

INTUITION IV. PRIMAL IMAGES AND PRIMAL JUDGMENT

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I. INTRODUCTION

A primal image is the image of an infantile object relationship, that is, of the use of the function of an erogenous zone for social expression. A primal judgment is the understanding (correct or incorrect) of the potentialities of the object relationship represented by the image. In the normal adult, under ordinary conditions, neither the primal image nor the primal judgment comes into awareness. Instead, a more or less distant derivative, which is called here an intuition, may become conscious.

Primal images are pre-symbolic representations of interpersonal transactions, whose study leads directly into certain important areas of psychopathology. These images, which have a special quality reminiscent of eidetic images, may be regarded as clear and direct representations of the psychophysiological bases of another person's social expression. Primal judgments imply an understanding, based on such images, of certain archaic unconscious attitudes of other people. These attitudes are derived from early instinctual vicissitudes and express a deep and persistent infantile quality in object relationships. Such "primal" understandings may be selectively influenced by the percipient's own archaic needs and strivings but, nevertheless, appear to reflect accurately in many cases something in another person's mode of relating. As the exposition will necessarily be complex, a clinical example may be given at the outset so that the reader will have a notion of what is being talked about.

Belle, a 40-year-old housewife, gradually became aware that her relationships with men were somewhat stereotyped. There were some whom she mocked in a more or less subtle way, while she tormented others. In the course of time, she sensed that her mockery was the tincture for a feeling of relief, while the cloak of the tormentor concealed a sense of danger. One day she recounted with a jeering feeling of laughter a conversation with a known exhibitionist. How droll he would look, she thought, taking off his clothes to exhibit his flaccid penis! This was her conception of exhibitionism. It brought to mind her thoughts about the therapist, who was such a flaccid sort of man that he reminded her of

her dear old grandmother. But he did not always appear so. Sometimes he reminded her of her husband, a man as implacable as stone, whose tremendous erections frightened her and whom she teased cruelly, leading him on sexually until he could hardly contain his passion, and then at the last moment freezing him out with ruthless frigidity. Only the other day she had glanced at the therapist and thought she could see the conformation of his genitals, and had tried to determine if his penis was flabby or erect. She used to do the same thing with her father, when she played on his lap as a child.

The men she jeered at did have a flaccid quality, she saw now, and it was the virile ones she tormented. External evidence seemed to confirm her judgments of some of the men she encountered. She began to feel that such judgments, which had previously been unconscious, were based on an image of each man's penis, which had also previously been unconscious. Indeed, it turned out later that she had been as a child (and still was to some extent) obsessed by sexual images. The penis-image reminded her of her husband when he took a sunbath. Sometimes he would have an erection, and she could not bear the sight. Once he told her a joke about an erection, which was so graphic that she could not tolerate the image it conjured up, and she became nauseated. "I could see that fellow's penis right in front of me, hairy, ugly, and raw." She could talk of the vagina in an intellectual way but could not bear to think of it as she really pictured it, "a raw red slimy gash." The image terrified her, and she desperately avoided it. "My images are too clear. It frightens me. I just can't bear to think of it." Smell seemed to play a prominent part in this type of imagery with her, as it does in many cases.

It will be noted that she reacted to her "too clear" images as though the organs pictured had special potentialities for her. It is such images that the writer proposes to call primal images, and such judgments as she made of people, based on these images—"This man is flaccid (in his potentialities toward me)" and "This man is virile (in his potentialities toward me)"—that the writer would term primal judgments.

Among the earliest psychological phenomena discussed by Freud, in connection with one of his very first analytic cases, Mrs. Emmy von N.,¹ he refers almost in passing to "plastic images."

This is a topic which he did not systematically follow up, although he repeatedly mentions it in connection with dreams and wit. These images, as they occur in hysterics such as Belle, seem to be closely related to, or identical with, primal images. If so, then they are also closely related to Jaensch's eidetic images,² which seem to have many of the descriptive qualities discernible in primal imagery. The qualities common to both eidetic images and primal images, and which differentiate them from ordinary memory images, are: a pseudoperceptual quality; superior clearness, richness, and accuracy of detail; and more brilliant coloration. All these are present even when the period of exposure is shorter than that usually required for a vivid memory image. Although they are both "images of hallucinatory clearness," they can be distinguished from hallucinations and pseudo-hallucinations. Eidetic images, like primal images, are supposed to exist in other sense-fields besides the visual; it is even said that ordinary "images" do not exist at all in the field of the lower senses, and that there all past sensory experiences are revived eidetically.

Jaensch, however, does not seem to emphasize clearly the dynamic effects of special imagery in influencing interpersonal relationships. This is the purpose of the present communication. It is pertinent, however, that Fenichel does remark that "eidetic types may be designated as perception fixations."³ (p. 53) Silberer's "functional phenomenon" appears to be a symbolic derivative rather than the direct expression of the "primal" phenomena dealt with here.⁴ Two recent rather comprehensive symposia on perception and personality^{5, 6} fail to note this particular kind of dynamic imagery. A recent article by Smythies⁷ borders on the subject, but the nearest thing to a systematic psychodynamic discussion is Ferenczi's paper "On Obscene Words."⁸ Several disjointed sentences from that work may be quoted as an introduction to the discussion.

"An obscene word has a peculiar power of compelling the hearer to imagine the object it denotes, the sexual organ or function, *in substantial actuality*. . . . These words as such possess the capacity of compelling the hearer to revive memory pictures in a regressive and hallucinatory manner. . . . The obscene verbal images retain as does all repressed material the characters of a more primitive type of imagination." Ferenczi speaks of "a high

degree of regressive tendency," a vivid "mimicry of imagery," and of "primitive" attributes.

Ferenczi is talking of the evocation of such images by the stimulus of an obscene word, while the concern here is with their spontaneous activation during the course of an interpersonal relationship. Ferenczi's work has recently been reconsidered and enlarged upon, primarily from the linguistic point of view, by Stone,⁹ who gives a large number of references, including Bergler's paper of 1936; but again the viewpoint is not directly concerned with the present problem. Kestenberg¹⁰ also discusses primitive sensory experience, with references to the literature. But so far as the writer knows, no one has yet systematically discussed the connection of such images with judgments of, and subsequent reactions to, the people in the environment; that is, essentially, their relationship to intuitive processes. Perhaps Jung,¹¹ in a nondynamic way, comes closest, especially when speaking of "primordial images."

What will be considered here are the following topics: (1) The infantile origins of primal judgments. (2) The pathogenicity of primal images. (3) The relationship of primal images and primal judgments to intuitive processes.

But first it is desirable to try to clarify some of the terminology which will be employed. The following definitions are taken from some of the writer's preliminary communications on the subject.^{12, 13, 14}

II. PRELIMINARY CONSIDERATIONS

Every human being is capable of making judgments by the use of functions whose processes are not ordinarily verbalized. In practice, judgments of reality are probably made through the integration of a series of types of cognitive processes. It appears that the most important and influential judgments which human beings make concerning each other are the products of pre-verbal processes—cognition without insight—which function almost automatically below the level of consciousness. A study of these processes demonstrates that the individual can know something without knowing how he knows it; in fact, he may not even know what it is that he knows, but behaves or reacts in a specific way as if his actions and reactions were based on something that he knew. To go a step further, he may not only be unaware how he made a cer-

tain judgment and what the judgment is but he may be unaware that he has made a judgment at all. The latter is likely to be the situation in what are here called "primal judgments."

By *judgment* is meant an image of reality which affects behavior and feelings toward reality. An *image* is formed by integrating sensory and other impressions with each other and with inner tensions based on present needs and past experiences. By *reality* is meant the potentialities for interaction of all the energy systems in the universe; this implies the past. A judgment concerning one person, the *agent* (corresponding to the communicant), by another, the *percipient* (corresponding to the receiver), is here called a *diagnosis*. Diagnoses are made through the medium of communication. Any transfer of energy from without to within an organism may be called a *communication*, provided it is understood by the receiver. A communication is *understood* when it changes the distribution of the psychic cathexes in the receiving organism. Any change in the psychic cathexes in an organism, such as that brought about by a communication, changes its potentialities for action. *Cathexis* refers to the charge of energy on a psychic image, and the investment of such an image with feeling and significance. An *interpersonal* communication is any communication, through any modality of energy, between two people. A *manifest* interpersonal communication corresponds to the successfully executed conscious intent of the agent, while a *latent* communication is inadvertent. In general, the interpersonal communications considered here are *direct* in time, place, and person, that is, vis-à-vis.

An intuition is a special kind of diagnosis resulting from archaic processes which are subconscious (that is, preconscious and/or unconscious). Intuitions, as consciously perceived, are derivatives of primal judgments, which are based on primal images activated by latent communications. "Primal" is used in the Freudian sense, as in "primal fantasy" and "primal scene." In fact, it is probable that many primal images are based on primal scene memories. The word carries with it connotations of the archaic infantile psychological process, and, indeed, the question at issue here might be most succinctly exemplified by the query: "How does an infant make a diagnosis and what are his diagnostic categories?"

III. INFANCY AND CHILDHOOD

Fenichel describes the perceptions of infants as follows: "The first images are large in extent, all enveloping and inexact. They do not consist of elements that are later put together, but rather of units, wholes, which only later are recognized as containing different elements . . . the perceptions of many sense organs overlap. The more primitive senses, especially the kinesthetic sensations and the data of depth sensibility prevail . . . the contents that are perceived are also different. Hermann called perceptions 'which the small child possesses, but which later disappear for inner or external reasons,' primal perceptions . . . To a greater part the characteristics of archaic perception result from its 'unobjective' character, its emotional nature. The world is perceived according to the instincts as a possible source of satisfaction or as a possible threat . . . the primitive experiences are felt as still undifferentiated wholes which make their appearance repeatedly."³ (p. 38f.) He also states that "the pleasure principle is incompatible with correct judgment."

Such ideas concerning the nature of imagery in young children can only be inferential, but it is probable that no adult ever sees anyone as glorious or as evil as his mother appeared to him during his first years, or as splendid or as terrifying as his father, except in states of sleep, intoxication, ecstasy, or psychosis. It is likely that some of the images of infants are enormously cathected and have an uncanny magical immediacy and urgency which the normal adult never experiences (cf. R. Spitz¹⁵). The representations which the normal adult may unearth are the shadows of these archaic ones, with the primal cathexes long ago diluted and withdrawn to be distributed among derivatives.

It is safe to infer from the available evidence that the infant's diagnostic categories are based on various aspects of self-interest. It is probable, furthermore, that his diagnoses are based on latent communications and not on manifest ones. The "friendly" smile which is not sincere may give way under his ruthless appraisal. He often appears to react to the hidden insincerity rather than to the manifested smile. But there are frequent exceptions. For example, his reputed skill in detecting latent communications can be beguiled by an appeal to his immediate needs, which may be the

sort of thing that disturbs the compatibility of the pleasure principle with correct judgments.

The infant, as he is observed in his relationships with adults, seems adept at divining what lies behind any but the most stable defenses and derivatives. As he grows up, he learns to civilize these primal judgments and fit them into a cultural framework, and his putative awareness of just what he thinks people want from him or are likely to do to him becomes obscured.

Originally, he must see people in a primitive way, relating his observations primarily to himself as an organism whose function is to survive and get direct satisfaction from his environment. Insofar as his diagnostic capabilities are learned, we may suppose that he watches the expressions of the people around him when they are disposed toward him in various ways, and learns by some kind of experience what various emotional expressions signify for his own future. Thus he becomes a judge of other people, such as strangers. His judgment is sufficiently refined even during the first year so that he can distinguish between people who want to hurt him and people who have to hurt him even though they do not wish to. For example, he knows that the doctor is going to hurt him even before he sees the needle, but he quickly forgives the doctor after it is over. On the other hand, he bursts into unforgiving tears when he sees the mean little boy approaching.

An infant under six months who was brought to the clinic by his mother responded happily to one social worker's cooing, but burst into tears and buried his face in his mother's breast when another tried similar tactics. He responded in the same way to each of them on subsequent visits. The child's "diagnoses" happened to correspond to the impressions of those who knew the social workers well. The first worker was known for the affectionate relationship which existed between herself and her own children, while the second was a spinster whose outward appearance was agreeable enough but who was felt by the staff to be unconsciously hostile to mothers and to infants. It is noteworthy in this connection that some people seem to quaver beneath the appraising stare of a babe in arms, just as many do under the diagnostic regard of the unpredictable, "fool-proof," and uncontrollable psychiatrist, as if they feared in both cases that their defenses and maneuvers would not avail to conceal their own primal, exploiting needs.

It may be inferred that an infant's responses to people, especially strangers, such as baby-sitters, are based on primal judgments appropriate to his age, as to whether they threaten his security or promise satisfaction for his current needs: in the oral phase, for example, "Does this one bring me what I crave?" The schizophrenic's judgments often have a similar infantile flavor; this is known in one way or another to many skillful therapists, who guide their behavior in the treatment accordingly.

IV. SCHIZOPHRENIA

A hebephrenic was able to talk about his primal images in some detail. He was observed on the ward laughing and muttering to himself, completely out of touch with his surroundings. The following day, however, he had a rather complete remission and was able to discuss his thoughts coherently. The psychiatrist, who thought he knew what was troubling the patient, inquired:

"What you saw was intolerable, wasn't it?"

Patient: "Yes. It was awful. I couldn't bear it."

Therapist: "It was too close."

Patient: "Yes, right in front of me."

Therapist: "What was it?"

Patient: "A woman's legs around my head, and her vagina right up against my mouth."

Therapist: "Did you know who it was?"

Patient: "Yes."

The therapist thought it wise not to press the point further. His intuition concerning the patient's primal image about cunnilinctus had turned out to be correct, and he did not think it advisable to risk disturbing the patient in order to confirm his surmise as to the identity of the woman. The patient stated that this was an image, and not a vision, and that there had been two other forms of the same representation: "a scale model in the corner of the room, a man and a woman having intercourse and doing that, like a photograph," and that he "also saw it in my mind sometimes, just an image of a man and woman doing that." But as for what had made him smile the day before, "It was those legs being right there, right in my face."

In this case, the patient visualized his relationship to an important woman in terms of the juxtaposition of selected erogenous

zones, and this image was so absorbing that he was oblivious of his surroundings. Such an image may be regarded as expressing some archaic social concept.

It has already been mentioned that smell imagery is characteristic of primal images. So is taste, or at any rate, intraoral sensations. A "borderline" schizophrenic remarked: "I looked at the woman standing there talking and I could imagine her breasts with brown nipples and a little hair around them. Ugh! I can taste hair in my mouth already. Pooh!" (Sharpe¹⁶ (p. 158) discusses the significance of such words as "Ugh!" and "Pooh!")

The same borderline individual gave a good example of how primal imagery affected his judgment of people. "When that woman came into the room, I thought she was pretty, but somehow I knew that her vagina would be dry and ugly. How could such a pretty woman have such an ugly vagina?" He acted not on his superficial judgment of her prettiness but on his primal image of her genitals, and avoided her.

A comparison of these two cases helps to differentiate the psychotic from the borderline case. The second man was carrying on his business and his home life. It is evident enough that if the image of the hairy nipple right in his mouth became too insistent, he would no longer be able to function in everyday life. If his "vaginal diagnoses," that is, his primal images of the vaginas of the women he met, got out of hand, he would be unable to venture into society. In the fully psychotic hebephrenic case, the images appeared in consciousness in their full primality, fully cathected. It was, at least in part, the delicately balanced repression of full primality and full cathexis which enabled the other man to carry on in a "borderline" state.

Thus certain well-known accompaniments of schizophrenia can be accounted for in some cases by the assumption that primal images break through into consciousness with such an uncontrollably strong cathexis as to interfere with normal mental functioning. This may help to explain the widely credited "keen intuition" of some schizophrenics; they are in an excellent position to make primal judgments, since their primal images are in full flower. A lack of affect about ordinary events may be accounted for by the fact that much of the available cathexis is taken up by primal images. Autistic emotional mimicry may be a response to

those images. Hallucinations might be regarded from this particular point of view as an extrajection of primal images in order to "leave some room in the mind" to get out from under them and allow for the reassuring illusion of autonomy.

The decisive effect which primal images and primal judgments may have in determining the behavior and destiny of a schizophrenic is demonstrated by the following example. A young woman was transferred to an inexperienced psychiatrist after she had been greatly relieved of many symptoms of schizophrenia. She asked the new therapist a myriad of questions, some of which he answered in a straightforward manner. She replied on a subsequent visit with a fantasy that he was giving her intense sexual pleasure by administering an enema. Her own diagnostic problem seemed to be summarized by the question: "Is he or is he not the kind of man who would stimulate my anus in a certain way?" Thus the therapist had submitted to a psychological test which she administered in a covert way with great skill and subtlety. The score came in the form of a fantasy concerning an enema. This fantasy decided her future relationship with him, and represented a primal judgment with almost no disguise. It was not long before she sought treatment elsewhere.

The patient well exemplifies Fenichel's statement that "primitive symbolism is a part of the way in which conceptions are formed in prelogical thinking: comprehension of the world radiates from instinctual demands and fears, so that the first objects are possible means of gratification or possible threats; the first ideas are . . . wholes comprehended in a still undifferentiated way, united by the emotional responses they have provoked."³ (p. 49)

In normal adults, primal images rarely come into awareness, and primal judgments are filtered through a heavy layer of cultural determinants so that they emerge in a civilized form; even if a well-integrated man does express a primal judgment, such as "So-and-so is a big prick!" or "He's a sucker!" he is seldom aware of what he really means, or of the image upon which his judgment is based. With some schizophrenics, however, this verbal, culturally determined interpretation of archaic latent responses or perceptions is broken down; such an individual becomes uncultured, like an infant. He refuses to accept people's presentations of themselves and, instead, makes direct, uncivilized primal judgments. This, along with his other problems in dealing with people, makes it dif-

ficult for him to function in society. If he goes to a gathering and has an urgent feeling that one person would like to stimulate his anus and another wants him to perform cunnilinctus, he may behave in a very bizarre, unpredictable, and infantile fashion because he has too many highly cathected primal images.

V. NEUROSIS

The case of Belle, like that of Emmy von N., illustrates the occurrence of primal images in neurosis. Breuer and Freud¹ said that the hysteric suffers mostly from reminiscences. It may now be said that the reminiscences may take the form of primal images and that the "content" which is repressed may consist of a complex of ideas and feelings embodied in a highly cathected set of such images.

Among neurotics, many dreams express the primal judgment of the patient concerning the therapist. By inference from some remarks of Gitelson,¹⁷ this might indicate at times a too-active counter-transference. Primal judgments, being derived from memory traces of actual archaic experience, include many details of the behavioral situation: aim and object (Freud) and zone and mode (Erikson¹⁸). Often, primal images seem to have the special quality of filling the mind. A young male patient recounted the persistence of a masturbatory fantasy involving a photograph. This image was very different from anything he had previously experienced. It seemed to fill his whole mind so that there was no room for anything else when it was "in charge." "It was so large that I could not master it." By the second evening he had succeeded in mastering it, and he felt once more in control of his mind. When it forced itself on his attention, it was almost life-size. It was so big that when he could see only part of the buttocks, he felt that his mind was full. The "mastering" resulted in his seeing it as a photograph once more in its actual size, an image which he could control, just as he could control the actual photograph. This patient was not unusually obsessional, and this was a special experience in his life.

VI. EVERYDAY LIFE

Primal judgments give rise to part of the emotional substance of everyday life. This is most apparent in encounters with strangers. New acquaintances may be characterized in vulgar gossip as pricks,

jerks, ass-holes, farts, stinkers, shits, suckers, or bitches, sluts, pushovers, cock-teasers, cats, bleeding hearts, clothes-horses. All these opprobrious terms are intuitive derivatives of primal images. The images themselves can easily be elicited by free association to any of these epithets. In polite circles, a second or third derivative of the primal image is used instead of a first derivative. Even the commonplace metaphors of ordinary speech have been reduced by Sharp¹⁶ to their primal elements, that is, their roots in archaic experience.

The significant thing is that all these social judgments are made through latent communications. The sucker does not have to be observed sucking anybody before the judgment can be made, the stinker does not have to have a bad odor, nor does the cat need to be seen scratching her rival. In fact, the sucker may go out of his way to appear like a prick, and the slut may try to disguise herself as a clothes-horse, but, in both cases, a perceptive observer can easily see behind the mask.

Furthermore, this is the stuff that long-term relationships are made of. The clothes-horse and the sucker, the bleeding heart and the jerk, the slut and the shit, somehow know how to find each other, and often fall in love with each other at first sight, or so they say.

The rapidity with which primal judgments are made in everyday life is illustrated not only by cases where people fall in love at first sight, or fall in hate at first sight, perhaps "hating each other's guts," but even by more commonplace occurrences. An individual of either sex may merely observe a strange man walking down the street and be impelled to remark: "I'd sure hate to meet him in a dark alley!" The tremendous connotations of the word "slut" may be brought into play after a single glance at a strange woman, dooming her, as it were, to a whole life of misery in the blink of an eye. The sinister fantasies about the dark alley and the messy image of the soiled woman do not have to be brought into consciousness on such occasions for judgments to be made. But a young man in a public lavatory listened to three or four of the abstracted, narcissistic, petulant snuffles of the slouching man at the next urinal and immediately saw with the keenest imagery the autistic murderous sexual cruelty which this man's attitude brought to his mind. The impression was so vivid that he remembered it

for years afterward. This demonstrates the spontaneity and rapidity and power with which primal images (correct or incorrect) can be activated.

The psychology of these images may be clarified as follows. Many (or perhaps all) individuals have a store of primal images which seem on the available evidence to be derived from childhood experiences and fantasies and which are selectively activated in response to the behavior of people they encounter. The primal judgment is embedded in, and emerges from, its pictorial representation in the image. In the normal adult, in the usual course of events, the residual cathexis is weak enough so that the activated images are not difficult to keep under control, and only relatively distant, verbal, well-integrated, culturally determined derivatives come into awareness as intuitions. In polite society, the derivatives are more distant and often more verbose and formal than in less cultivated circles. It may take a lot of words to say "jerk" in polite language. In the neurotic, because of the traumatic nature of the experiences upon which the images are based, the cathexis is difficult to master, and the activated images arouse great anxiety, as in the case of Belle. If the mastery is only partial, the image threatens to break through, and special psychic mechanisms must be brought into play for the emergency. In borderline cases, the images themselves come into awareness but the cathexis is separately dealt with by some psychic mechanism such as repression or displacement, so that primal judgments are made but do not have pathological force and immediacy in modifying the individual's behavior.

In some schizophrenics, the mastery mechanisms break down and the activated primal images may come into awareness with their full, pathologically strong cathexis, bringing with them direct primal judgments of considerable force and urgency. The attention of such a patient may be diverted from his other interests into a struggle with these archaic phenomena. If they threaten to overwhelm him, he may save himself eventually by extrajecting the pathologically cathected images in a camouflaged form as auditory or visual hallucinations, thus reducing the intensity of his struggle. Hallucination is then the price he must pay for the mercy of camouflage. This does not "explain" hallucinations, but it may account for certain features of some hallucinations.

VII. EXPERIMENTS WITH INTUITION

The experimental study of intuitive processes brought to light some interesting inconsistencies. In one series, an attempt was made to guess by inspection the civilian occupations of a large number of soldiers at a separation center. The question was then raised as to what was actually intuited in successful trials. "An intuition consists of two processes: a 'subconscious perception' and a conscious verbalization . . . the conscious verbalizations were at first naïvely accepted as formulations of the actual intuitions. It was thought that the intuitive function was actually perceiving 'occupational group.' Later it became apparent that what the intuitive function really perceived was 'attitude toward an imponderable reality situation.' The intuiiter's ego then translated these perceptions into a judgment concerning occupational group

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In a similar series, an attempt was made to predict by inspection the replies of a large number of soldiers to the following two questions: (1) "Are you nervous?" (2) "Have you ever been to a psychiatrist?" In a rough way this was a guess as to "how neurotic" the individual was. Again it was noted after careful consideration of the experience: "The subconscious process does not really make a diagnosis [in the medical sense]. It makes a pre-verbal judgment of the configuration, knowing nothing of diagnostic terminology. What happens is that this judgment is verbalized in diagnostic terminology . . . It appears that verbalizing knowledge is different from knowing about something. Much of the scanning [of configurations] is conditioned by early experiences, so that different individuals integrate different constellations of qualities and potentialities in observing the people they meet."¹³

If all this is true, and it seems to be confirmed by further experience, then the normal adult, like the infant, understands some fundamental—that is, dynamically predominant—aspects of each person he meets. The infant has an immediate direct response, which is inferred to be based on self-interest. The adult, however, filters this fundamental understanding, which is a latent response, through an ego which has been heavily conditioned over a long period in a complex way, so that what the adult becomes aware of is a sorted and distorted impression, whose configuration, further, he schematizes by the process of verbalization. When one adds to the

complexities introduced by the ego, those introduced by the super-ego and its derivatives in the normal adult, it is apparent why it is difficult for him to find his way back to the original direct response, the primal judgment. Just as the figure of the primal mother lies buried under the years—her ghost infused into the figure of his wife or some idealized or repudiated woman—so the figure of each primal judgment lies buried under his fantasies, his thoughts, and his words on each encounter with a new person.

VIII. EXPERIMENTS WITH PRIMAL JUDGMENT

In the course of some studies on the possibility of isolating and controlling specific factors in group psychotherapy, the writer instituted an experiment in primal judgment. Because of his belief regarding the potential pathogenicity of primal images—a belief derived from clinical experience and supported by the spontaneous comments of colleagues—this experiment was carried out in the most prudent possible circumstances. The group consisted at that time of five individuals: Art, Belle, Carl, Jane, and May. All of them had had at least a year of group psychotherapy, and all except May had had at least two years of previous individual psychotherapy. All except Jane were having at least one individual interview between the weekly group sessions, so that their reactions to the group proceedings could be observed, and any excessive anxiety brought to the attention of the therapist. (Jane was being seen individually once every two weeks.) May was included in this particular group, because she had manifested considerable ego strength in a less advanced group.

At one session, Jane offered a good example of spontaneous primal judgment. The group members were discussing their marital relationships, and Carl asked a question which was considered indiscreet even in that sophisticated company.

Jane: "If Art asked me that, I'd tell him to kiss my ass. I wouldn't tell you that because you'd just tell me to go to hell. But if I told Art to do it, he would. You've got me scared, but I know I could handle him."

Carl: "I sure would."

Art: "You know, I've always been afraid of you, Jane. I think you've got me spotted."

This situation was complicated and revealing, because Art's oral needs were predominant in the group, and Jane later had a dream in which she wore a brassiere on her buttocks, while Carl enjoyed fighting physically with women, although he had concealed that from the group in his manifest communications. Evidently, they all sensed a good deal about each other in these primitive terms. The pertinent point was Jane's clear perception of Art's suctorial tendencies, which he himself was not fully aware of and which he had concealed from the group in his verbal participation, and her simultaneous perception of Carl's concealed sadistic tendencies. Jane demonstrated on numerous occasions her ability to make primal judgments, even against the strenuous denials and defensive concealments of the individuals concerned.

Carl was absent at a later session when Belle described how she had walked across a wooden bridge and had felt an obsessive fear that she would be "sucked into the water" through a knothole. The other three members of the group by this time were able to state their free associations.

May: "She's afraid of being sucked into the rectum." One of May's statements of her own problem was that she always had to keep her rectal sphincter tightly closed.

Jane: "She's afraid of being sucked back into the vagina." Later Jane described how she felt she had to suck all her husband's semen away with her vagina during intercourse.

Art: "She's afraid she'll be sucked into something like a mouth."

In this example, each primal image and primal judgment was influenced by the percipient's own problems.

But on other occasions, their primal images coincided and seemed to be evoked by the agent's communications, without apparent contamination from the percipient's own instinctual orientation.

May: "I've always been afraid to sit close to a strange man for fear that he might vomit on me."

The other three seemed in unanimous agreement that what she was really afraid of was an ejaculation.

Belle: "I've been concerned about mineral jelly lately. First I dreamed I was a little girl and had it on my hands, then I had another dream and had it on my mouth. I asked my mother about it and she said I had it on both for sores when I was little."

Jane: "My first thought was it was on that rectal tube you once told us about."

Art: "That's what came to my mind, too."

May did not know about Belle's childhood enemas and said nothing. Here it is significant that the "phallic" woman and the "oral" man both thought of Belle's concern in anal terms. Judging from her private interviews, it seemed that the lubricant on the rectal tube during her daily childhood enemas must have more significance to Belle than jelly on her mouth or hands in childhood.

This experiment demonstrated that under certain conditions some people can be trained to become aware of their primal images and primal judgments, both contaminated and uncontaminated. The desirable and undesirable effects of such an experiment are not pertinent to the present discussion. It did lay bare certain sources of confusion in the personal relationships of these patients and was particularly adapted to demonstrating distortions in their body images: in the examples given, the posterior breasts, and the rectum as the primary suckorial organ.

IX. CLINICAL DIAGNOSIS

The psychiatrist's position in these archaic matters is of course quite different from the patient's. The patient makes his primal judgment as part of his neurotic or psychotic processes. The schizophrenic woman referred to in the foregoing had an intense conflict about whether she wanted a man to give her an enema. Her social faculties were oriented toward determining whether a given man would be likely to do this, or, more precisely, how strongly each man was unconsciously oriented in this direction and how much his orientation coincided with her delicately balanced needs. Her primal judgment, which was very frankly expressed in her fantasies, then determined her attitude and the development of her relationship with each man. The patient's primal concern was relatively constant, in accordance with her own individuality and history, and was a matter of specific need, fear, conflict, defense, and surrender.

But the psychiatrist cannot regard his patients, as they do him, as objects for the solution of infantile conflicts and instruments for the satisfaction of his neurotic desires. The patient looks for a restricted series of latent communications from the psychiatrist:

concerning the psychiatrist's virility, or his possibilities as an enema-giver, or as a source of nourishment. The patient wants to know, schematically speaking, how much of some one thing the psychiatrist is. He is looking for what he needs and fears; he is a victim of the repetition-compulsion. This is exactly what the psychiatrist must not be. He does not similarly scan the patient's communications for messages related to a predetermined field (except when this is technically correct). He scans the communications to find what latent topic is most important to the patient. Particularly in the initial interview, he listens to ascertain what the patient fears or expects from him, not to discover whether he can get what he wants from the patient. He decides that the patient wants to eat him, urinate on him, poke him, or perform some similar infantile operation. He makes a primal judgment of the patient, based, not on his own restricted needs of the moment, but on what predominates in the patient's latent communications.

In the experiments on intuition referred to previously, some observations were made regarding the particular sets of muscles which appeared to be sources of information regarding corresponding facets of the soldiers' personalities. In the first series,¹² it was noted that the agent's attitude toward an imponderable reality situation was usually gauged primarily from clues supplied by the eyes and periocular muscles, while impressions concerning the instincts and their vicissitudes were largely based on "subconscious observation" of the muscles of the lower face, especially of those about the mouth. Head posture and mannerisms based on the tonus of the neck muscles can also be important indicators in this respect. The eyes seemed to be principally instruments of the ego, while the mouth was more expressive of functions of the id. In the second experiment,¹³ the diagnoses were based on a variety of motor activities, including voice, eye movements, and movements of the extremities. They were also influenced by an undefinable impression that normal soldiers had "nothing to hide," in contrast to neurotic soldiers on the hospital wards, who in retrospect began to seem "as though they had something to hide." But it was decided that clinical diagnoses were most effectively made on the basis of a total personality configuration, as observed through time, and in front of a uniform background. When the background was

changed, the diagnostic confidence of the psychiatrist was diminished.

Clinical diagnoses of infantile conflicts are based to a large extent on what the patient says, as well as on how he looks and behaves, probably more on the basis of "noise" than on the basis of "information." That is, the clinician is keenly watching for, and listening for, inadvertent anxiety signals, as he absorbs the intended anamnesis given in his own way by the patient. If, during the first interview, the psychiatrist allows himself to subside into an attitude of free-floating attention, as he listens to and observes the patient, he may perceive the primal image—presented to him without any effort on his part. This image gives a great deal of information about what the patient is up to. No doubt the judgment of any psychiatrist concerning a new patient is a derivative of such a primal image, but in most cases it seems that the image itself is suppressed.

Under clinical conditions, the primal image consists of a picture of the patient in some infantile relationship to the psychiatrist, or, at any rate, to somebody. For example, in his mind's eye the psychiatrist sees him urinating on someone. He may have a certain revealing expression on his face as he does this, an expression which may have been observed during the interview. This image is often an accurate representation of an important archaic psychophysiological social striving of the patient. Later, in analysis, it may turn out to be an accurate picture of something that he actually remembers doing as a child, with the same expression on his face and the exact feeling signified by that expression. In one case the urination, in the psychiatrist's image, was accompanied by an expression of glee, which in subsequent interviews was observed to be characteristic of the patient. This image was probably derived from the psychiatrist's latent responses to the patient's stream of talk during the first interview. One day the patient remarked: "I turned the hose on my wife today as a joke. It reminds me of the time we put my little brother in a packing case and took turns urinating on him. I was about six at the time. My mother caught us and was very angry because I seemed to be enjoying it so much. I felt the same way with my wife. I realize now I feel that way when I corner somebody at a cocktail party and bore him to death with my talk. I like to pour it on."

A young woman suffering from anxiety hysteria had a smile which fascinated the psychiatrist. While he listened to her, he let the smile sink in. As she was telling a dream in which an older woman forced her to suck her breast, a rather unusual image appeared in the psychiatrist's mind. This image might be verbalized as follows: the patient, wearing her devilish smile, is tormenting a virile, sexually excited man by tickling him and refusing his importunities; then another man appears, again sexually excited, only this one is not robust like the other, but weak and miserable. The smile fades from the patient's face; she is overcome with sympathy, and is evidently going to satisfy this unfortunate creature. Later in the interview, the psychiatrist made some cautious inquiries. It seemed that she had an unusual sexual relationship with her husband; he and she would often spend a long time tickling each other until she was exhausted and he was violently excited, after which she would refuse intercourse. As a child, she and her sister used to get their father on the bed and tickle him (just as the woman in the dream got the patient on the bed). The psychiatrist remarked: "But if a man really needed your help, you would not withhold it." She then related a disagreeable experience. Just the other day she had picked up a pathetic-looking hitch-hiker and had treated him sympathetically. As a result, he had become so attached to her that he would come knocking on her door at all hours. He had finally become so persistent that she became frightened, and, to get rid of him, had had to threaten to call the police.

Sometimes when the image itself does not become conscious, the judgment appears in its primal form instead. In one case the doctor had the feeling: "This woman is 'unconsciously very conscious' of her anus." The patient later revealed a strong anal-erotic drive. Her most accessible traumatic experiences revolved around enemas which were forced on her by the family physician in the presence of her mother and grandmother.

A certain social worker gave the curious impression of walking around as if she were eternally waiting to get home and change her clothes because she had had an accidental bowel movement. The observer was very much interested in finding out why he had made such a disagreeable primal judgment concerning a person whom he

held in some esteem. One day she spontaneously divulged that she had for years suffered from periodic colitis.

It has purposely been stressed that primal judgments in clinical practice are most effectively made during the initial interview. This is in accord with experience regarding intuition. It was found that, in general, a previous acquaintance with the agent was an obstacle in the way of diagnostic intuitive processes. Intuitive accuracy tends to become clouded, in spite of the utmost efforts at objectivity, as the first impression of the agent is overlaid with clinical material and reactions provoked by defenses and security operations on both sides—the process of involvement between the patient and the psychiatrist. This can only be avoided if the therapeutic relationship is kept analytically pure and uncontaminated. Primal judgments properly belong to “the first 10 minutes,” that decisive and important epoch in the development of any interpersonal relationships. (“The first 10 seconds,” when the gross features of the physique, bearing, muscular co-ordination and mimicry are noted, is a slightly different topic.) Primal judgments come again to the fore when the “clouded” period of involvement has been successfully worked through, at which time Deutsch’s statement¹⁹ that intuition depends “on one’s sympathy and love for and spiritual affinity with the other person” takes on its true connotations.

Primal judgments are particularly subject to distortion through counter-transference. In such cases, the clinician finds himself with the same viewpoint as the patient; that is, his primal judgments are concerned, not with the patient’s presenting problem, but with how suitable the patient is for the gratification of the therapist’s own primal needs. Diagnostic primal images are the product of free-floating attention on the part of the therapist; if his attention is unconsciously directed to the possibilities for satisfaction of his own needs, his perceptions, and hence his diagnosis, and hence also, presumably, his therapeutic efforts will be distorted accordingly. Therapeutic effectiveness may be increased if undistorted primal images can gain access to the psychiatrist’s awareness. Some therapists who are especially skillful with schizophrenics, such as Rosen²⁰ and Fromm-Reichmann,²¹ recognize this in different terms.

It is now easier to understand why the child, whose diagnostic ability often appears to have deadly accuracy, can sometimes be beguiled by a piece of candy. The moment his greed is appealed to, his judgment may be impaired. It is often the same with adults. From this point of view, a successful psychopath may be described as one skillful in inveigling his object's attention away from primal judgments while playing on primal needs. For example, the victim's primal judgment, "This man is going to bugger me," is clouded by a fog of communications deliberately designed by the psychopath to convey the impression: "Buggery is the last thing I would think of." In this way, the psychopath prepares the way for symbolic buggery of his victim, which is exactly what the victim unconsciously desires and anticipates. The efficacy of this system is demonstrated by the fact that a certain percentage of the victims of confidence men return and insist on trying again to "cheat the stock-broker," or whatever the game may be.²²

Several discussants have mentioned their feeling that the writer has confused intuition and empathy. He does not believe that this is so. By intuition, he refers to a spontaneous diagnostic process whose end-products spontaneously come into awareness if resistances are lifted. In the case of empathy, there are two classical definitions: the aesthetic kind of projection of Worringer, based on Lipps, Jodl, and Wundt, and discussed at length by Jung¹¹; and the Freudian concept of the deliberate, self-conscious "intellectual understanding of what is inherently foreign to our own Ego in other people."²³ Either way, empathy has a connotation of identification. Intuition, as the writer sees it, has essentially nothing to do with such adult forms of identification. It has to do with the automatic processing of sensory perceptions. It is primarily neither aesthetic nor intellectual, although it may be secondarily elaborated along these lines.

The writer came to consider these matters by a rather unusual path. He observed that in discussing the topic of intuition, some people exhibited what could only be interpreted as a dynamic resistance. Since resistance implies anxiety, the question arose as to what this particular group of people was afraid of. There must be something potentially dangerous hidden in this faculty. On the other hand, there is little doubt that many good clinicians profit from intuition, whether they are aware of it or not. Those who are

aware of it sometimes attribute intuitive abilities to experience; they mean clinical experience. What is maintained here is that one type of intuitive process, here called primal judgments, is primarily based, not on clinical experience, but on forgotten infantile experience, so that the origin of primal judgments is not clearly manifest. The fact is that certain individuals feel insecure when they are not convinced that they have complete insight into their own cognitive processes.

Fenichel notes: "Schilder has shown that every single thought before formulation has gone through a prior wordless state . . . even in healthy, good thinkers who are wide awake, every single thought runs through initial phases that have more similarity with dream thinking than with logic . . . thinking according to the primary process . . . is carried out more through pictorial, concrete, images, whereas the secondary process is based more on words."³ (p. 46f.) He states that these images are "less fitted for objective judgment," and are "full of wishful or fearful misconceptions." (Ibid.)

Such anxieties may be strengthened by the observation that one feature of certain schizophrenias is the tendency to make primal judgments in their crudest form. Unless this faculty is thoroughly under the control of the ego, it may become pathogenic. Too much primal judgment must be avoided. "Too much" is defined as more than the percipient's ego is prepared to handle. Primal judgments interfere with the formation of spontaneous, healthy relationships and find their legitimate usefulness mainly in the clinical field.

From the same archaic substratum may arise highly sublimated, socially valuable abilities, and corresponding severely pathological disturbances. If dancing and catatonia are related in this manner and if literature and art are based on the same primal images which under different conditions give rise to hebephrenic manifestations, then diagnosis and paranoia are similarly both derived from primal judgments. Catatonia and hebephrenia require only one individual; it takes two to make a diagnosis or a paranoia, an agent and a percipient. Thus diagnosis and paranoia both seem to be derivatives of primal judgment. It can therefore be said that there is nothing disreputable about intuition, since its most mysti-

fyng manifestations are based on infantile experiences, and for that reason are to be treated with respect, but also with caution.

Ferenczi once remarked that education is not only the acquisition of new faculties but is also the forgetting of others, which, if not forgotten, would be called supernormal.⁸ The patient himself is the best criterion for testing the validity of primal images and primal judgments.

SUMMARY

1. Schizophrenia, borderline conditions, and neuroses often involve highly cathected, pathogenic images of a special type, which are archaic relics from infancy and childhood and have not undergone the normal processes of modification and resolution. Some (or all) normal people also have a store of such primal images based on infantile experiences, but in this case they have been de-cathected, mastered, and effectively assimilated.

2. These images, whether conscious or unconscious, are sometimes (or always) activated in interpersonal relationships and are related to the formation of basic judgments concerning people encountered. In normal adults, under ordinary conditions, such primal judgments do not come directly into awareness; conscious judgments of other people are derivatives of primal judgments, modified by cultural and other influences.

3. Some forms of intuition are derivatives of primal judgments based on primal images. Such intuitions are thus derived from infantile experiences. Other forms may be based on later clinical experience.

4. The possible diagnostic value to the clinician of his own primal judgments is discussed.

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