association and knowledge, the therapist is both consciously and unconsciously aware of particular patterns and themes of the patient's mental functioning and behavior. Also, because of transference, the themes develop within the therapeutic situation itself.

Such themes and patterns are identified and worked with on the basis of theory, experience, learned technique, and other defined aspects of the therapist's skill. Both early and late in therapy, when such themes and patterns are refractory to exploration, when deeper or more extensive explanations are called for, when striking discrepancies occur, or when countertransference blocks are present, the creative therapist considers

shifts, reversals, and extremes. The artist similarly chooses themes and develops the opposites with which he works; both artists and creative scientists focus on opposites for deep explanations and shift to opposites when they are stymied. When opposites or antitheses are formulated as operating simultaneously, there is a feeling of surprise, sudden realization, and sometimes of breakthrough. These experiential components derive from the radical shift of comprehension, the seemingly self-contradictory nature of the formulation itself and also, as we shall see later in this chapter, from some aspects of the psychodynamic structure of the janusian process.

In art and science, janusian formulations may involve radical departures or paradigm shifts from previous styles, structures, or bodies of knowledge. Almost invariably, however, there are modifications and integrations of the simultaneous antitheses in the development of a final created product. In psychotherapy, the therapist's janusian formulations are similarly altered and integrated into the ongoing mutual creative process. Sometimes, as in the example, they are the basis for a particular interpretation, and sometimes they serve to guide the therapist in his subsequent overall approach and interventions. When they are used manifestly as interpretations they are further elaborated, connected with other aspects of a patient's functioning, and otherwise developed and changed. They function together with other creative and noncreative operations in the ensuing therapeutic process.

Because the opposites in a therapist's janusian formulation are derived from the specific context of the therapeutic interaction, they tend to be both specific and comprehensive. Rather than deriving from theoretical postulates about types of psychic conflict, the janusian process involves shifts in elements and themes derived from the specific patient. Instead of conceptualizing, primarily on the basis of theory, a general problem such as a conflict over homosexual impulses toward the patient's female friends — although these may also have been involved—the therapist's janusian formulation in the example pertained to a pertinent and specific conflict about feeling above and below others. Because the janusian process brings salient opposites together, from direct or extensive knowledge about the patient, it tends to compress central issues and therefore to be comprehensive. The opposites of above and below others included the patient's feelings about her mother and about the realm of success and failure as well.

Another illustration, taken from the therapeutic work of Theodore Reik,⁴ elucidates the specificity and comprehensiveness of the janusian process further. Describing a series of events leading to an important insight, he introduces the therapeutic issue in the following way: "I will try to demonstrate the difference between knowledge experienced and knowledge learned by rote by an example from practice."⁵ The case concerned a woman with symptoms of depression, inability to work, and a seriously troubled

marriage on the verge of collapse. Husband and wife spoke only when necessary, had not had intercourse for a year, and the husband had “contracted a superficial intimacy with another woman.”⁶ During numerous rage attacks, the patient threatened to kill her husband.

Then Reik reports the following event: “One evening there was a fresh quarrel in which the couple said nearly everything to one another that they had on their minds. The next day in her treatment, she told how she had not been able to sleep for fury. When, towards morning, she was falling asleep, a mouse ran across her bed, so that she was kept awake. Then she resolved to leave her husband and return to her parents. During the day she so far altered her resolution that she decided to return to her parents that next morning, if the mouse ran across her bed again in the following night. When she came home from shopping about noon of that day, she found the mouse in a trap that she had set for it. She stayed.”⁷

Discussing his understanding of this event reported by his patient, Reik points out that ordinarily a psychoanalyst would think that the mouse is an animal that often unconsciously symbolizes the male genital organ. This formulation would perhaps have penetrated to a hidden meaning of the patient’s thought and the fact that she stayed after catching the mouse in the trap. The resulting comprehension, however, would be quite limited and would not reveal, as Reik says, “the varying impulses, of different sides of her

character, nay, of the nature and secret purposes of the neurosis.”⁸ The actual path he took to understanding one of the hidden meanings of the event was, as follows: “At some point while he [Reik] listened to the woman’s stories and accusations [about her husband] there occurred to him a surmise of the unconscious purpose of the violent excesses of rage, for which the husband’s cold behavior and his aberration provided a sufficient conscious motive. . . . Unconsciously the patient wanted to regain her husband. . . . She knew nothing of this secret wish; *her conduct seemed to tend instinctively in the very opposite direction. . .*,”⁹ He then went on to explain how this realization led him to understand the patient’s superstitious contract regarding the mouse. If the mouse, and not her husband, came to her in bed on the next night as well, then she would leave and return to her parents.

In Reik’s exposition, it is clear that he paid no attention to the mouse, but all at once came to the realization that her wish and behavior were opposites. He formulated the simultaneously antithetical idea that she wanted to drive her husband away and to regain him at the same time. This idea comprised a comprehensive and specific grasp of the “nature and secret purposes of the neurosis.” As is characteristic of the creative sequence with such formulations, he then conceived of further elaborations and extensions as part of an integrated system of insights which seemed to be correct.¹⁰

In both of the examples so far, the janusian process led to sudden

illuminative grasp of conflicting motivations. Within the context of the ongoing mutual creative process of these particular therapies, these illuminations were similar to the flashes of insight and discovery characteristic of creative activity in other fields. Because conflict has a prominent place in modern clinical theory and practice, however, it may be difficult to distinguish such specific formulations from general theory and, as Reik terms it, from knowledge learned by rote. It may be difficult to appreciate and identify the creative context of these illuminations. Therefore, to clarify the creative nature of these and other clinical janusian formulations further, and also to illustrate another instance of the creative janusian process in scientific theory and discovery, I shall turn to the general background developed by Sigmund Freud. From a platform of understanding the role of the janusian process in Freud's creative accomplishment, we may then proceed to further clarification of creative clinical practice.

FREUD AND JANUSIAN PROCESS

Opposition was a *sine qua non* of Freud's thinking. Formulations involving opposition, either in their content or in some critical aspect of their structure, are found throughout the substance of psychoanalytic theory. For example, there are: reaction formation; turning into the opposite; equivalence of opposites in primary process and dreams; representation by the opposite in jokes; sadism and masochism; reality and pleasure principles; sex and

aggression; Eros and Thanatos; antithetical meanings of primal words; paranoid hatred based on homosexual love; ambivalent feelings; psychological conflict between opposing wishes, drives, defenses, structure, etc.; restitutive function of psychotic symptoms; and although it was not original with Freud, bisexuality. Also, phobic fears are based on wishes; symptom formation involves both a wish and an opposing defense; negation indicates the opposite in the unconscious; and the uncanny unfamiliar is based on unconscious familiarity. A comprehensive list would be far longer, erroneously fueling the common misconception that psychoanalysts turn everything around into the opposite.

Although Jung focused more explicitly on opposites and opposition than Freud, developing a theory of personality structure based on opposing faculties and opposing female and male orientations, as well as a theory of motivation based on resolving opposition, it is nevertheless safe to say that the latter's theoretical and clinical thinking was even more perfused with opposites than the former. There is no reason to become polemical about the matter, of course. Opposition was important in both these creative men's thinking and its influence has persisted in modern psychoanalysis and in most types of psychotherapy. To focus further on Freud, however, it seems clear that one reason for the pervasiveness of opposition was that the Janusian process played an extensive role in his creative thinking.

In his dedication statement for *The Interpretation of Dreams*,¹¹ the work he considered to be his greatest accomplishment, Freud quoted Virgil as follows: “Flectere si nequeno superos, acheronta movebo” [If I cannot bend the Higher Powers, I will move the infernal regions]. Although telling Fliess that this quotation referred for him to symptom formation,¹² both the use as a dedication and the nature of his approach suggest that the overall idea also represented a guiding principle of his creative thinking. Typically, he turned from unbendable higher levels of psychic functioning toward polar opposite lower and “infernal” levels in order to understand both levels simultaneously. Searching the lowly regarded and disrespected areas of human experience, he discovered broad and meaningful truths. Dreams were a major focus of his interest when, as he himself pointed out, the prevailing professional attitude was “Traume sind Schaume” [Dreams are froth],¹³ and sexuality was certainly a downgraded area in his time, considered unworthy of serious professional concern. Notably, with the psychology of error (see Chapter VIII), he combed the wastebaskets of human action in order to understand critical aspects of pathological as well as nonpathological human functioning; this was reflected in what was then a paradoxical title for his landmark study, *The Psychopathology of Everyday Life*¹⁴

Beyond general issues of conceptual approach, an historical tracing of the development of some of his major breakthroughs show unmistakable earmarks of the janusian process. The discovery of transference and the

nature of its critical importance in treatment was, as Bird described it, a creative leap and an “unbelievable discovery”¹⁵ and it involved the formulation of a simultaneous antithesis. The first gleaning of transference for Freud concerned a noxious development in treatment that had caused his colleague Breuer to flee in “distaste and repudiation”¹⁶ from his patient Anna O. Also, Freud himself had experienced his own patients’ excessive feelings of love for him to be quite bothersome. Applying the term “transference” for the first time to the source of these difficulties, he defined it as a “false connection” and described it as a resistance.¹⁷ Not long after, while still considering it to be a resistance, he also called it the treatment’s “most powerful ally.”¹⁸ Somewhat later in the *Introductory Lectures*, he described the full formulation as follows-, “transference which, whether affectionate or hostile, seemed in every case to constitute the greatest threat to treatment, becomes its best tool, by whose help the most secret compartment of mental life can be opened.”¹⁹

In this most dramatic, and for psychoanalytic treatment most generative, formulation, Freud had conceived that the central inhibitory and negative factor in treatment was simultaneously the core facilitator of that same treatment. Although from one perspective Freud was simply carrying out good practice by identifying a core of illness on which to focus treatment, the particular type of formulation was unprecedented in the annals of medicine. Never before had it been proposed that the treatment circumstance

facilitated or allowed the development of a problem which, in turn, was the very problem to be treated. The formulation of transference as simultaneously antithetical, resistance and facilitator, has been a waystation to further elaboration and theoretical integration in an ongoing creative process.²⁰

Freud's discovery of the equivalence of opposites in the unconscious also appears to have been a result of his creative janusian thinking.²¹ In a sometimes cited, but not fully studied, description of his discovery of the equivalence of mutually exclusive or opposite factors in dreams, Freud listed the mutually exclusive reasons appearing in the so-called Irma dream that accounted for his failure with the patient. They were as follows: "(1) that she herself was responsible for her illness because, she would not accept my solution, (2) that her pains were of organic origin and were therefore no concern of mine, (3) that her pains were connected with her widowhood, for which I was evidently not responsible, and (4) that her pains were due to an injection from a contaminated syringe, which had been given her by someone else." Then, he stated his discovery in terms of identification of a simultaneous antithesis, as follows: "All these reasons stood side by side, *as though they were not mutually exclusive.*" Immediately after, he presented his understanding of the reason for the representation of simultaneous antithesis he discovered: "I was obliged to replace the 'and' of the dream by an 'either-or' in order to escape a charge of nonsense."²²

As the explorer who saw the ways in which superficial nonsense of dreams made sense, Freud here stated how he came to postulate the principle of equivalence of mutually exclusive or opposite reasons. First formulating the presence of simultaneous antitheses in the dream, he then developed their underlying meaning as a function of the logic and representation of the dream itself. He replaced the “and” by “either-or” and explained to himself and to the world that the dream represented alternate and opposite reasons as equivalent. This was extended to equivalence of opposites in the unconscious and developed in other ways.

With other creative theoretical accomplishments, Freud’s writings give further indications of a tendency to formulate simultaneous antitheses. In his earliest formulations regarding sexuality he wrote of the sadistic factor and said, “a sadist is always at the same time a masochist. . . . We find . . . that certain among the impulses to perversion occur regularly as pairs of opposites; and this, taken in conjunction with material which will be brought forth later, has a high theoretical significance [referring to a discussion of the basis of ambivalence]. It is, moreover, a suggestive fact that the existence of the pair of opposites formed by sadism and masochism cannot be attributed merely to the element of aggressiveness. We should rather be inclined to connect the simultaneous presence of these opposites with the opposing masculinity and femininity which are combined in bisexuality—a contrast which often has to be replaced in psychoanalysis by that between activity and

passivity.”²³

Similarly, Freud’s early conceptions of the role of conflict in neurosis have the feature contained in the last sentence quoted of initial formulation of simultaneous opposites as the basis for later transformation and elaboration, as in the following: “[The] true significance [of compulsive acts] lies in their being a representation of a conflict between two opposing impulses of approximately equal strength. . . . What regularly occurs in hysteria is that a compromise is arrived at which enables both the opposing tendencies to find expression simultaneously —which ‘kills two birds with one stone. . . .”²⁴

Perhaps his most striking formulation of a simultaneous antithesis appears in his analysis of the origin of the feeling of the uncanny, an exploration of repression and of the basis of an aesthetic phenomenon.²⁵ Discovering, on the basis of individual cases, that the uncanny (“*unheimlich*”) was the class of frightening phenomena that derived from reappearance of the old and long familiar, he explained the structure of the idea as in the following excerpts: “The German word ‘unheimlich’ is obviously the opposite of ‘heimlich’ [‘homely’], ‘heimisch’ [‘native’] —the opposite of what is familiar; and we are tempted to conclude that what is ‘uncanny’ is frightening precisely because it is *not* known and familiar. Naturally not everything that is new and unfamiliar is frightening, however; the relation is not capable of inversion. . . . Among its different shades of meaning the word ‘heimlich’ exhibits one which

is identical with its opposite, 'unheimlich'. . . . [In] *the notion of something hidden and dangerous . . . 'heimlich' comes to have the meaning usually ascribed to unheimlich' . . .*"²⁶

He goes on to assert that this meaning of heimlich, literally rendered in English as homelike, is the one that pertains specifically to the unheimlich or unhomelike effect. The uncanny is a word with simultaneously opposite meanings and the effect of uncanniness consists of the unhomelike operating together with the homelike. To quote his final formulation: "The uncanny [unheimlich] is something which is secretly familiar [heimlich-heimisch], which has undergone repression and then returned from it."²⁷

Although, as I indicated earlier, the janusian process and dialectical reasoning are not the same,²⁸ many other suggestions of simultaneous antitheses and opposition stand side by side with Freud's famous dialectical approach. In the latter, he separates opposites and contradictions and attempts to resolve or combine them, discusses opposite positions in sequence, or relates opposites to each other. In the absence of detailed data about such thinking, however, it is difficult to determine whether the janusian process was involved.

JANUSIAN PROCESS IN THE COURSE OF TREATMENT

Freud's formulations of simultaneous opposition and the general

oppositional structure of a good deal of psychoanalytic theory should be differentiated from janusian formulations in particular treatment contexts. This applies to Freud's own ongoing treatment of patients as well. Although many of his insights in context necessarily played a role in this creative thinker's general theoretical conclusions, they are also of interest as examples of factors operating in particular clinical processes. One example of these comes from one of his earliest documented cases described in the prepsychoanalytic paper entitled "A Case of Successful Treatment by Hypnotism."²⁹ Blum, in an article on psychoanalytic insight, singles out this paper of Freud's for the following reason: "We can observe the father of psychoanalysis arriving at the most extraordinary insights into the psychology of motherhood . . . long before he had turned particular attention to the study of mothering and the mother-child relationship."³⁰

Freud was asked by Drs. Breuer and Lott to consult upon the case of a young woman of his own acquaintance, who was four days postpartum and unable to nurse her baby. A serious difficulty in those preformula days, this problem had existed in somewhat lesser form with her first child. She had had a poor flow of milk, lost her own appetite, been insomniac and rather agitated. On this second occasion, she was vomiting all her food, becoming agitated when the baby was brought to her bedside, and sleeping not at all. Freud found her "furious at her inability to feed the baby."³¹ After carrying out a physical examination, he induced hypnosis and, as he described it, his

next intervention was as follows: “I made use of suggestion to contradict all her fears and the feelings on which those fears were based: ‘Have no fear! You will make an excellent nurse and the baby will thrive. Your stomach is perfectly quiet, your appetite is excellent, you are looking forward to your next meal, etc.’”³²

In using posthypnotic suggestion to induce positive behavior, Freud had so far followed fairly standard therapeutic procedure. The patient did, therefore, respond well at first by eating two meals, sleeping, and feeding her baby “irreproachably.”³³ However, the symptoms recurred after the next day’s meal. Freud then induced a second hypnosis despite a rather cool reception to his therapeutic enthusiasm by both the patient and her family. In this induction, he did something surprising and dramatic; he told the patient that: “Five minutes after my departure she would break out against her family with some acrimony: what had happened to her dinner? did they mean to let her starve? how could she feed the baby if she had nothing to eat herself? and so on.”³⁴

The result was equally dramatic. The patient was soon able to eat, had plenty of milk, and there was no difficulty when the baby was put to the breast. This condition continued for the next eight months. The husband later volunteered to Freud that he thought it strange that she had clamored violently for food after his departure that night and, in a quite unaccustomed

manner, had remonstrated with her mother.

Clearly, as Blum in his discussion insists, Freud's successful intervention was not based primarily on the phenomenon of hypnosis, but represented an interpretation to the patient ("an extraordinary, early psychoanalytic interpretation").³⁵ Also, although we have no description from Freud himself about the exact nature of his own insight in this case, it seems clear that, again to follow Blum, "Freud's interpretation conveyed his awareness of both her wish to feed the baby in accordance with her mature conscious personality inclinations and her unconscious infantile wishes to be fed."³⁶ Or, to state this formulation in another way, she wanted to mother her baby and to be mothered at the same time. With both wordings, the insight consisted of a janusian formulation of simultaneous opposition.

The interpretation surely points also to other psychodynamic factors. There is recognition of the patient's anger and a focus on oral aggression. Blum suggests that the case report shows Freud's burgeoning insight into the origins of depression, his appreciation of conflict and symptom formation, and of genetic factors. All such factors do appear to be present and background understanding of this type is intrinsic to the janusian process. Blum's emphasis on a seemingly mysterious factor he calls "intuition," however, can be supplanted by reviewing the complicated unfolding in this example of the creative function itself.

As stated earlier, the janusian process requires, first of all, an intensive knowledge of the particular field or object of creative endeavor. In assessing Freud's knowledge both of his general field, which he called "neuropathology," and of the particular patient, we can say with confidence that he was highly sophisticated in the former and keenly observant with the latter. As his article shows, he had been deriving conclusions about symptom formation for some time, and he documented the facts about this woman's family background, her medical history, and the circumstances of the consultation with his well-known careful and systematic detail. Out of this wealth of background, then, he began the next phase of the janusian process with an assessment and approach to the salient features of the patient's psychological problem.³⁷

In explaining his first intervention, he had said: "I made use of suggestion to contradict all her fears and the feelings on which those fears were based." In addition to using the standard positive approach to hypnotic suggestion, Freud had identified a particular underlying factor of fear in the woman's symptoms. He recognized that fear about mothering functions and abilities was at the heart of her difficulties with nursing. While such a realization may, in this post-Freudian era, seem rather to be taken for granted, I venture to suggest that it would not have been so obvious in Freud's own time.

The critical point is that Freud's understanding of salient features helped develop the *context* in which an apparent janusian formulation in the form of specific insight and subsequent interpretation took place. The context of failure to nurse, vomiting, and fear of mothering contained the opposites of desire to mother and the desire not to mother. Deriving salient opposites is not necessarily a separate or explicit step in the janusian process, although it does occur with certain types of scientific creativity, and the setting up of context and opposites frequently occurs, as here, together. In his initial approach to the woman's difficulty, Freud helped set up the context by developing the first of the opposing alternatives: He believed that the woman wished to mother her infant. He supported this wish.

Then, buttressed by the positive effect of his first intervention, and not discounting its validity, he used an interpretation that involved the opposite alternative: The woman desired not to be a mother but to be mothered herself. At that point, he had apparently postulated both opposites simultaneously. This janusian formulation was conveyed in his suggestion to the patient and functioned as a recognition of her conflict as well as encouragement for the ventilation of angry feelings. Finally, although there is no indication in Freud's account that the woman consciously apprehended or formulated the exact insight contained in his interpretative intervention, the improvement in her symptoms suggests some type of integration of affect or insight.

FUNCTIONS OF THE JANUSIAN PROCESS IN THE TREATMENT CONTEXT

As the creator of psychoanalysis, Freud is in the position where little distinction can be made between his creative functioning in therapy, theorizing, or discovery. The janusian process and other forms of creative thinking played a role in both his theory and therapy in an enriching and interactive way. For modern therapists, especially psychoanalytically oriented ones, the situation is different. Because recognition of a patient's intrapsychic conflict is such a central feature of psychodynamic psychotherapy, the creative janusian process is sometimes difficult to identify and appreciate. Moreover, there is a risk of routinizing and stultifying principles originally arrived at creatively by Freud. Each application of the janusian process must be attuned to a specific context. It provides a comprehensive grasp in context of a patient's specific conflicts.

Insights and discoveries about other types of clinical phenomena beside conflicts also result from the operation of the janusian process. These may range from the discovery of simultaneously opposite functions in particular symptomatic behavior to more extensive discoveries about therapeutic difficulties and impasses. In one instance, a therapist treating a patient with bulimia suddenly grasped the idea that her vomiting served *both pathological and restitutive functions simultaneously*. She was a woman with a highly restricted fantasy life, constantly feeling bored and empty as well as unable to

consider inner motivations, thoughts, or affects. At the same time as her inducing of vomiting was a debilitating symptom of her illness, therefore, it was a symbolic attempt to focus on her inner experience. Although the focus was on inner gastrointestinal contents rather than psychological ones, it nevertheless had restitutive features.

In another case, a therapist had filled out an insurance form regarding a patient's treatment, in which he was required to describe the nature of the therapy, and he spelled out all the conditions and responsibilities of both partners, i.e., getting to sessions on time, freedom to speak or not to speak, payments, etc. Learning of the existence of this document, the patient asked the therapist to provide him with a copy. In an exploration of the reasons for this request, the patient indicated that this written material served as a type of closeness and binding with the therapist because everything seemed clear and ironclad. After some thought, the therapist decided to comply and give a copy to him.

The therapy progressed satisfactorily over an extended period of time and the patient referred positively on several occasions to the written material regarding his and the therapist's responsibilities.

Inexplicably, however, the patient became subsequently quite seriously upset and the treatment relationship deteriorated; without explanation, he

insisted vehemently that the therapist tear up the original insurance report in his presence. Being not at all clear about the reasons for the change, the therapist at first demurred and attempted to explore what had happened. No matter what tack he took, however, the patient steadfastly refused to explain and insisted only that the written document be destroyed. At first coming late to his therapy sessions during this period, he soon started to miss them completely. Totally stymied, and at a loss to explain what had happened, the therapist then had the following thought: The same document that holds us close together is a concrete object and barrier that stands between us. With this formulation, he was able to solve the therapeutic impasse.

Because these discoveries and insights involve formulation of both sides of a contradiction at once, both positive and negative, or else what was previously accepted and believed together with its contrary, they are usually experienced as surprises, breakthroughs, or as leaps of understanding. Consequently, they are frequently considered to be intuitions. Because intuitions, in modern times, have been considered to be products of the unconscious, the products of the janusian process are sometimes automatically attributed to quasi-mysterious unconscious functions. The experiential features of surprise, etc., result in some degree from the dissonant and cognitively discrepant features of the consciously conceived simultaneous antithesis formulations themselves, however; they do not indicate that the ideas actually erupt from the unconscious. The janusian

process accounts for what is sometimes called intuition but these functions are not identical. Intuition is a broader psychological operation that includes the janusian process as well as other conscious and unconscious dynamisms.

To return to the matter of the comprehensive grasp of specific conflict, an example that is highly relevant to modern psychotherapeutic practice comes from Arlow.³⁸ The sequence in the development of interpretations Arlow describes is one that he proposes to be applicable to all therapeutic work. It involves what he also labels as an “intuition”³⁹ about a patient’s central conflict that leads to subsequent understanding of the patient’s “dynamics, conflict and compromise formation.” A female in her midtwenties, who was transferred to him from another psychotherapist, complained of being depressed and of having difficulty relating to men. After a detailed exposition about her family and academic career, she turned, he says, to an “elaborately recited account of the onset of her menses,” and described “serious endocrinological, metabolic, dermatological, arthritic” difficulties and confusing and problematic encounters with medical specialists. Describing his response to this account, he says, “On the one hand I felt deeply moved by the overwhelming suffering that so young a girl had to experience at such a crucial period in her life; on the other, however, I detected a certain challenging bitterness in her recital to me.” He added that his reaction was summarized by the ironic thought, “What a welcome to womanhood!”

In this sequence ending in what he calls an ironic construction, Arlow indicates the development of a janusian formulation regarding the nature of her conflicts. The woman was distinctly a victim, as indicated by his feeling deeply moved by her account, and at the same time her challenging bitterness indicated the opposite. The ironic thought was sudden and comprehensive. It contained the literal idea of her being welcomed to womanhood with the onset of her menses together with the implicit opposite idea of not having been welcomed at all.

As the treatment continued, the patient recounted, and displayed in the transference with Arlow, experiences in which she played boyfriends or doctors against each other. Also, although constantly hurt in her relationship with a boyfriend, with whom she had had intercourse, she was unable to give him up. In attempting to understand this material further, the author states that he consciously had the ironic thought in mind, was aware of his own annoyance at the patient, and thought of her as playing cat and mouse games. He then subjected these ideas to “a cognitive process, namely, observing how certain ideas were repeated and how a similar theme ran through them, recognizing the contiguity and sequence in which the ideas appeared in the patient’s mind and finally how they converged into two or three major ideas suggesting hostility toward physicians who had hurt her and upon whom she wished to take vengeance.”⁴⁰

Developing and elaborating the comprehensive grasp contained in his ironic formulation, he characterized her conflict and his approach to treatment in the following way: “The woman cannot give up the tie to the man who deflowered her because she has not yet exacted the full measure of the vengeance she wishes to wreak upon him. Knowledge of this sort enables us to plan the course of treatment, the hierarchy of interpretations to be given, in a rational manner.”⁴¹

Arlow’s proposal that the sequence he outlines is typical for the therapist’s development of interpretations would suggest a critical early role for the janusian process in psychotherapy. Other writers, such as Greenacre, however, emphasize less dramatic inferences or tentative deductions as “early basic steps toward an understanding of the unconscious conflicts.”⁴² Nevertheless, Arlow’s description of his creative work is a good example of the characteristic course of development of the janusian process when it operates at the beginning of treatment. First, there is an immediate grasp of simultaneously antithetical elements in the patient’s presentation. As the treatment progresses, and more information is obtained, the antithetical or opposite elements in the conflict are separately elaborated and clarified. Factors in the initial janusian formulation are more clearly defined and also applied to a wider range of behavior and dynamic constellations. In this instance, Arlow extended his formulation about the traumatic nature of the patient’s onset of menses to the circumstance of her sexual relationship with

her boyfriend. He stated that the patient experienced a “defloration” and gave it an aggressive connotation. His use of what he called a cognitive process⁴³ in order to transform, rationalize, and clarify his early formulation is a characteristic feature of the transformations and modification of janusian formulations in all types of creative processes. In psychotherapy, such modifications and transformations may be initiated by the therapist but they are carried through primarily by the patient. For example, simultaneous antitheses may be separated out, weighed as alternatives and resolved, or worked through. They may also, as will be described in Chapter VII, be subjected to an articulation process.

In later portions of a creatively conducted psychotherapy, the janusian process has a similar course. A rather cold and unexpressive female patient was talking about plans for a weekend visit to her mother in a distant city. She made these visits fairly frequently, but more recently she had begun to speak disdainfully about them and concurrently reduced their number because of her growing sense of independence. With regard to the details of this trip, she said she was very surprised that her maternal aunt was especially planning to spend time at her mother’s apartment that weekend in order to see the patient. Seldom had this aunt seen her during her weekend visits, although she lived in the same city, and the patient felt pleased and flattered about the plan. She added, however, that she wished that her mother did not lavish so much attention and indulgence on her when she visited, because the aunt was

rather unstable emotionally and would probably become quite jealous and bothered while she was there.

Listening to this account, the therapist knew that there was ample evidence that the patient's mother was as indulgent and favoring as the patient claimed and the aunt would have ample reason to feel jealous and uncomfortable. The patient spoke with genuine feelings of concern—a change for her—about her aunt's discomfort. Focusing on her expression of positive feelings, the therapist suddenly conceived the following idea: She is terrified that the aunt will intrude on her time and her exclusive relationship with her mother. She fears her aunt's exclusion and intrusion at once. Deciding to present this idea to the patient, he developed an interpretation emphasizing both aspects of the simultaneous antithesis, her pleasure and genuine concern about the aunt's visit and her wish to have her mother to herself.

In response to the interpretation, the patient, who never readily acknowledged her possessiveness toward her mother, said that she had not thought of "that" before. In context, the "that" clearly meant the entire simultaneous antithesis, although she seemed particularly enlightened and relieved by the stipulation of the second portion of the formulation. There were further extensions and transformations of this material; later discussions about events on the weekend trip indicated that she had

developed and integrated some important insights about her relationships with both mother and aunt that pertained to other relationships as well.

All formulation of opposition in therapy is not a janusian process, however. In another case, an experienced therapist shifted to formulate an opposite but it was not a janusian process and was not successful. Here, a middle-aged female patient complained to the therapist over a period of weeks that he had been forgetting important details about her life. He had not remembered that she had a male sibling who died when she was a child and also had forgotten a recent flirtation she had had with a married man. Reacting to these complaints, the therapist thought about the fact that, in her background, she had a good deal of difficulty performing well in school and was always concerned about letting her parents down. He thought about her complaining that he was letting *her* down and decided that she was really concerned about letting *him* down instead. He offered that formulation to her in the form of an interpretation and the patient flatly rejected it. That may have been true at other times, she said, but she really felt that he was not functioning effectively. In subsequent sessions, the therapist realized that he indeed was having difficulty with the patient and that his forgetting had been due to his own countertransference problems. In the circumstance, the therapist did not identify salient opposites and therefore did not come to an understanding of an important conflict. Moreover, he simply shifted to the contrary of the patient's complaint. The shift to the contrary or opposite

served defensive purposes alone.

The janusian process in psychotherapy involves postulation of both sides of a patient's conflicts or of other antithetical factors simultaneously. Either the therapist all-at-once recognizes the patient's self-contradictory behavior, as in the Arlow example of a woman appearing to be both victim and victimizer, or else he realizes that his previous formulations have been correct but that their opposite is correct at the same time, as in the example of conceiving that the patient both wanted and did not want her aunt to be present at her mother's house. Such conceptions are experienced as a flash of insight and a comprehensive discovery; they encapsulate a number of features of a patient's psychodynamics and behavior and are both cognitively discordant and illuminating.

With respect to the particular opposites chosen, I have at some length previously pointed out that opposition is an abstract concept; it is neither factual nor present in the concrete physical environment.⁴⁴ Moreover, terms and definitions of opposites are relative to, and defined by, a particular context. As an example of this point, I referred to colors in painting where, because they are based on reflected light, complementaries such as blue and orange or green and red are often considered opposites. For the physicist who is concerned with transmitted light, however, violet, not green, is at the opposite side of the spectrum from red. Also, cold and hot may be suitably

defined as opposite points of temperature to an ordinary person listening to a weather forecast, but a natural scientist would surely insist on the designations, freezing and boiling, as more appropriate. Then, depending on whether the scientist were working in a context where water or some other chemical such as nitrogen were the standard, he would either designate 0° and 100°C as freezing and boiling opposites or start with - 27 3°F as the cold or freezing pole on the nitrogen scale. Opposites are also defined differently depending on whether they are derived from polar positions on a scale or from dichotomous qualities.

The components of any dichotomy may be designated as opposites. Thus, we speak of opposite sides of a room, or of men and women as opposite sexes. Extremes or poles of a scale are another type of opposite, however, and the extremes of the gender scale are male and female, or masculinity and femininity, rather than men and women. Furthermore, in a modern perspective of the overlapping features of gender, neither dichotomy nor scale might apply and none of these terms would be considered opposites at all.

Another case involving a meaningful and generative janusian formulation illustrates the designation of opposites within the particular context of a dream report. A relatively young and not-a-little-creative therapist had worked with a depressed, borderline woman for several

months and identified a pattern of her running away from significant relationships with men.⁴⁵ Constantly, whenever a man started getting involved with her in a serious way, she brutally broke off the relationship or actually left the geographical area she lived in. She appeared motivated to betray any man who cared about her. To the therapist, it seemed that this behavior was related to her distant father and overindulgent mother. At a point when she again threw over a boyfriend and attached herself to yet another male, a member of the nursing profession, she reported the following dream: She was sitting in the front seat of a car with her mother driving and her previous boyfriend sitting in the back. She said something to her mother, who became immediately defensive and irritable, and she then turned around to look at the boyfriend. Seeing that he remained totally silent, the patient-dreamer jumped out of the car, sat down in the middle of the street, and started crying.

Without asking for specific associations, the therapist decided on the basis of his previous understanding that the dream revealed that the patient was feeling betrayed. The mother in the dream represented the patient's current boyfriend, a nurse and member of a nurturant profession. The boyfriend in the back seat, however, represented the patient's father, and the silence indicated the father's betrayal of her at a time of need. All at once, the therapist formulated the idea that the patient was both betrayer and betrayed at the same time. This was represented in the dream by her sitting crying in

the middle of the road as one betrayed together with her own betrayal of having jumped out of the car. The patient ran away and betrayed her boyfriends but she felt herself to be betrayed by them and by her father.

When the therapist interpreted this understanding of her difficulties in relationships with males, the patient assented. In subsequent weeks, a distinct shift toward progress occurred. While another therapist might have focused on this patient's hostility to males, the opposites of betrayed and betrayal aptly applied to the patient's conflicting motivations and perceptions. At the same time as she betrayed her boyfriends she felt they were betraying her. Just as with the opposites which it develops, and on which it is based, the janusian process, whether in psychotherapy, art, or science, is dependent on context. Because literature involves temporal sequences, human behavior, and language, and because it often focuses on psychological content, the literary context bears the closest resemblance to the psychotherapeutic one. In literature, as in psychotherapy, the context and opposites emerge from narratives and from the subject matter of human interaction.

Once a conflict or other problem is creatively grasped and understood by the therapist, the remainder of the creative process is similar to other fields. In all types of art, janusian formulations are seldom explicitly manifest, but they are transformed, worked out further, and otherwise integrated into

artworks. In science, they are usually subjected to logical exegesis and integration into theories and discoveries. Different types of psychotherapy, as I shall discuss in the following chapter, integrate the formulations in different ways. In dynamic psychotherapy a revealed conflict is usually worked through in a process that is similar to dialectical resolution. The patient and therapist separate the opposites, assess and experience them, combine or supersede them, and eventually resolve the conflict.

Schafer, using terminology that coordinates pointedly with the view of conflict I have presented here, defines conflict as paradoxical actions and describes the resolution as follows: "Such resolution would be viewed as the person's redefining the paradoxical actions and their situations in such a way that they are: (1) no longer paradoxical, (2) no longer the only possibilities envisaged, (3) no longer the principal issues, (4) no longer the actions to persist in, or (5) some combination of these."⁴⁶ The alternatives Schafer designates are familiar conditions of the Hegelian dialectic resolution. Hegel proposed that opposing principles or arguments are found either to be overlapping in some way, or to be nonconflictual on another level, or to be not the only considerations, or else to be susceptible to combination or other reconciliation.⁴⁷

Neither Schafer, nor I in following him, means to indicate only a logical stepwise process of conflict resolution similar to the Hegelian one in

psychotherapy. Much affect, experience, and many divergent pathways properly distinguish therapeutic working-through.⁴⁸ Nevertheless, it is important to note that dialectical resolution involves separation of opposites and comes *after* the janusian formulation in creative processes. Opposites, in dialectical reasoning, are considered sequentially, whereas in the janusian process opposites are postulated simultaneously.

COUNTERTRANSFERENCE AND THE JANUSIAN PROCESS

Just as the janusian process provides a leap of understanding of patient conflicts and other difficulties, it also serves to identify therapist countertransference effects. Such effects are, as we know, a major factor in producing therapeutic impasses and other obstacles to understanding patients. Indeed, in some of the examples I have cited throughout this chapter, speculations about the initial operation of countertransference difficulty might well arise. In these instances, and in blockages due to countertransference in general, the janusian process functions in two distinct ways. First, because of its psychodynamic structure, the janusian process, like the homospatial process, serves to provide some degree of insight for the creative thinker himself. When conceiving janusian formulations about the patient, the therapist may develop understanding of some of his own conflicts. This definitely occurred in the instance of the patient who placed herself both above and below others; later that therapist realized that he had

similar tendencies himself. Second, the content of a janusian formulation may pertain directly to the therapist's countertransference difficulty. In this circumstance, the therapist uses the janusian process to gain a comprehensive grasp of his own conflict or other problem producing an obstacle or a therapeutic impasse.

With regard to the first function pertaining to the psychodynamic structure of the janusian process, I have previously pointed out that the defense mechanism operating together with the cognitive aspect is negation.⁴⁹ By means of defensive negation, in which the multiple oppositions of a janusian construct negate each other, unconscious material bypasses repression. This is an aspect of the mirror reversal process described in the previous chapter.⁵⁰ For the artistic creative thinker such bypassing of repression may lead to incorporation of unconscious material directly into an artwork. For the creative psychotherapist, the negated unconscious material comes into awareness and, because of his training in recognizing such material, it may lead to personal insight. Such insights into one's own unconscious motivation related to the janusian process sometimes results in the overcoming of countertransference difficulties. Even when the countertransference problem is not fully resolved, however, the bypassing of repression may overcome an obstacle produced by countertransference effects.

The second function of the janusian process for providing a grasp of countertransference effects is the same as in the flashes of insight and discovery described throughout this chapter. In working on the mutual creative process of psychotherapy, or in the face of a particular obstacle or impasse, the therapist turns frequently to an examination of countertransference factors. He identifies salient themes developing within the context of a particular therapy; these may also be similar to, or derive from, countertransference themes identified in his other therapies. Actively postulating a simultaneous antithesis, as in the following example, provides a comprehensive grasp of his countertransference conflicts and other difficulties as well.

A male patient in intensive therapy in a hospital setting had a great deal of difficulty deciding to leave the hospital. Although he had worked productively in psychotherapy, he suffered from an extremely passive and dependent character structure and was clinging to the hospital environment. His therapist, however, believed that the time had come when he needed to be in outpatient therapy in order to work out his difficulties in a real living environment.

It was clear that the patient would not respond to any suggestions or encouragement from the therapist regarding the prospect of leaving the hospital. He clung tenaciously to an idea that he had not yet fully participated

in the hospital's milieu treatment program. The therapist found that attempts on his part to clarify the defensive rationalization in this belief were met by evasion and passive resistance. Much earlier in the therapy, in fact, the therapist had discerned that any efforts to promote leaving would be passively resisted and he always refrained from doing so. Indeed, he had then carefully analyzed his own needs and wishes to ascertain whether he had any countertransference investment in the patient's leaving the hospital as a mark of success of the treatment. Although he certainly wished the patient to be able to leave and do well, the therapist felt generally quite secure about his own competence and believed he needed no such public show of success.

From time to time, the patient put aside his rationalization about needing to participate in the hospital program and made some tentative comments about leaving, although all the while conveying a distinct sense of foreboding. In response, the therapist only pointed out the patient's foreboding tone, but took no stand at all on the plans. Sometimes, the patient brought up self-defeating plans for outside living; the therapist then raised questions about why the patient was considering plans that seemed doomed to failure. After each of these forays, the subject was dropped for a period until, gradually, the patient began to talk of leaving with some conviction and decisiveness. Nevertheless, he still carefully avoided working out any specifics of job, locale, and plans for future therapy.

Over a period of several weeks, the patient made a definite decision to leave by a particular date. Still not specifying his intentions, he only spoke in a general way about ideas of where to go and what to do, and said he would work things out when he left. At first, the therapist felt concerned about the patient's vague and general approach, but, after thoughtful consideration, he decided that the patient could not really decide to leave the hospital in any other way. If he became more demanding by challenging the adequacy of the plan it might upset the apple cart and delay the leaving excessively. After all, the patient now seemed really interested in leaving. The therapist's patience and non-involvement had paid off; so it would be best to leave well enough alone.

So far, so good, it would seem. The patient continued to plan for leaving, and the therapist listened and did not challenge at all. However, as the planned date for the discharge approached, the therapist suddenly realized that he had somehow shifted into another position. Despite his own carefully considered reasons for not intervening, he was now effectively on the side of abetting the leaving schedule. His nonchallenging silence displayed *both non-involvement and over-involvement at the same time*. Understanding this, he became aware, for the first time, of having developed feelings of deep investment in the patient's getting out of the hospital. Although the patient's leaving had not earlier been for him a mark of success of the treatment, he had unwittingly come to feel differently.

In the session after these realizations, therefore, the therapist explored why the patient had decided to leave at that particular time. Clarification followed and the patient recognized that he was conflicted about leaving or getting better. He needed to keep things vague in order to avoid giving himself or the therapist any credit for his being improved. However, instead of speaking only of his misgivings about leaving, he now spoke also of genuine wishes of his own to move on.

The therapist's formulation involved the recognition of opposite poles of personal investment in his patient's behavior and their simultaneous operation in his therapeutic stance of non-intervention. Following that, he developed insight into his own countertransference conflict about the success of the treatment. Although not concerned about the patient's leaving the hospital earlier, he had later become overconcerned and a previously appropriate nonchallenging approach had obscured the true state of affairs.

All insight into countertransference on a therapist's part is not a product of the janusian process, however. Just as with identification of patient conflicts, other types of dynamisms, some creative and some not, play a role in the constant monitoring and assessment of reactions and feelings engendered by the treatment situation. Some other creative ones will be described in Chapters VII and VIII.

Throughout treatment, the janusian process is called into play by the creative therapist to solve problems, make discoveries, identify specific patient conflicts, and formulate and overcome problematic circumstances. After conceiving a specific simultaneous antithesis, the therapist may or may not convey the specific content to the patient. It influences his subsequent interventions, however, and is in turn influenced and modified by the patient's reactions and responses. The janusian formulation functions to generate a new series of interactions between patient and therapist that results in an ultimately creative outcome.

Notes

- [1.](#) Arthur Miller, personal correspondence, September 27, 1976.
- [2.](#) Rothenberg, *op. cit.*, 1969.
- [3.](#) For descriptions and analyses of these experiences, see Rothenberg, *The Emerging Goddess*, pp. 100-124, 138-206; “Janusian Process and Scientific Creativity.”
- [4.](#) Theodore Reik, *Surprise and the Psychoanalyst*, New York: E. P. Dutton and Co., 1937, pp. 80-84.
- [5.](#) *Ibid.*, p. 80.
- [6.](#) *Ibid.*
- [7.](#) *Ibid.*, p. 81.
- [8.](#) *Ibid.*, p. 84.
- [9.](#) *Ibid.*, p. 82, emphasis added.
- [10.](#) Reik believed that his own intuition was the result of unconscious processes. Although unconscious processes surely play some role, his actual description indicates an active conscious formulation. Creative people frequently do not pay careful attention to their mental state and the structure of their thinking. Moreover, janusian formulations are surprising and therefore may seem to arise from a source extrinsic to consciousness.
- [11.](#) Sigmund Freud, *Interpretation of Dreams* (1900), *Standard Edition*, 4, New York: W. W. Norton, 1953, dedication page.
- [12.](#) Sigmund Freud, letter to Fliess, April 12, 1896, in Marie Bonaparte, Anna Freud, and Ernst Kris (eds), *The Origins of Psychoanalysis*, New York: Basic Books, 1954, p. 172.
- [13.](#) Freud, *op. cit.*, 1900, p. 13 3.

- [14.](#) Sigmund Freud, *The Psychopathology of Everyday Life* (1901), *Standard Edition*, 6:1-279, New York: W. W. Norton, 1960.
- [15.](#) Brian Bird, "Notes on Transference: Universal Phenomenon and Hardest Pan of Analysis," *Journal of the American Psychoanalytic Association*, 20(1972):267-301, p. 269.
- [16.](#) Sigmund Freud, "On the History of the Psycho-analytic Movement" (1914), *Standard Edition*, 14:7-71, New York: W. W. Norton, 1957, p. 12.
- [17.](#) Sigmund Freud, "The Psychotherapy of Hysteria," in Josef Breuer and Sigmund Freud, *Studies in Hysteria* (1893-5), *Standard Edition*, 2:255-305, New York: W. W. Norton, 1955, p. 302.
- [18.](#) Sigmund Freud, "Fragment of Analysis of a Case of Hysteria" (1905), *Standard Edition*, 7:7-122, New York: W. W. Norton, 1953, p. 117.
- [19.](#) Sigmund Freud, "Introductory Lectures on Psychoanalysis. (Pan III)" (1917), *Standard Edition*, 16:243-463, New York: W. W. Norton, 1963, p. 444.
- [20.](#) See Merton Gill's creative extension of these early issues pertaining to transference in: *Analysis of Transference. Volume I*, New York: International Universities Press, 1982.
- [21.](#) In Chapter IV here, and in Rothenberg, *The Emerging Goddess*, I have discussed the mirror reversal relationship between the janusian process and equivalence of opposites in the unconscious.
- [22.](#) Sigmund Freud, *Jokes and Their Relationship to the Unconscious* (1905), *Standard Edition*, 8:9-2 38, New York: W. W. Norton, 1960, p. 205. Emphasis added. Acknowledgment to Joanna Fanos for her aid in identifying this passage.
- [23.](#) Sigmund Freud, "Three Essays on Sexuality" (1905), *Standard Edition*, 8 1 35-243, New York: W. W. Norton, 1953, pp. 159-160.
- [24.](#) Sigmund Freud, "Notes Upon a Case of Obsessional Neurosis" (1909), *Standard Edition*, 10:155-249, New York: W. W. Norton, 1955, p. 192.
- [25.](#) Sigmund Freud, "The Uncanny" (1919), *Standard Edition*, 17:219-252, New York: W. W. Norton,

1955.

26. *Ibid.*, pp. 220, 224, 226.

27. *Ibid.*, p. 245.

28. The distinction between dialectical reasoning and the janusian process is demonstrated and discussed at length in relation to Bohr's formulation of the theory of complementarity in Rothenberg, "Janusian Process and Scientific Creativity."

29. Sigmund Freud, "A Case of Successful Treatment by Hypnotism With Some Remarks on the Origin of Hysterical Symptoms Through 'CounterwiU'" (1892-93), *Standard Edition*, 1:117-128, New York: W. W. Norton, 1966.

30. Harold P. Blum, "The Curative and Creative Aspects of Insight," *Journal of the American Psychoanalytic Association Supplement*, 27(1979):41—69, p. 62.

31. Freud, *op. cit.*, 1892-93, p. 119.

32. *Ibid.*

33. *Ibid.*

34. *Ibid.*, p. 120.

35. Blum, *op. cit.*, p. 64.

36. *Ibid.*, p. 65.

37. This step, of course, required him to recognize that the problem was in fact psychological and that itself was a portion of his recognition of salient features.

38. Arlow, *op. cit.* Quotations in this paragraph are taken from pages 104-105.

39. Arlow's description makes the so-called intuition sound like a flash of insight.

[40.](#) *Ibid.*, p. 117.

[41.](#) *Ibid.*

[42.](#) Phyllis Greenacre, "On Reconstruction," *Journal of the American Psychoanalytic Association*, 23(1975) 693-712, p. 697.

[43.](#) The use of the word "cognitive" here is quite restrictive; intuitive processes are also cognitive, for example.

[44.](#) Rothenberg, *The Emerging Goddess*, pp. 207-251.

[45.](#) Acknowledgment to Dr. Jonathan Aronoff for this case material.

[46.](#) Roy Schafer, *Language and Insight*, New Haven: Yale University Press, 1978, p. 100.

[47.](#) Georg W. F. Hegel, *Hegel's Logic: Being Part One of the Encyclopedia of Philosophical Sciences* (1830), William Wallace (trans.), London: Oxford University Press, 1975.

[48.](#) For interesting extensions and further formulations regarding conflict and working-through, see Anton O. Kris, "Resistance in Convergent and in Divergent Conflicts," *Psychoanalytic Quarterly*, 54(1985):537—568, and Leo Rangell, "Structural Problems in Intrapsychic Conflict," *Psychoanalytic Study of the Child*, 18(1963): 103-1 38; Kris introduces a distinction between convergent and divergent conflict and Rangell discusses topological conflict. Neither of these extensions contradicts the description of clinical recognition of conflict I have presented here but point to potential enriching developments regarding further understanding of the janusian process.

[49.](#) Rothenberg, *op. cit.*, 1971, *The Emerging Goddess*, pp. 58ff.

[50.](#) In the mirror reversal operation, the janusian process serves as a template to equivalence of opposites in the unconscious. Defensive negation is one of the mechanisms through which this template functions.