



# “Bound Tightly in the Pack”: Cloth and Care in *I Never Promised You a Rose Garden*

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## Abstract

Talk therapy is, by definition, difficult, if not impossible, to represent materially. Whereas other scholars have sought to do so by referencing Sigmund Freud’s drawings or the setting of his consulting room, this article looks instead to the use of cloth in Joanne Greenberg’s 1964 semiautobiographical novel *I Never Promised You a Rose Garden*. The two main treatments given to protagonist Deborah Blau were therapy sessions with Dr. Clara Fried, based on Frieda Fromm-Reichmann, and the “cold pack,” in which the patient was restrained and wrapped in sheets drenched with ice water. The two treatments, this article argues, can be considered in parallel, and through analysis of the material descriptions of the cold pack, one can learn more about the talking cure. Namely, this article analyzes the care in both cases as one of constraint, giving material form to the metaphorical “holding environment” of psychoanalyst D. W. Winnicott. Deborah uses the cold pack to endure her psychosis and return to reality. Similarly, Winnicott describes the ideal therapeutic space as one that, by its reliability, allows regression in service of finding a new self and distinguishing between fantasy and the outside world. The aim of this article is thus twofold: one, to further elucidate the role of cloth in treating mental distress, and two, to understand more fully the therapeutic relationship via the literal and figurative constraint of treatment.

**Keywords** Psychotherapy · D. W. Winnicott · Holding environment · Joanne Greenberg · Treatment

## Introduction

First published in 1964 under the pseudonym Hannah Green, *I Never Promised You a Rose Garden* is a semiautobiographical account of Joanne Greenberg’s hospitalization and treatment for schizophrenia in the late 1940s and early 1950s. The main character, Deborah Blau, experiences vivid hallucinations of a fantasy world called the Kingdom of Yr, which began as a haven from the trauma of her early life. Over time, however, the gods of Yr became tyrants who controlled Deborah’s life and outlook. Deborah receives two main types of treatment in the hospital: talk therapy and somatic treatment, namely what

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the novel calls “the pack.” Sessions with Dr. Fried—based on Frida Fromm-Reichmann, Greenberg’s doctor at Chestnut Lodge—focused on allying with Deborah’s intelligence and freeing her from the hold of Yr. At the same time, Deborah’s sometimes violent fits and hallucinations were controlled by placing her inside a cold pack, a series of wet sheets fastened tightly around her body.

As the articles in this special issue illustrate, the fictionalized representations of treatments such as these have a lot to say about the caring relationship and the role of objects within it. Following in the footsteps of Avery Gordon’s ([1997] 2008) sociological cases of haunting, this present study uses narrative to make other ways of relating more visible. “Literary fictions,” Gordon wrote, “play an important role ... for the simple reason that they enable other kinds of sociological information to emerge.” Gordon continued, “In the twentieth century, literature has not been restrained by the norms of a professionalized social science, and thus it often teaches us, through imaginative design, what we need to know but cannot quite get access to with our given rules of method and modes of apprehension” (25). While one can read Fromm-Reichmann’s book on psychotherapy on its own, for instance, the norms of her social scientific lens and particularly those of her psychotherapeutic training removed materiality from her depictions of treatment. Putting scientific texts on talk therapy in conversation with the novel is one way that objects of care can emerge.

A contemporary review of *I Never Promised You a Rose Garden* echoed this understanding. The reviewer noted that the author “has done a marvelous job of dramatizing the internal warfare in a young psychotic. She has anatomized, in full detail, the relationship between a whole, sick human being and the clinical situation—including doctors, other patients and the abstract forces of institutional life” (Cassill 1964, 36). The “full detail” given on the relationship between patient and “clinical situation” makes plain the many forms of treatment depicted in the novel, as well as the relationships among them. This is especially pertinent for those otherwise “abstract forces” of therapeutic relationships, such as interactions with objects in the milieu of the institution. Such a view, as Gordon asserted, cannot be accessed with more standard methods in the history of psychiatry.

My argument proceeds in two parts. First, I contend that the two treatments received by Deborah should be considered in parallel. Talk therapy and the pack act in concert, and both operate via constraint, guiding the patients to accept “reality” (as the caregivers see it). I ground my analysis in the theories of British pediatrician and psychoanalyst D. W. Winnicott, namely his conceptions of the “transitional object” and the “holding environment” of psychotherapy. Second, I believe that this comparison enables a deeper understanding of talk therapy, a modality of care that is difficult, if not impossible, to study materially. As a complement to the work done in Dr. Fried’s office, the pack showcases just how a patient is taught to abandon illusion and interact with the objects around them, both human and otherwise.

## Talk and the Pack

In most popular accounts of the history of psychiatry, somatic treatment is usually engaged as a foil. For some, it stands in stark contrast to psychopharmacology; for others, it represents the dark past from which “modern” psychiatry has emerged (Carlson and Dain 1960). While scholars have sought to understand somatic treatments such as lobotomy on their own terms (e.g., Pressman 1998; Braslow 1999), more direct comparison is rare. In

Greenberg's novel, however, the two treatments are presented on relatively equal footing. In this section, I will look at the descriptions of the psychotherapeutic sessions with Dr. Fried and the administration of the cold pack to outline their correspondences.

Dr. Fried is based upon Frieda Fromm-Reichmann, who was a large presence in mid-century thinking about schizophrenia. Her most (in)famous theory, the "schizophrenogenic mother," illustrates her profound influence on the field and culture more broadly (Neill 1990). Behind that shibboleth was a clinician known for her radical commitment to patients. As a biographer put it, "Frieda Fromm-Reichmann had built her reputation on the claim that no patient, however disturbed, was beyond the reach of psychotherapy" (Hornstein 2000, xiii). Fromm-Reichmann became a symbol for the possibility of the talking cure, perhaps most especially in the pages of *I Never Promised You a Rose Garden*.

This was in stark contrast to other psychoanalysts' views on the possibility of treating psychosis. Sigmund Freud, the early adopter and steward of the talking cure, indicated in a 1913 paper, "On Beginning the Treatment," that it was of the utmost importance for the psychoanalyst to be able to discern whether a patient suffered from schizophrenia. Whereas neurosis was considered "suitable for treatment," psychosis resulted in "wasted expenditure and...discredited his method of treatment." Freud continued, "He [the analyst] cannot fulfil his promise of cure if the patient is suffering, not from hysteria or obsessional neurosis, but from paraphrenia [Freud's term for schizophrenia]" (Freud 1913, 123). While many severely ill patients did end up in therapy, the specter of analyzability—that only the "worried well" struggling with neuroses would be fit candidates for psychoanalysis—persisted largely untouched until the 1970s, when debates around narcissistic personality disorder between Heinz Kohut and Otto Kernberg made analysis "the treatment of choice for pathological narcissists" (Lunbeck 2014, 204).

What did therapy look like to the characters in *I Never Promised You a Rose Garden*? Upon first meeting Dr. Fried early in the novel, Deborah explains her expectation of what would occur in their sessions. "All right—you'll ask me questions and I'll answer them—you'll clear up my 'symptoms' and send me home." Deborah followed this up by asking, "and what will I have then?" to which Dr. Fried responded, "You will not have to give up anything until you are ready, and then there will be something to take its place" (Green, 1964, 23).<sup>1</sup> While perhaps a bit oversimplified, this description is a generally accurate perception of psychotherapy, especially psychoanalysis, at this time. The canonical stories of Sigmund Freud and Josef Breuer outlined this very model, in which the sequential removal of symptoms via catharsis led to a cure. This is most notable in the case of Anna O., who herself coined the term "talking cure," where Freud's colleague Josef Breuer wrote that "each symptom disappeared after she had described its first occurrence. In this way, too, the whole illness was brought to a close" (Breuer 1893, 40).

Fromm-Reichmann's (1950) own book on the practice of intensive psychotherapy followed a similar path in outlining the goals of treatment. She instructed clinicians to explain to patients "that the therapeutic process is aimed at bringing a sufficient amount of dissociated material into awareness so that understanding of it may follow." The patient was expected "to understand that his immediate complaints and symptoms are mutually interlocked with his problems and difficulties and therefore are expected to yield in the course of this psychotherapeutic process" (Fromm-Reichmann 1950, 58–59). Fromm-Reichmann emphasized the importance of the doctor-patient relationship in this "mutual adventure" (45), granting the patient agency in their acceptance of the information uncovered in their sessions.

Deborah's introduction to the cold pack was different. While she had some idea of how talk therapy would work, the cold pack was a mystery. "Do you know what a cold-sheet

pack is?" the ward administrator asked her. Receiving no response, he continued, "I'm going to have one set up for you. It's kind of uncomfortable at first, but when you're in it a while, it may calm you down. It doesn't hurt—don't worry" (Green 1964, 56). Next thing she knew, she came to inside of one:

She became aware that she was lying on a bed with an icy wet sheet stretched under her bare body. Another was thrown over her and it was also pulled tight. Then she found herself being rolled back and forth between the sheets while others were wound about her body. Then came restraints, tightening, forcing her breath out, and pushing her deep into the bed. She did not stay for the completion of whatever was being done... (Green 1964, 57)

This description of the pack is highly specific, indicating the many sensations aroused by the materials. This is in stark contrast to the vagueness of Deborah's understanding of talk therapy. At the same time, the passage mirrors the initial description of psychotherapy in that Deborah experiences the pack as something happening *to* her—the ward personnel are erased, the sheets and restraints taking on a life of their own as they act on her body. In the end, she removes herself completely from the action.

Somatic treatments such as this have an ambivalent place in the history of psychiatry. For some, they are associated with the inhumane treatment of the mentally ill. Part of this lineage is the non-restraint movement of the nineteenth century, in which reformers decried the methods being used to treat the mentally ill in asylums (Suzuki 1995). The classic image of the French alienist Philippe Pinel freeing women from chains stood in more broadly for a modernizing move away from physical restraints. However, practitioners continued to use restraints in therapeutic spaces as a "last resort" or even as a key part of treatment.

While initially frightened of the pack, Deborah leaves the experience with a different mindset. The language that follows paints the pack in natural, almost positive terms:

After what seemed like a long time, they came to let her up. As they were freeing her, she studied the construction of the cocoon. There was an ice pack under her neck and a hot-water bottle at her feet. Sheets were spread over and under the complex of wrappings which made up the mummy case. Over the sheets were three canvas strips, wide and long, which were pulled tightly across her body at the chest, stomach, and knees, and tied to the bed on the other side. A fourth strip was knotted around her feet and pulled down to be tied around bars at the foot of the bed. The wrappings were large sheets that fitted around the body; three of them interlapped like white wet leaves, and one, on the inside, held the arms to the sides. (Green 1964, 57)

Here, words such as "cocoon" and "leaves" make the pack seem a part of nature, even as the reference to mummification hints at some remaining unease. The great detail given to the "complex of wrappings" is perhaps a marker of Deborah's interest in the practice, though, as stated above, it also indicates a need to state more explicitly what that form of treatment entailed as opposed to the more generally understood psychotherapy.

The major difference between the two treatments, then, was in expectation. While Deborah knew what to expect from therapy, the cold pack was initially alien to her, a vestige of another time and place. However, both were used to great effect, and as I will now argue, they were used to complement one another. The pack was, to put it simply, a counterpart of talk therapy. This is seen most clearly in the moments when Deborah expresses a need for the pack. The pack was used when words failed her. This was the case of her first experience with the pack, described above. At other points in the novel, the pack became a refuge

for her in moments when she could not communicate her suffering. Consider the following scene:

McPherson [a nurse] was passing by. Soon he would be gone. Deborah got closer to him but couldn't speak. Gesturing a little with a hand, she tried to get his attention, and he saw her out of the corner of his eyes, arrested by the intensity of her look and the strange, almost spastic motion of her hand, twisted by tension into an odd position. He turned.

"Deb? ... What's the matter?"

She could not tell him. She could do no more than gesture feebly with her body and hand, but he saw the panic she was in. "Hold on, Deborah," he said. "I'll be back as soon as I can."

She waited and the fear mounted as her other senses closed to her. She could only see in gray now and she could barely hear. Her sense of touch was also leaving, so that the reality of contact with her own flesh and clothing was faint....

She shambled and had to be taken, leaning on someone, to the end of the hall where the open pack was waiting. She collapsed on it almost gratefully, not feeling the first cold shock of the wet sheet...

A long time later she came up clear again... (Green 1964, 74)

In this passage, Deborah uses body language to signal distress, a state that included a lack of language. When asked the question "What's the matter?" no response was possible. Her senses had "closed to her," and the "reality of contact" had grown "faint." The appearance of a pack was cause for hope, a lifeline when reality was crumbling.

At moments such as this, psychotherapy would be of no use. The nurse attempted to use language to help Deborah but did not receive speech in return. The hoped-for outcome, however, was still achieved via the pack: confusion replaced with "clarity." This made the pack a complement to therapy, one that operated when talking was not possible.

## **Winnicott and Objects**

Before returning to an analysis of the similarities between talk therapy and the pack, I want to engage in a brief theoretical interlude. To better understand the relationship between therapy and objects, I call on the theories of Donald Woods Winnicott, a British psychoanalyst and pediatrician whose work centered on ideas of parenting, development, and the conditions of psychotherapy. While his many achievements cannot be satisfactorily summed up, this article focuses on two of his more prominent ideas, the transitional object and holding environment. Both are essential, I argue, for understanding how the pack allows further exploration of the particulars of talk therapy.

As Winnicott outlined in a paper from 1953, the "transitional object" was something used by an infant to help cultivate a sense of self. Winnicott argued that these objects—such as blankets, jerseys, and stuffed animals—were positioned between the child and the mother, allowing for the development of a separation between "me" and "not-me." This object, loved dearly and critical for defraying anxiety, was eventually cast aside. As Winnicott put it, "It is not forgotten and it is not mourned. It loses meaning, and this is because the transitional phenomena have become diffused, have become spread out over the whole intermediate territory between 'inner psychic reality' and 'the external world as perceived

by two persons in common,' that is to say, over the whole cultural field" (Winnicott 1953, 91). It was very important to Winnicott that this was a physical object, one that could be played with and, later, put away.

Moreover, this object was part of the process by which the child developed the capacity for symbolism. Per Winnicott, "When symbolism is employed the infant is already distinguishing between fantasy and fact, between inner objects and external objects, between primary creativity and perception" (Winnicott 1953, 92). The space between infant and caregiver is that of illusion, "an overlap between what the mother supplies and what the child might conceive of" (95). This space is then made concrete with the transitional object. Over the course of development, "a shape is given to the area of illusion," creating "a neutral area of experience which will not be challenged" (95). In short, the object provides the infant with a conception of reality that is shared with others.

In later thinking, Winnicott argued that the subject must destroy the object to use it. If the object survives, the individual then understands the importance of objects and can relate to them more freely (Winnicott 1969). It is here that the word "object" becomes more theoretical, in line with the "object relations" strand of psychoanalytic thinking. The object is the internal representation of an individual, such as the mother or the therapist. Winnicott believed that very ill patients needed to be able to attack and even destroy the therapist, but to see the therapist survive, to make their way toward cure and more "mature" forms of relating to others. As Winnicott put it, "The development of a capacity to use an object is another example of the maturational process as something that depends on a facilitating environment," a space in which the child or patient is adequately supported (Winnicott 1969, 713). This latter concept is the second major idea I take from Winnicott, which will be applied to the text shortly.

In the case of the novel, I take the cloth sheets of the cold pack and the person of the therapist to be two manifestations of the "object." The sheets, in their very materiality, help ground Deborah, allowing her to discern her internal fantasy world of Yr from the "real" world around her:

Sometime later Deborah came free of the Pit with perceptions as clear as morning. She was still wrapped and bound tightly in the pack, but her own heat had warmed the sheets until they seemed the temperature of her own exertions. All the anguish and fighting only served to heat the cocoon; the heat, to wear her out. She moved her head a little, tiring from the effort. It was all she could move. (Green 1964, 57)

Deborah's "anguish and fighting" did not rip the sheets or destroy the pack; it simply heated it up, wore her out, and cleared her perceptions. The object survived, and Deborah was able to "come free of the Pit."

This process came prior to that of talk therapy: the material object laid the groundwork for relating with others, with object relations more broadly construed. In sessions with Dr. Fried, Deborah slowly finds her voice, moving from brute physicality to verbal exchange. I will illustrate this process with a scene from the middle of the novel. Deborah describes the feeling inside of her as a volcano, part of the "Punishment" enacted by the gods of Yr, and in the hospital she resorted to burning her wrists with cigarette butts as a "way of easing the pressure of the stifled volcano inside her" (Green 1964, 166). This proved ineffectual, and "firing back at the volcano did not change its surface, its granite garment" (168). One day, Deborah awakes in a pack, and Dr. Fried arrives for a session at Deborah's bedside. Deborah begins to thrash as she describes her condition, telling the doctor,

"I'm all stopped and closed...like it was before I came here...only the volcano is

burning hotter and hotter while the surface doesn't even know if it is alive or not!"  
The doctor moved closer. "It is one of those times," she said quietly, "when what you say is most important."  
Deborah pushed her head hard into the bed. "I can't even sort them out—the words."  
"Well then, just let it come to us."  
"Are you that strong?"  
"We are both that strong." (Green 1964, 169)

In this extended vignette, the relationship between Deborah and Dr. Fried is harnessed to move Deborah's expression from the physical to the verbal. It is in relating to Dr. Fried that the words are sorted out, that the discernment of inner states and their external manifestations can be undertaken. Put another way, Deborah is guided by her doctor in putting feeling into words, a process that will be described in more detail below. Through the combination of words and pack, Deborah developed into a more mature understanding of the separation between inner and outer, between fantasy and reality.

Another important part of development, Winnicott (2002) believed, came from the attention given to the baby by the mother. Winnicott noted that "the prototype of all infant care is holding" (33). While being held, the infant experienced the safety needed to explore the self and the surrounding world. Healthy maturation involved "the continuation of reliable holding in terms of the ever-widening circle of family and school and social life" (238). In cases where this did not occur, or instances of mental disorder, the therapist could offer the patient a substitute holding environment. This occurred through the therapist's interpretations, which signaled deep understanding of the patient. As Fromm-Reichmann wrote, "no interpretive psychotherapy is valid unless it is done with full and careful consideration of the interpersonal frame of reference specific to the personality of the respective patient" (Fromm-Reichmann 1950, 80). This is akin to a sense of being physically held. Winnicott indicated that mothers had "an amazing capacity for identification with the baby," an ability to "put themselves into the infant's shoes" and see to their needs. Pediatricians and psychoanalysts, too, could develop such a capacity. In the space of the consulting room, the patient regresses back to infancy and finds a holding environment from which to "meet the[ir] basic needs" (Winnicott 2002, 33).

While this theory can be difficult to represent, Deborah's experience in the pack indicates a similar process at work. In calling the pack a "cocoon," it is transformed into a sort of postnatal womb, a site of development into maturity. This is communicated by Greenberg's own nonfiction account of her time at Chestnut Lodge, written in a psychoanalytic journal decades later:

Fighting against the cold, the body begins to heat the pack. All the fight goes out of the once-tense muscles. The patient is surrounded in a close cocoon of warmth, secured. When I had been in a pack for an hour—the Lodge standard was 4 hours—my fight would be over. Everything would stop. My mind would clear and I could see the depth of it. I like to recite poems or talk to myself, and I knew then what it was like to be free of the separation between my competing messages and the clatter of wish, need, fear, anger, and loss. I was free, in short, of sickness. (Greenberg 2019, 66)

The patient is "secured," held by the sheets in a warm embrace, which allows for clarity and cure. This is the process that occurs through talk therapy, represented materially in the pack: a "clatter" of emotions cleared up, the patient able to "talk to [her]self." It is in these resonances that I see therapy and the pack as being complements of one another, a topic to which I will now turn in more detail.

## Materializing Psychotherapy

It is easy to see therapy as “just talk”; Freud had to convince his peers again and again that words could influence the psyche. One method by which he attempted to do so was the use of material metaphors, including the writing pad and the stereotype plate (e.g., Draaisma 2000). In a similar vein, I posit that the cold pack has much to teach us about psychotherapy by virtue of its status as a somatic treatment but one with similar goals to more standard talk therapy. In particular, we can learn about the role of reality in talk therapy and how the patient is brought to accept it.

Throughout Greenberg’s novel, there is a repeated refrain that the cold pack represents a rising from internal life to the external world, a movement that is referred to as “reality.” After her first time in the pack, Deborah noted that “Her joints were beginning to ache from the pressure of the restraints, but reality was still there. She was amazed that she had been able to come from the deepest place without the anguish of rising.” She might have been weak, “but her world-self had risen” (Green 1964, 57). At another moment, Deborah reacts to the consequences of her behavior toward a fellow patient by “push[ing] her head hard against the ice pack pressing like reality at the back of her neck” (76). Reality in these instances was described as a movement upward, and the pack served as the conduit for that motion, a physical foundation to keep from falling. The force and feeling of the ice pack at Deborah’s neck were, in a telling simile, likened explicitly to what was real.

Reality is also what was offered to Deborah in therapy. At one point in the novel, Dr. Fried tells her,

I never promised you a rose garden. I never promised you perfect justice....and I never promised you peace or happiness. My help is so that you can be free to fight for all of these things. The only reality I offer is challenge, and being well is being free to accept it or not at whatever level you are capable. I never promise lies, and the rose-garden world of perfection is a lie...and a bore, too! (Green 1964, 106)

Just as Dr. Fried indicated at their first session, “there will be something to take [the] place” of Deborah’s current symptoms, but only when she chooses to let them go. Reality was offered, but it was up to Deborah whether to accept it. In Dr. Fried’s explanation, reality was challenge. It was dynamic, being able to engage in discerning lies from among one’s options.

In 1959, Carl Rogers, who came to stand in for American therapy writ large, outlined what he considered the “characteristic directions” of the therapeutic encounter. The third went as follows: “[The patient] increasingly differentiates and discriminates the objects of his *feelings* and *perceptions*, including his environment, other persons, his *self*, his *experiences*, and the interrelationships of these. He becomes less *intensional* and more *extensional* in his *perceptions*, or to put it in other terms, his experiences are more accurately symbolized” (Rogers [1959] 1989, 239–40). Therapy is, in this view, a process whereby words are put into experiences to represent them more accurately to the self and to others. Part of this endeavor is separating internal and external objects and understanding their connections.

How exactly this occurs is not always easy to explicate. Thinking about therapy as material, as parallel to the sheets and ties of the cold pack, allows us to show how a secure base and tie to the world in the physicality of objects becomes a requisite first step in acknowledging and later accepting reality. This is akin to the developmental process outlined by Winnicott, itself made material in the transitional object. We see this in the scene discussed



in the previous part, where Dr. Fried gives talk therapy to Deborah while she is in a pack. When Deborah cannot find the words, it is by pushing her head into the bed and then relying on the relationship and strength of the psychotherapist that she finds her voice. The material world of objects provides the groundwork for the relationship, which brings Deborah closer to insight. As Winnicott put it,

In the sequence one can say that first there is object-relating, then in the end there is object-use; in between, however, is the most difficult thing, perhaps, in human development; or, the most irksome of all the early failures that come for mending. This thing that there is in between relating and use is the subject's placing of the object outside the area of the subject's omnipotent control, that is, the subject's perception of the object as an external phenomenon, not as a projective entity, in fact recognition of it as an entity in its own right. (Winnicott 1969, 713)

Whereas the Kingdom of Yr is ruled entirely by a sense of omnipotent control, the unmoving restraints and the figure of the therapist work in concert to show the existence of external entities that are immune to the incredible power inside. Dr. Fried and the lengths of strips of canvas were both strong enough to be used by Deborah in her quest for healing. With the pack to fall back on, Deborah could begin to work through the words with Dr. Fried.

In thinking through therapy in these terms, I follow the work of other scholars who have sought to understand psychoanalysis in reference to its related material culture. This includes Andreas Mayer's (2013) study of the origins of the psychoanalytic setting in the physical setup of hypnotic theater and Peter Galison's (2012) exploration of censorship in Freud's writings as related to the experience of living under real conditions of censored information. Galison, for instance, used his own metaphor, that of a switching point, to illustrate how theory and materiality interacted in the case of psychic censorship. This was one instance, he argued, "in which the same utterances ('censor,' 'censorship,' 'blanked-out spaces') shine back and forth between the political-literal and the psychic-figurative" (Galison 2012, 237). Galison used this point to more broadly call for a "re-literalization" of the practice of history, "a willingness to bring back into historical visibility the long-forgotten materiality of train- and telegraph-synchronized clocks" and other related materials (237).

The cold pack is another site where materials help us understand theoretical aspects of the psychotherapeutic landscape. This instance of "re-literalization" relies on the literary, a space in which metaphor flourishes and becomes amenable to critical view. The proximity of the two methods of treatment invites us to consider their complementary role in the novel's narrative arc of a "journey back from madness to reality," as the back cover put it. Fromm-Reichmann believed "that there are no physical symptoms without emotional concomitants and no mental disorders without somatic concomitants or causes." When both "the somatic and psychological constituents of a pathological process are known," then "the choice between somatic treatment and psychotherapy depends upon the decision of which method will be more effective" (Fromm-Reichmann 1950, 134). The connection between the somatic and the psychological in terms of symptoms extends to their role in treatment. The pack is acting on Deborah's emotions and reason just as talk therapy affects her more physical symptoms, especially her self-harming behavior.<sup>2</sup>

This "parallel" construction (following Galison) can show us how talk and the pack both bind Deborah into staying "in touch" with reality. As a metaphor, this phrase is given meaning from the way tight sheets doused in cold water invite Deborah to feel connected to the world around her, severing her from the Kingdom of Yr. Extended into the consulting

room, Deborah is given touchstones to reality in the hope of guiding her on her journey. This conclusion is no mere thought exercise. As the next section will show, considering talk therapy as totally disconnected from physical treatment devalues its potential to help treat mental illness.

## “Letting the Real World In”

In 1979, a man named Ray Osheroff checked into Chestnut Lodge, inspired by the positive therapeutic treatment depicted in *I Never Promised You a Rose Garden*. Osheroff, however, would have a different experience at the hospital. Whereas the book celebrated a perhaps shocking case of “cure,” Osheroff languished at the hospital without much change in his condition; if anything, he believed he was worse off than when he entered Chestnut Lodge. Osheroff was later transferred to a hospital in Connecticut. At Chestnut Lodge, Osheroff underwent intensive psychoanalytic psychotherapy, the kind Fromm-Reichmann practiced with Greenberg a few decades prior. At the new institution, however, he was immediately treated via psychopharmacology. The effects were nearly instantaneous; after three weeks, he felt that “something has changed.” He was discharged after three months (Aviv 2022).

The span of time between Greenberg’s and Osheroff’s stays at Chestnut Lodge marked the entrance of a new form of somatic treatment into the landscape of mental health treatment: biological psychiatry, in particular antipsychotics such as Thorazine, had a huge impact on institutional life. While many scholars have aptly noted the psychoanalytic hold-overs present in the period of biological psychiatry (Metzl 2003; Harrington 2019), these drugs also helped usher in processes of deinstitutionalization that had lasting effects on psychiatry and society. Psychopharmacological drugs did not kill the talking cure, but they did invite many to consider how best to treat mental distress.

Against this context, Osheroff sued Chestnut Lodge for offering psychotherapy and not medication, which he believed was an inappropriate standard of care. The months he had spent in Chestnut Lodge, he argued, had caused irreparable damage to his life and his livelihood. “Chestnut Lodge let me suffer unnecessarily while everything I ever loved or cared about walked out the door,” he told the *Washington Post* (Boodman 1989). The case would become somewhat of a reckoning for American psychiatry and its various schools of thought. Chestnut Lodge became a symbol for psychoanalysis in the late twentieth century. The *Post* piece on Osheroff and the hospital called Chestnut Lodge “a unique and mysterious institution.” The author concluded that while it was once “at the vanguard of psychiatry because of its humane and innovative therapies... profound changes in the treatment of serious mental illness have left Chestnut Lodge struggling to retain its reputation as an institution on the cutting edge of the most inexact of medical specialties” (Boodman 1989). “Chestnut Lodge” and “psychoanalysis” are interchangeable in those remarks. As the century came to an end, talk therapy was put to the test against the rising fervor around new drugs. Therapists, too, were no longer listening to patients, but instead to pills such as Prozac (Kramer 1993).

Though Osheroff’s experience, like Greenberg’s, was only one kind of encounter with mental health care, Chestnut Lodge has come to stand for an ambivalent picture of therapy, as something at once powerful yet perhaps incomplete. For Greenberg and her fictional heroine Deborah, the hospital operated in a similar manner. It showed the transformative potential of talk therapy, but in its other treatments we can begin to see the limits of the practice as well. One such limitation, one central to Osheroff’s case as well, is a fundamental

disbelief of what Freud called the “magic of words.” Freud expressed this problem as early as 1890, writing “A layman will no doubt find it hard to understand how pathological disorders of the body and mind can be eliminated by ‘mere’ words. He will feel that he is being asked to believe in magic” (Freud 1890, 283). For Freud, words were a sort of magic. They were “the most important media by which one man seeks to bring his influence to bear on another” (292). This misunderstanding has plagued psychotherapy since its inception. Seeing other objects as materializations of that “media” of words, such as through metaphor, is one way of combating the ignorance. But it has grave consequences, as the Osheroff case illustrates. Put another way, using objects to explain a the treatment of difficult and often intractable conditions can result in an unequal distribution of praise or blame. In Osheroff’s particular case, psychopharmacology worked better than psychoanalytic treatment. Labeling psychopharmacology as a “magic bullet,” however, ignores the amount of time talk therapy takes as well as the many downsides of medication. The concreteness of pills allows them to hold onto hope in a way that years of sessions cannot.

During a scene in *I Never Promised You a Rose Garden*, we observe Deborah and another patient wake up next to each other in cold packs on the hospital ward. The two begin to converse, “letting the real world in slowly.” The other patient, Carla, says to Deborah, “I know what it was—what happened to us,” what it was that drove them both into the packs. She mentions the name of another woman who “got well and went out.” “We got frightened because we might someday...have to be ‘well’ and be in the world,” Carla continues, “because there’s a chance that they might open those doors for us, on...the world.” Deborah reacts violently to this suggestion, what she feels deep down to be the truth. She lashes out verbally at Carla, and the scene ends with Deborah “fight[ing] the reality, the pack, the questions,” shivering in “cold, bare terror” (Green 1964, 75–6). Over and above the resonances this scene illustrates among the pack, talk, and reality, I read it as a fear of the potential dangers of the public perception on talk therapy and psychoanalysis in particular. “Letting the real world in,” inviting others’ commentary on what goes on in the hospital or in the consulting room, is to lose control over the narrative.

While the Osheroff case is about psychoanalysis and its relationships to cognitive behavioral therapy and psychopharmacology, it is also a cautionary tale about what happens when you divorce psychotherapy from the particulars of its practice. This includes the objects that surround it, the cold pack included. Instead of being oppositional to drugs or to scientific research, therapy works because it is relational. One of Fromm-Reichmann’s teachers, Harry Stack Sullivan, foregrounded individuals’ interpersonal relationships in his understanding of mental illness and its treatment. As Fromm-Reichmann noted in her book, Sullivan believed “the successfully treated mental patient, as he then knows himself, will be much the same person as he is known to others” (Fromm-Reichmann 1950, 188). It is in a matrix of relationships that healthy individuals develop; severing any of these can lead to dysfunction. So, too, with psychotherapy.

## Conclusion: Alertness, Time, and Effort

Fromm-Reichmann included Greenberg’s case in her 1950 book and in various lectures she delivered in the early 1950s. In *Principles of Intensive Psychotherapy*, for instance, Fromm-Reichmann wrote about “an eighteen-year-old schizophrenic girl [who] complained about severe persecutory ideas” as a way of explaining how to interpret the content of patients’ delusions. “The actual experiential background of hallucinations and delusions,” she noted, “will frequently

be found to be a condensation of various single previous experiences. Much alertness, time, and effort may have to be expended before the historical and dynamic roots of the hallucinatory or delusional experience under scrutiny can eventually be disentangled” (Fromm-Reichmann 1950, 176). The same process can be said to occur in making sense of fictional narratives as historical sources. While novels such as *I Never Promised You a Rose Garden* have much to teach us about the history of medicine, it is only with much “alertness” that sense can be made of the material.

Part of this difficulty arises from those “norms of a professionalized social science” mentioned by Gordon ([1997] 2008). The novel, it turns out, began as a very different project: a book on schizophrenia jointly authored by Greenberg and her doctor, Fromm-Reichmann. After the latter’s death in 1957, Greenberg was forced to write the book herself (Rubin 1972, 206–7). If that first project had come to light, it might have been a more conventional source for the history of psychiatry. Gordon’s argument lets us consider, however, how the literary genre gives a much fuller picture of the “clinical situation” than would be possible in such a scientific text. The two-page clinical description of the girl with schizophrenia contains a different sort of material than does the novel about her “journey.” This is not only due to the vastly different word counts but also to the selective attention of the social science lens. In lectures on psychotherapy, ward life beyond the consulting room becomes tangential. In a novel, it is the very texture of the story, an equal contributor to the plot and the move from madness to reality.

Being alert to the information we can gather from literary fictions is well worth that time and effort. As this article has argued, talk therapy and the somatic treatment of the cold pack, as described in the 1964 novel *I Never Promised You a Rose Garden*, should be considered complementary. In line with the theories of psychoanalyst D. W. Winnicott, we can understand both as methods of creating an environment in which one can first recognize and later accept reality. This is only an early foray into using fiction to understand the way talk is concretized and conceptualized. While Greenberg’s novel is in many ways an exceptional case, it highlights a broader idea about the power of objects in practices of care and cure. As psychotherapy is often misunderstood as “just talk,” attention to caring materials can enlighten us as to the very real effects therapy can have on an individual, as well as the adverse consequences of separating talk from the very real contexts in which it is undertaken.

## Declarations

**Competing Interests** The author has no competing interests to declare that are relevant to the content of this article.

## Endnotes

<sup>1</sup> The edition of *I Never Promised You a Rose Garden* I cite here was published under the name Hanah Green, and I use that name in the citations. When speaking about the author, however, I use Joanne Greenberg.

<sup>2</sup> As another example, a group of researchers in England has recently concluded from an analysis of electronic health care records that psychological treatment of depression was associated with a reduced risk of heart disease (El Baou et al. 2023).

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