RATIONALIZATION AS RESISTANCE

Of the various technical terms which originated in psychoanalysis and entered the popular lexicon the term 'rationalization' is perhaps one of the best known. It is also one of those psychoanalytic terms whose meaning has undergone change and transformation as its usage gained currency. Originally, the term rationalization was introduced by Jones in 1908 to illustrate one of the many relationships between the affective unconscious forces of the mind and the various mechanisms of concealment. Rationalization he described as a false explanation which the individual proffered in regard to certain acts and motivations. The need to appear rational and consistent was taken as self-evident since "no one will admit that he ever deliberately performs an irrational act... any act that might appear so is immediately justified by distorting the mental processes concerned and providing a false explanation that has a plausible ring of reality." In practice, he observed, it is difficult to distinguish between those evasions in which an individual indulges in order to avoid facing undesirable mental contents from those highly organized justifications for behavior which are intended for public consumption and which he maintained, in the strict sense of the word, constituted rationalization.

These considerations all apply to rationalization in everyday life. Somewhat later Freud applied the term to symptom formation in the obsessive-compulsive neuroses, specifically to the causal connection which patients established between compulsive acts carried out in succession. He said, "The patient's consciousness naturally misunderstands them (the compulsive acts) and puts forward a set of secondary motives to account for them--rationalizes them in fact." It should be observed that in this context the
role of rationalization is not a defensive one; rationalization occurs to fill in a gap in the ego created by the intrusion of ego alien derivatives of unconscious wishes.

This is precisely the sense in which Nunberg understood rationalization when he used it as a typical example of the synthetic function of the ego. He compared rationalization with the secondary elaboration of the dreamwork, the function of which is to fill in gaps and to give a semblance of continuity to an otherwise discontinuous, disjointed experience. "In the structure of certain paranoid delusions," he points out, "we are impressed by the fact that when once an idea or sensation has emerged into consciousness the subject clings to it, endeavors to rationalize it and to establish its causal relations....It is called rationalization when the causal relation discovered is a fictitious one giving an illusion of fact where none exists." He says further, "When repression has been most unsuccessful as, for instance, in schizophrenic disturbances in which the repressed material manages to gain direct access to consciousness, rationalization is most plainly in evidence. Here things which are wholly irrelevant to one another are quite uncritically brought into causal relation because....the ego has a tendency to unify and connect and is obviously unable to tolerate very sharp contradictions."

Two things may be noted concerning this view of rationalization. First, rationalization is brought into play by a failure of repression, by a breakdown of defense. Second, the essential element is described in terms of the ego's need to unify and to connect mental products no matter how distorted the connection. The element of plausibility has been relegated, in this view, to a completely secondary role. Rationalization is applied even to ludicrous combinations of elements which clearly indicate a failure or
regression of other important ego functions like judgment, object relations, reality testing, etc. If the ego indeed has purchased for itself freedom from contradiction the cost has been extremely high.

In many respects this emphasis on the synthetic aspect constitutes a one sided delineation of the process of rationalization. Furthermore, it appears to be at variance on several counts with the manner in which rationalization as a concept is commonly employed at present. As encountered in the context of therapeutic psychoanalysis, rationalization is commonly regarded as a resistance. It is different from intellectualization which is characteristically observed in certain adolescents and obsessional patients. Intellectualization is a drive discharge effective through the instinctualization of thought processes. Rationalization, on the other hand, is a defensive tendency on the part of the ego oriented to preserving the effects of repression. Its aim is to preclude awareness of forbidden unconscious wishes by offering spurious explanations for the derivatives of these wishes. For purposes of definition it is not essential whether these spurious explanations are plausible or implausible, logically consistent or inconsistent, real or fictitious. In other words, it does not matter how well rationalized a rationalization is. That statement may be considered a rationalization which offers a non-dynamic explanation in place of a dynamic one. The non-dynamic interpretation directs the analytic effort away from the unconscious conflict. An ardent stamp collector, for example, may give many reasons to explain why he pursues his hobby so assiduously. These explanations may all be cogent and realistic; it may be that none of them is fictitious. Yet they are all rationalizations. It is not only that the patient offers a spurious interpretation for the correct dynamic one; he can do no other for the dynamic interpretation is by no means
available to consciousness. It is rather the insistent reiteration of the rationalization when an attempt is made to explore the instinctual roots of some action or behavior which enrolls rationalization in the ranks of resistance.

As a resistance rationalization usually proves highly impervious to direct assault. This difficulty is especially marked the more logical and realistic the rationalization is. There is, it appears, a continuum of degrees of reasonableness to rationalizations ranging from highly integrated explanations as in the case of our stamp collector, explanations which are analogous in their function to the secondary gains of symptoms, to an opposite extreme of bizarre, near-psychotic or psychotic irrelevancies for which, I believe, the term 'irrationalization' would be a more appropriate designation. In these latter instances in non-psychotic individuals the rationalizations are so strained as to differ not at all from slips of the tongue, fantasies, or other intrusions of primary process thinking into conscious life. Such spurious explanations of behavior or motivation are more amenable to analysis and may be treated like any other breakthrough of derivatives of unconscious drives.

The hierarchy of rationalizations may be observed in various clinical symptom formations. Often they reflect the progressive weakening of the defensive forces of the ego in the face of the erupting id drive. Many inhibitions go undetected for a long time, concealed behind a protective front of rationalizations but as the ego defences give way phobias begin to appear which can no longer be rationalized as easily as were mere inhibitions. Even in the phobias one may observe the gradual transition from rationalization to irrationalization as a resistance as the ego becomes less and less able to muster sufficient counter cathectic energy against the drives. With this
transition the resistance which rationalization can supply becomes less and less effective and the patient can no longer attempt to render ego syntonic that which has now become obviously ego alien.

A brief clinical example of an unsuccessful attempt to rationalize the connection between two successive compulsive acts will perhaps illustrate the ego's attitude toward the hierarchy of rationalizations. A woman patient who had been angry with her sister entered her bedroom to discover that she had some time previously left her hat in the middle of the bed. Suddenly she recalls an old superstition that a hat on a bed means that someone will die. Quickly she takes the hat and places it on the dresser, explaining to herself that in doing so she is protecting someone. She is, however, ashamed of this behavior. It offends her sense of pride in her intelligence to believe in superstition. Accordingly, discrediting her first superstitious rationalization, she returns the hat to the bed, convinced of the superiority of the reason for this action, namely, not being superstitious. Earlier in the analysis the matter might have ended here with the ascendency of the rationalization of the undoing. However, at this point the patient feels that by replacing the hat on the bed and trying to show that she is not superstitious she is, in fact, acceding to this magical belief and therefore is confronted with a hat on the bed, once again. The breakdown of the attempt at rationalization is signalized by her final solution for her dilemma. She resolves to walk out of the room, look away from the bed in order not to notice the hat and thereby avoid the entire conflict. The insistent return of the repressed hostile impulse vitiated her attempt to rationalize the unconscious significance of the second act of undoing. In other instances, as we know, this form of rationalization of undoing is often quite successful. The patient may admit the impulsiveness of the first two acts but with the act of rationalization resulting in a perfect matricide, the realization of the unconscious significance of the second act of undoing. In other instances, as we know, this form of rationalization of undoing is often quite successful. The patient may admit the impulsiveness of the first two acts but with the act of rationalization resulting in a perfect matricide, the realization of the unconscious significance of the second act of undoing.
Clinical experience demonstrates not only the imperviousness of rationalization to direct attack; it also reveals what I feel is a characteristic attitude on the part of patients given to extensive rationalization. Even when an attempt to demonstrate the resistance in the rationalization does not deteriorate into an argument the patient seems to feel offended, as if he had been reproached at a time when he should have been praised. Frequently he becomes somewhat withdrawn effectively and behaves as if he had been betrayed in the therapeutic relationship. Observations like "you are rationalizing" or "this is a rationalization" almost always prove completely fruitless. Experiences of this kind have convinced me of the general uselessness of attempting to analyze a well rationalized situation or statement.

There are a number of structural genetic and dynamic qualities inherent in the analytic situation which, I feel, are directly connected with this reaction of rationalizing patients, and which may, in part, account for their hostile, offended resistance to the analysis of their rationalization.

It seems strange, first of all, especially for analysts, to take for granted the desire to be reasonable. Most of our clinical work seems to indicate a highly human quality pointing in exactly the opposite direction. It is true, of course, that the wish to discover true causal relationships quite apart from the factors already demonstrated in the origins of curiosity are deeply rooted in the relationship to reality. A true causal relationship like a proper analytic interpretation is one which effects a dynamic change. It is rewarding in the sense that it extends mastery over the environment and assures the possibility of gratification of various needs and desires. In addition to this there is the genetic development of the attitude towards
reasonableness. Children are always called upon to give an account or a reason for their behavior usually in a setting of incipient condemnation or punishment. They frequently discover that the ability to give a reason serves as a prophylactic to punishment. The ability to explain one's behavior may serve as a substitute for instinctual renunciation. A pathological distortion of this type of rationalization was described by Alexander and Glover under the heading of idealization. The unconscious equation is often established, to wit, "to have a reason means you are right." Thus, the need to render one's behavior acceptable by rendering it reasonable begins with the parents, is continued with the superego and is ultimately recapitulated in the analytic situation. Many patients, as we know, are ashamed of their symptoms regarding the neurosis as a bit of childish naughtiness which is best explained away. In the analytic situation, furthermore, there is a split between the experiencing ego which is given over to detailing the derivatives of the unconscious drives of childhood and the observing ego identified with the analyst, which tries to introduce some semblance of reason and control over the derivatives of the drives. The need to be reasonable is also frequently associated with the need to be orderly and clean, and explanations and insights in analysis, as Kris has recently demonstrated, often have the significance of an anal gift to the analyst. Thus the repudiation of the patient's attempt to be, what he considers, reasonable may be experienced as an indictment, a repudiation of kinship and identification and as a rejection of an offering of affection.

A final observation must be made about the relationship between the rationalization of moods and isolation. Isolation is distinguished from rationalization in the fact that the former constitutes an accurate expression of motivation not a spurious one. It appears, however, in conscious-
ness separated from its affective complement and dissociated from its appropriate causal context. Since emotions cannot be repressed in the sense of disappearing from consciousness their appearance often calls for some special act of rationalization which may employ auxiliary mechanisms of displacement and isolation. In the middle of a session, for example, a woman patient one of whose problems was sexual promiscuity stated that she felt embarrassed at having to report to me the events of a date on the previous night. She had, in fact, no reason to be ashamed of her behavior on that occasion because she had behaved most properly in rejecting the advances of her escort. In addition, on other occasions, she had revealed more intimate material without any concomitant sense of embarrassment. The rationalization of her feeling of embarrassment at this point and in this connection was obviously an inadequate reason. The context of the associations reveals that the mechanism of displacement had been employed, because immediately before mentioning her sense of embarrassment over the previous night's activities the patient had been reporting that at a meeting with her father for which she had dressed most seductively the father had made a slip and had called her by her mother's name. The embarrassment belonged to this situation. Its displacement onto the events of the previous night was a spurious explanation, a rationalization. An attempt to analyze the rationalization on its own merits would probably have proved fruitless. An analysis of the mechanism of displacement in this instance, I believe, was the proper technical approach and may perhaps serve as a model for a more fruitful manner of handling the different resistance of rationalization.
To summarize:

In the context of psychoanalytic therapy, rationalization is usually employed as a resistance. Its aim is to preclude further investigation of actions and events by making them seem plausible. There is a hierarchy of gradations of rationalization, from the more realistic, logical, and consistent explanations to those explanations which are completely opaque and which deserve to be called irrationalizations. The better situation is rationalized. The more difficult it is to deal with as a resistance. A breakdown of the ego's defensive ability is usually accompanied by a shift from rationalization to irrationalization. In such instances, the four mental functions are intact, while judgment, insight, relations, reality testing, and other ego functions may begin to deteriorate. When these latter functions remain relatively intact, as in non-psychiatric individuals, rationalizations are easier to detect. The resistance offered by rationalization may be easier to surmount. In the analytic setting, the diagnosis is rationalization augmented by the wish to corrupt the analyst as a defense against being identified with the specious explanations which may lead to unconscious significance and insight.