On Freud's Couch
Seven New Interpretations of Freud's Case Histories
Editors: Iréne Matthias, Imre Szécsényi
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Iréne Matthis
Imre Szecsödy

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Translated by Sheila Smith
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Created in the United States of America

Illustrations


Table of Contents

Preface to the English edition

Preface to the Swedish original edition

1. Frau Emmy: From Catharsis to Psychoanalysis
   *Iréne Matthis*
   - The Age of Hysteria
   - From Vienna to Paris and Back
   - The Neurasthenic’s Doctor
   - The Shameful Secret
   - Frau Emmy
   - On Symptoms and States of Split Consciousness
   - The First Story
   - Tell! Forget What You Told!
   - Free Association
   - Incipient Conflict
   - The Sexual Theme
   - The Male Seducer
   - The Seducer’s Blindness
   - Affect and Consciousness
   - The Hypnoid State and Hypnosis
   - A New Thought Pattern Takes Shape
Describing Pain

2. Miss Lucy: One Hundred Years of Hysteria

Iréne Matthis

The Riddle of the Hysteric
The Hysterical Body
Following the Clues
The Erotic Cathexis
The Body Presented
“The Secret of the Alcove”
Infantile Desire
On Structuring Sex
The Split
The Hysteria that Disappeared
Hysteria is Dead. Long Live Hysteria!

3. Dora: Freud’s Pygmalion or the Unrecovered Patient of a Famous Analyst?

Imre Szecsödy

Background
Presentation of Dora
The Oedipal Turning Point
The Archeological Metaphor
Who Owned Dora’s History?
A History of Illness
The Sherlock Holmesian and the Patriarchal Tradition
A Fictional Supervision
Stealing the Fire; Opening Pandora’s Box
Revenge: “Do You Know, Doctor, that I am Here for the Last Time Today?”

Epilogue

4. Little Hans: The Dramaturgy of Phobia

Johan Norman

Little Hans, Child Analysand/Herbert Graf, Director
Little Hans, Aged 3, and the Question of “Wiwimacher”
Lovesick Little Hans
Little Hans Becomes Afraid of Horses
A Puzzling Start for the Analysis
Hans and His Father on a Visit to Freud
Both Little Hans and His Phobia Pluck Up Courage
The Vision and the Lure of Dramatic Staging
The Father–Analyst’s Blind Spots
Hans Establishes the Distinction between Inner and Outer Reality
How a Child is Born: About Stork Boxes and Eggs
The Little Oedipus
What Does the Horse Mean?
Condensation Dissolves in Meandering Stories
Displacement Ceases When the Analytical Space is Established
The Intelligence of the Unconscious

5. Horror at Pleasure of His Own of which He Himself is Not Aware: The Case of the Rat Man

Rolf Künstlicher

“Amazing, but He Masturbated at that Point”
Irreconcilable Ideas, which Dwell Side by Side Undisturbed
“He Was Hungry and Was Fed”
Transference as an Obstacle to Understanding
Submitting to the Fundamental Rule
The Rat in the Anus and His Vision of the World
“The Precipitating Cause of the Illness”
The Case of the Rat Man is an Example of a Psychoanalytic Process

6. Senatspräsident Schreber, or Reading Insanity

*Lars Sjögren*

The Reader as Co-Author
Schreber and God the Father
Paranoia as Breakthrough and Breakdown
Schreber’s Theories and Freud’s
The Life of the Vampires
The Grandiose Solution
The Inevitable Homosexuality and Its Fate
Three Ways Out of the Primal Narcissism
Striving for Self-Cure
Annotated Bibliography

7. Where the Horsetails Grow as High as Palms: The Case of the Wolf Man

*Andrzej Werbart*

**Part I**

“I am the Most Famous Case”
The Person, the Myth, and the Psychoanalytic Construction
Sergej Konstantinovich Pankejev
Freud as Detective
Some Peculiarities of the Case
The First Presentation of the Case
The Preliminary Solution of the Riddle: Seduction and Its Immediate Sequels
The Wolf Man and the Primal Scene
Infantile Obsessional Neurosis
The Last Piece of the Puzzle—the Grusha Episode
The Solution of the Case

Part II
Some Main Themes in Psychoanalysis
The Infantile Neurosis and the Phylogenetic Inheritance
The Primal Scene and Primal Fantasies
Afterwardness: Nachträglichkeit
Construction and Reconstruction
Fact and Fiction in the Case of the Wolf Man

Part III
Back to the Case: The Analysis with Brunswick
The Father’s Presence and the Wolf Man’s Paranoia
Pankejev’s Later Destiny
The Absence of the Mother in the Narratives of Freud and Brunswick
A New Case, a New Crime: The Hidden Significance of the Sister
The Trivialization of the Case
What Can We Learn Today from the Case of the Wolf Man?

References
About the Editors
Preface to the English edition

The prospect of an English edition of our book *On Freud’s Couch* dawned on me in Stockbridge at the 75th Anniversary Conference of the Austen Riggs Center during a discussion with Dr. David Scharff. The Conference, focusing on “shifting boundaries and renegotiating the therapeutic frame,” was an affectionate meeting. We were at the same time engaged with the past, present, and future, with meeting and remembering old friends as well as being concerned with the future of psychoanalysis. We felt it appropriate to introduce to a larger public how we returned to and renegotiated our understanding of Freud’s clinical papers. In her preface to the original Swedish edition, Iréne Matthis describes the purpose and the history of this book. *On*
Freud’s Couch presents seven new interpretations of Freud’s case histories from the decades around the turn of the century. They are mirrored through the temperaments of six Swedish psychoanalysts: Iréne Matthis, Imre Szecsödy, Johan Norman, Rolf Künstlicher, Lars Sjögren, and Andrzej Werbart. They retell their personal versions of the stories of Frau Emmy von N., Miss Lucy, Dora, Little Hans, the Rat Man, Schreber, and the Wolf Man.

Reading and rereading the case histories by Freud is also an affectionate meeting and an engagement with the past, present, and future. In these rereadings we encounter old friends while also concerning ourselves with shifting boundaries and the renegotiating of the therapeutic frame. We create our reality in an interaction with our environment and construct meaning as a continuous process. Truth is a social phenomenon that must be explored and
transformed unceasingly. Objectivity is provided by our ability and will to question our beliefs and assumptions unremittingly. Language gives us the potential to reflect on meaning—meaning that is created through the interrelationship of representations. Juxtaposing representations opens the gate for reflection and for change. But language can also be a membrane that clouds our sight; we must cleanse our concepts as we cleanse eyeglasses. Reevaluating the way we perceive and how we interpret the perceived can be one way to cleanse our concepts about psychoanalysis. Or to quote Freud (1912b): “The material present in the form of memory traces are subjected from time to time to a rearrangement in accordance with fresh circumstances—to a retranscription. Memory is present not once, but several times over, that is, laid down in various kinds of inclinations. Retroactive
effect (*Nachträglichkeit*) integrates the concepts of rewriting and transcription as a continuous re-organizational process.”

The acquisition of psychoanalytic knowledge follows a hermeneutic circle. The dilemma is created by complex, and thus parameter-rich theories that are difficult to test empirically. Immersed in the clinical material, the analyst tries to identify—impressionistically—the different elements of the process: what changes, how it changes, and why. A problem with using individual case studies for gaining knowledge and evaluating our ideas about psychoanalytic phenomena and concepts is the unchecked or not systematically checked subjectivity of the observer. Unknown systematic biases are introduced by selecting data for presentation according to unspecified canons of procedure for determining its relevance.
As a follow-up to a panel discussion at the Annual Meeting of the American Psychoanalytic Association in 1985, “On the Relationship of Models of the Mind to Clinical Work,” Sidney Pulver published a project in the Psychoanalytic Inquiry (1987). Eight psychoanalysts belonging to different schools commented on the material in a “forthright, detailed and uncensored report of three successive sessions.” Each of them suggested a different understanding and handling of the material—what, when, and how the focus of interpretation should be. Pulver summarized it in the following way:

An analyst’s theoretical orientation has a marked impact on the way he thinks about the patients and the way he works with them. This conclusion raises an equally striking question: How can clinicians who think and behave so differently get equally good analytic results? Another possibility is that the differences among analysts are more apparent than real. The therapists may be saying essentially the same
thing to the patients, but in different words. The patients, once they get used to the therapist’s words, do in fact feel understood. They gain insights about themselves formulated in a variety of languages. Various narratives may be valid, depending on the mutually interacting viewpoints of the analyst and the analysand, and the construction of any one of those varying narratives would be therapeutic, [p. 297]

Much of human life consists of complex events with multiple causes and background conditions that will never precisely recur. We may not be able to run controlled experiments, but we can still try to make internal sense of what people do, in the light of their circumstances, relying on a general form of understanding that is supported by its usefulness in countless other cases, albeit none of them exactly the same. We have to decide whether an explanation is an intuitively credible extension of a general structure of explanation that we find well-supported elsewhere, and whether it is more plausible than the other
possibilities—including the possibility that there is no psychological explanation.

Freud wrote in the *Fragment of an Analysis of a Case of Hysteria* (1905b), “No one who, like me, conjures up the most evil of those half tamed demons that inhabit the human breast, and seeks to wrestle with them, can expect to come through the struggle unscathed” (p. 109). Working with those “half tamed demons,” we have to rely upon clear frames and to keep the boundaries around our work to be able to take those risks. Basic to the frames for analytic work is our frame of reference, which helps us to understand but can also restrict our understanding, providing us with highly colored spectacles. We hope that by going back to Freud’s case histories we have been able to renegotiate some of these frames. Our ambition was to re-experience and restructure the history of Freud and his cases, comparable to what
happens within the boundaries of the analytic situation where the individual’s history is narrated, re-experienced, and restructured so that it acquires new meaning and regains old meanings that were lost. Uniting seemingly separate events into meaningful sequences establishes a coherence, a new way of understanding.

The persistently recurring questions are these: Are these “new” meanings uncovered by the analyst or does the analyst inadvertently provide meanings? Or does the patient provide the meanings as they arise in the interaction? The answers are and must be complex, especially in our work, as we not only approach the meanings that Freud “discovered,” but do so on a written, then translated text, that is once more translated into English. Language is a living substance and is conditioned historically, socially, and culturally. From the viewpoint of a polylingual
subject there will be one language that is more alive, and it will be the one that belongs to the place of his or her everyday existence. The fact is that living in a place inevitably privileges the culture of that place, inasmuch as the stimuli received are more numerous and easy to come by. We hope that our way of translating and transforming Freud’s case histories can provide new perspectives, and can pose a challenge for readers to meet all these different voices: to understand them, to tolerate not understanding them, and to integrate them with their own experiences.

Imre Szecsödy
Preface to the Swedish original edition

_On Freud’s Couch_ presents seven new interpretations of Freud’s case histories from the turn of the century. The questions raised, however, are just as topical today as they were one hundred years ago, and they are of interest to others besides psychoanalysts. They deal with relations between parents and children, with the mother-father interaction, with the conflict between man and woman, with sexuality and love, with fantasy and reality. The purpose of the articles is to demonstrate to a wider audience how a psychoanalytical perspective can help one think through and give meaning to these universal conflicts. Thus the book is
also a contribution to a discussion that is relevant in our own age.

If psychoanalysis is to be a living, creative tradition of ideas, it necessarily has to keep up a dialogue with the rest of the culture and society to which it belongs. During recent decades, however, the psychoanalytical movement in Sweden has been noted mainly for its withdrawal from public cultural debate; its members, the psychoanalysts, have for the most part held their deliberations behind closed doors.

We see here, for better or for worse, a historic tradition in the field of psychoanalysis originating with Freud himself. On the one hand, Freud thought that speaking to those who would not understand was not worth the trouble. On the other hand, he tried time and time again to reach out to the great world outside with his insights and ideas on the structure
and function of the psychic life and the problems that might result when conflicts could not be resolved or contained, but instead found expression in psychic disorders. Freud also had much to say about the great issues in the history of mankind—war and peace, evil and violence, illusions and religions, nature and culture—and about the dilemma of the little man in the world. Books such as Totem and Taboo (1913b), The Future of an Illusion (1927a), Civilization and its Discontents (1930), and Moses and Monotheism (1939) bear witness to his effort to open a dialogue with the intellectual community and members of other disciplines about the common problems of humanity. The case histories discussed in this book are a manifestation of Freud’s attempt to present to a larger public the views of psychoanalysis on the processes in the life of the psyche.
Freud’s efforts in these directions were not always successful, but rather the reverse. His pessimism about the chance psychoanalysis has to reach out and be understood by a general public often proved to be well-founded. The ambiguities that pertain to the opening up of the closed doors remain with us today. Behind these closed doors the clinical psychoanalytic work continues, in discussions in the psychoanalytic associations as well as in the consulting rooms. The fact that stormy weather may accompany an opening up of these hitherto sheltered chambers should not be accepted as a good reason for keeping the doors closed.

impetus was the commemoration of the 50th anniversary of Freud’s death and a desire to open psychoanalysis to the outside world. It was a conscious effort to change. This desire to change was also confirmed by the series of six public lectures on Freud’s cases initiated by the Psychoanalytical Society in the spring of 1991, in Stockholm, and later repeated in Gothenburg and Lund. This lecture series came to an end in the spring of 1994. (Meanwhile another open symposium and public lectures on other topics have also been held.)

In our wish to reach people who were unable to visit the lecture halls, we decided to publish the contributions, somewhat revised, as a book. You are holding the result in your hands. Here you will find several modern analyses of Freud’s treatment of seven patients during the period from 1888 to 1914. Freud’s reasoning and experiences are described from
the perspective of six Swedish psychoanalysts currently in practice.

Our aims for the book are limited. There is no attempt to make a complete study of Freud’s clinical and theoretical work during this productive period around the turn of the century. Neither are we attempting to present the psychoanalytical perspective as if it were a uniform, well-disciplined, polished approach. Psychoanalysis in the singular is perhaps as difficult as it is dangerous to capture, and the various authors are responsible for the articles published here. The articles allow an interested public to gain insight into the extremely special working conditions of the analyst and his or her personal way of fashioning ideas and opinions from his or her cases. The psychoanalytical consulting room is normally closed to view (in order to shield the patient), which makes the publication of current cases
if not impossible, at least difficult. Freud’s patient material, already accessible, makes the freedom of a commentator necessarily greater.

Still, it is precisely this circumstance that complicates the work of an interpreter. It is not merely that the cases have been twisted and turned by the original analyst, Freud himself, but that through the years a long succession of famous analysts have come along and given those interpretations a few new turns. Thus the pictures we get change as quickly as in a kaleidoscope. But in this shifting flow of pictures some themes recur constantly to form a pattern. They deal with sexual differences and sexuality, with the noticeable absence of the mother in Freud’s case descriptions, and the father’s equally striking presence (especially in the theory), with the constant striving of people to find or forge a meaning out of
everything that happens, and, like a bass chord in a minor key, with the rhythms of repetition.

The primary field of operation for psychoanalysis has always been the direct work with the patient. Theory, necessarily present as a frame of mind through which concrete experience is judged, is always secondary to clinical practice. Accordingly, it also follows that theory can be modified, that it is flexible and variable—yes, in actual fact must be so if it is to become a part of new clinical experiences. For these reasons the development of psychoanalytical theory may best be studied through such case histories and analyses as the ones we find in this book.

Freud provided many glimpses into his psychoanalytical work: through case histories and vignettes from his clinical practice, through his self-analysis and analyses of historic personages, works of
art, and novels. Most famous and most widely discussed are “the five cases,” which include Dora, Little Hans, the Rat Man, Schreber, and the Wolf Man. They are all included in this book. (Of these, Freud met Little Hans in person only once and Appeals Court Presiding Judge Schreber never; the Schreber case was an analysis of Schreber’s autobiography.) In addition, we have included the two first cases presented by Breuer and Freud in Studies on Hysteria (1895), those of Frau Emmy von N. and Miss Lucy. They are less familiar to a general audience. Of course, the other two cases in Studies on Hysteria, those of Katharina and Fräulein Elizabeth von R., would also have been worth including, as would the case of female homosexuality Freud published in 1920 as Über die Psychogenese eines Falles von weiblicher Homosexualität (The Psychogenesis of a Case of Homosexuality in a
Woman). It would also have been tempting to include Freud’s analyses of Jensen’s Gradiva (1907), Leonardo da Vinci (1910b), and Michelangelo’s Moses (1914a) in a modern analysis of Freud’s work, but these would have been outside the scope of this book.

On Freud’s Couch presents seven of Freud’s case studies. Seven luminous characters pass in review. Their personal fates give us an intimate closeness to life as it was lived in the “better families” during the decades around the turn of the century. The reader will make the acquaintance of:

Frau Emmy, age 40, a widow of fourteen years. She comes to Freud in 1888 with embarrassing tics and speech difficulties, muscle pains, and migraines. She can not even tolerate mineral water.
Miss Lucy, a 30-year-old governess in Vienna, who seeks help in 1892 for a sudden loss of the normal sense of smell, while all the time feeling in her nostrils the odor of burnt pudding. Soon she smells cigar as well.

The 18-year-old hysterical girl, Dora, who in 1900 is sent to Freud by her father after threatening to take her own life. She has been subjected to the hypocrisy of the upper middle-class environment of the time and is used as a pawn in her father’s love affairs.

Five-year-old Little Hans, who in his sexual curiosity and joy of discovery has stumbled on, and been deformed by, the dishonesty of the adult world. He is afraid of horses, which can bite and fall over. Freud follows his development from 1906 to 1908.
The Rat Man, a 29-year-old law student and lieutenant in the Austrian army, who finds the solution to his ambivalence and divided personality in compulsive rituals and compulsive thoughts centering around a rat. He finds his way to Freud’s couch in 1907 in order to be cured of his afflictions.

The insane Presiding Judge of the Appeals Court, Schreber, who believes that through rays emanating from God he is to give birth to the new man. He recreates in his adult life the childhood torments his strict father has subjected him to. In 1903 he publishes his memoirs, which form the basis for Freud’s own analysis, published in 1911.

The immensely rich, 20-year-old Russian landowner’s son who travels around Europe with his personal retinue seeking a cure for his compulsive brooding. In 1910 he arrives in Vienna and seeks out Freud, with whom he goes through several rounds of
treatments, the first lasting for four years. He has had a childhood dream about wolves, the source of the name Wolf Man in Freud’s case histories.

Freud’s case histories are as exciting as crime stories. They are each mirrored here through the temperaments of one of six Swedish psychoanalysts currently in practice: Iréne Matthis, Imre Szecsödy, Johan Norman, Rolf Künstlicher, Lars Sjögren, and Andrzej Werbart. Each tells his or her own unique version of the story.

Iréne Matthis
Frau Emmy: From Catharsis to Psychoanalysis

Iréne Matthis

The cathartic method in the treatment of hysteria and the theories about the genesis of hysteria on which the method is based were presented for the first time in 1895 by Joseph Breuer and Sigmund Freud in their joint work, Studies on Hysteria. Several case histories were included in the book. In this exposition of hysteria we will concentrate on some of these. Breuer is responsible for one of the case histories, the description of Anna O. and his treatment of her, which took place between the years 1880 and 1882.
This text has the status of a minor classic by virtue of being the first known case in which the cathartic method was used, and psychoanalytic literature abounds with references and allusions to “Fräulein Anna O.” In some strange way, however, the four case histories published by Freud at the same time have been eclipsed by Breuer’s single case.

The impression that Freud’s case histories in *Studies on Hysteria* (hereafter abbreviated to the *Studies*) have fallen into oblivion is strengthened when we consider that when Freud’s famous cases are discussed or referred to in an international context, the allusions are always to the five cases beginning with Dora (who was treated by Freud in 1900 but whose case was not published until five years later, 1905b), followed by Little Hans (1909a), the Rat Man (1909b), the Appeals Court Presiding Judge, Dr. Schreber (1911), and finally the Wolf Man
(1918). The four case histories in the *Studies* have never been counted among Freud’s famous cases. One may justifiably wonder why, since they are no less interesting as cases than Anna O. The descriptions are not second rate nor have they any obvious flaw in comparison with Breuer’s presentation.

I think the answer can be found in the need for the psychoanalytical movement to define and delimit “pure” psychoanalytical practice in relation to the therapeutic attempts that preceded it and which ever since, in the form of new “schools” and offshoots from psychoanalytical practice, have challenged and threatened “pure” psychoanalysis. This tendency has sometimes led to an outright canonization of Freud and his *psychoanalytical* writings, for example the five case studies (Mahony 1993). No field of study could possibly gain from this kind of exaggerated
need for purity. But the oblivion that has befallen Freud’s studies of Frau Emmy, Miss Lucy, Katharina, Fräulein Elizabeth, and others in the Studies can be interpreted as evidence of such an effort. For it is not until his treatment of Dora that the psychoanalyst Freud takes up his pen to pass on his experiences with the psychoanalytical cure. When the five famous cases are spoken of, the reference is quite simply to the studies that were made from a perspective of psychoanalytical theory. The four cases of hysteria described in the Studies were treated between 1888 and 1893 when psychoanalytical method and theory had not yet been “invented.” Accordingly, the cases belong to the prehistory of psychoanalysis. This circumstance, however, makes them more interesting from our point of view since we are going to attempt to shed light on the transition from catharsis to psychoanalysis. In the preface to the second edition
of the *Studies*, Freud writes: “[I] can give no better advice to anyone interested in the development of catharsis into psycho-analysis than to begin with *Studies on Hysteria* and thus follow the path which I myself have trodden” (1895, p. xxxi).

We shall follow his advice, concentrating our interest on the *Studies* and in particular on some of the cases presented there. We shall accompany Freud in his daily work routines during this period, devoting our attention especially to two of the case studies published in the book, those of Frau Emmy and Miss Lucy. In this way we shall to some extent redress the oblivion that has fallen upon hysterical women, the wet nurses of psychoanalysis.

**The Age of Hysteria**

Upon first entering it, the world of hysteria may look like a macabre waxwork museum, full of strange
figures with distorted, partially paralyzed bodies. Hysterics suffer from hallucinations and delusions and are given to grandiloquent acting out, *absences*, and fainting fits. Charcot’s performances—indeed, they really were shows—at La Salpêtrière in Paris come to mind, especially as portrayed in the famous painting by André Brouillet, in which Charcot is exhibiting a hysterical woman in a pose of surrender. Lightly dressed, in a state of trance, she is reclining in the arms of a male assistant who is eyeing her vulnerable figure. The picture hung in Freud’s consulting room in Vienna and may now be viewed at the Freud Museum in Maresfields Garden in London.

It would be easy to get the idea that Freud was one of those many voyeurs who, greedy for sensation, flocked to the acts and variety shows so common at the time. Not only hysterics but people with every conceivable type of deformity and odd behavior were
Charcot demonstrates a case of hysteria by André Brouillet
exhibited. No doubt Freud served as the scapegoat for this, for he was rejected and disdained in many circles for his interest in what many considered to be pure spectacle. This was, of course, especially evident when Freud began to call things by their proper names, openly and without euphemism. Sexuality was the thing, sex and instinct: sexuality as it might be manifested between men and women, between children and adults.

During the final years of the last century, in the age of hysteria, when Freud was laying the foundation for the creation of his great theory, he was thus isolated from the academic milieu surrounding him. This may be why he was able to learn and draw conclusions from aspects of the field of medical science that were ignored or taken for granted by others. In discussions of what especially stimulated Freud during this period and thus contributed to the
development of psychoanalysis, his cultural inheritance is often mentioned. An analysis of this kind places Freud in a larger context and situates the origin of psychoanalysis in the history of ideas.

More specifically, reference is often made to Freud’s exchange of letters with Wilhelm Fliess, an ear, nose, and throat doctor in Berlin, and to Freud’s systematic self analysis initiated in 1896 after his father’s death. The letters to Fliess, which since 1985 have been available in their entirety (Masson 1985), testify to his lonely struggle, to deep mental crises bordering on madness, to hard work, and to a passion that against all odds, seeks wider horizons.

Freud did not become the creator of psychoanalysis by virtue of his cultural inheritance, however, or even through his scientific interchange with Fliess, but above all, I would like to maintain, through his daily meetings with patients who, for
several decades, occupy his consulting room and engage in a dialogue with him. From the start, in 1887, until the turn of the century, it is predominantly women who come to him with their hysterical symptoms. I think that their significance for Freud as the creator of psychoanalysis has been underestimated.

As a matter of fact it is their “directive” to Freud that—gradually, for it took time—proves to be worth following up. It is likewise their term for the treatment that points toward a definition of what kind of treatment it really is. As early as 1882, Breuer’s patient, Anna O., dubs the treatment a “talking cure,” a designation that singles out the main operative instrument and that, in time, has come to be integrated into the psychoanalytical vocabulary.

In other words it is the “hysterical women” who, with an intuition springing from their closeness to
both body and soul, give a name to their experiences with the treatment. They have an inner knowledge of what it is all about, expressing this in words that have not yet become concepts. Freud’s creative intellectual achievement lies in his conceptualization of their words and expressions, nervous coughs and half-smothered screams. Freud inherits the concept of catharsis and the method from Breuer. Together with Emmy, Lucy, Katharina, and Elizabeth he administers it in such a way that its yield will be psychoanalysis.¹

**From Vienna to Paris and Back**

Let us not get ahead of the story, but begin instead to sketch Freud’s situation as it was in Vienna in the 1880s. Due to insufficient financial resources at this time Freud was forced to give up his research career in neurology to take up a career as a clinician, working with patients who could pay.
During this period, little attention was devoted in Vienna to nervous disorders. The patients were spread out in different medical departments, and no one had an integrated grasp of the whole. You “had to be your own teacher,” as Freud notes in *An Autobiographical Study* (1925).

In Paris the situation was different. There the charismatic Charcot had gathered hysterical patients at the hospital La Salpetrière where every week, in large, public stage performances, he demonstrated the bizarre movement patterns of hysterical symptoms. Freud applied for and received a grant, and in 1885 we find him in Paris with Charcot. At this point, Freud writes, “he understood nothing concerning neuroses,”² but he was enormously skillful at diagnosing organic nervous diseases. As a result of his diagnostic zeal, neurotic patients sometimes received organic diagnoses. This happened, for
example, with a nervous headache presented by Freud at a lecture as a case of chronic localized meningitis. His colleagues and the audience rose in unanimous protest and with that his teaching activity was ended in that department. It is Freud himself who tells this story with humor and self-irony in An Autobiographical Study (1925, p. 12).

Freud’s visit to Charcot, however, was a significant turning point in his career. He began to realize that there was a connection between the outer phenomena, the symptoms, and the inner thought processes always circling around previous experiences in the lives of the patient. But when he returned to Vienna and presented his new impressions to his colleagues in the physician’s association, he was not well received. They demanded evidence. For example, he said there were male hysterics, which many of them contested. A surgeon colleague
dismissed him with the argument that a male hysteric was completely impossible since the Greek word *hystera*, from which the word hysteria originates, means uterus. Demonstrably only women have uteruses, “So how can a man be hysterical?” (Freud 1925, p. 15).³

When Freud was looking for a male case of hysteria to demonstrate, he was refused permission to use the cases already at the clinic. Through a friend, an ophthalmologist, he at last got hold of a male outpatient who presented a classic picture of hemianesthesia (numbness on one side of the body). This case was demonstrated at the physicians’ association where his scientific colleagues applauded the presentation, while later choosing to ignore it. Rather uninteresting from a psychoanalytical point of view, the case was published in 1886.
There was no room for Freud in the academic world at this point. Realizing this, he withdrew to a practice as a private doctor for patients with nervous disorders. At the end of the 1880s Freud was fully occupied with installing himself in his new practice and, after his marriage to Martha Bernay in 1886, conceiving children. The children came close together, six in nine years.

The Neurasthenic’s Doctor

“Anyone who wants to make a living from the treatment of nervous patients,” Freud wrote, “must clearly be able to do something to help them” (1925, p. 16). At this point his therapeutic arsenal contained two weapons (Freud often expressed himself in belligerent terms): electrotherapy and hypnotism.

When it came to electrotherapy he followed a certain teacher’s manual to the letter, without any
success whatsoever. He soon realized that it was ineffective and desisted. But he could not support himself by sending patients to hydropathic establishments and sanatoriums, which were a popular treatment alternative for rich patients; then only one consultation was required to get a referral. What remained was for him to give hypnotic treatment, considered in Viennese medical circles to be fraudulent, the work of charlatans—and dangerous in the bargain! Concentrating on hypnosis also meant that Freud had to end his treatment of organic nervous diseases. “For me,” he wrote, however, “there was something positively seductive in working with hypnotism. For the first time there was a sense of having overcome one’s helplessness; and it was highly flattering to enjoy the reputation of being a miracle worker” (1925, p. 17).
In his case histories from this period Freud does not emerge as a helpless weakling, either. There is no doubt that he met his patients with the grandiose self-confidence of a man who could work miracles. So, for example, it once happened that in anger and desperation in the face of a treatment-resistant young girl with walking difficulties, he made a suggestion under hypnosis concerning her umbrella—on which she always supported herself when she tottered along through life at her father’s side: “Tomorrow morning that umbrella of yours will break in your hands and from that time on you will never need an umbrella again!” (1895, p. 100).

What an idiot! Giving a suggestion to an umbrella while its owner is lying in a hypnotic trance. But in the magic world of words even things obey the laws of language as soon as there is a listening ear. The next day the father came, himself a doctor who had
been present at the sessions, and told how his daughter during their morning walk suddenly began singing and dancing, beating time with the umbrella on the pavement—until it suddenly broke! After that walking without it was no problem (Breuer and Freud 1895, p. 100).

But Freud did not use hypnotic suggestion only to eliminate symptoms. He also wanted to find out how the patient’s symptoms had come about. During hypnosis he asked for the connections that the patient was believed unable to recount when in a waking state. This proved to be a more effective way to use hypnotic treatments.

Freud had learned of this method from the renowned nerve specialist, Joseph Breuer, 14 years his senior, whom Freud knew and had worked closely with all during the 1880s. Earlier Breuer had told Freud about a case, later to become world famous as
“Anna O.,” whom he had treated in 1880-1882 with good results. The Breuer method implied that patients under hypnosis could name the traumatic situations that had originally caused their symptoms and at the same time it allowed the affect associated with the memories to be expressed fully. It was an emotional abreaction, and so what is known as the “cathartic method” was born. (We can easily recognize this method in the many treatment forms that have flooded the Western world since the 1960s: Janov’s primal therapy, bio-energetics, certain types of Gestalt therapy, and so on. These methods are not thus entirely new but rather pour old wine into new bottles.) Anna O. had herself dubbed the procedure the “talking-cure” or, jokingly, “chimney-sweeping.” (Her use of English for this dubbing had come about because one of her hysterical symptoms was that she
no longer spoke or understood her native language, German. Instead she spoke only English or Italian.)

After 1889 Freud used only this method in his practice. He convinced Breuer that together they should publish their case studies with accompanying theoretical commentaries. And he had wondered for a long while why Breuer had not already published the case of Anna O., which in Freud’s view was a sensational demonstration of something that was entirely new in medicine.

**The Shameful Secret**

We now think we know the answer to the question of why Breuer did not want to publish the case of Anna O., and we now also understand why so much persuasion on Freud’s part was necessary before Breuer finally agreed to report the case, 13 years after it was finished. There was something
Breuer did not want to talk about, something he wanted to hold back, not only from Freud, but perhaps especially from himself.

Breuer took the criticism that greeted the publication of the Studies in Vienna very much to heart. Freud did not. Perhaps, I would suggest, it was not the criticism of what was written there that Breuer was offended by, as Freud thought. Breuer’s having left something essential out of the case history, that is, the sexual theme, paved the way for his excessive reaction to the criticism. What made Breuer vulnerable was what was not written there, precisely that which was not spoken: the secret of the shameful sexuality.

So here we find an aversion to “telling all,” which we will encounter again, as explicitly, among the patients. The aversion has to do with the sexual; it borders on taboo.
We now know that Anna O. developed a strong transference neurosis to Breuer. In the last stages of the treatment she believed she was pregnant and was about to give birth to a child whose father, she declared, was Dr. Breuer himself. Breuer fled, never to return.

Thus it was the shameful, sexual secret Breuer harbored and wanted to keep on hiding. But we know, of course, that sooner or later, one way or another, secrets always leak out. It would be Freud who would rediscover and unearth the treasure concealed in the sexual theme. But it did not happen quickly, not in one step, not without difficulties. He had not yet arrived.

Let us thus begin from the beginning and accompany the doctor for nervous disorders, Professor Sigmund Freud, from Rathausstrasse 7. It is 1 May 1888, and 3 more years will pass before he
moves to the famous address at Berggasse 19—now a Freud museum—where he will remain until he is driven into exile by the Nazis in 1938.

**Frau Emmy**

On this day, 1 May 1889, Freud writes in his text that he visits Frau Emmy von N., age 40, from Livonia.

Emmy, born and brought up in a very wealthy family, is the thirteenth child in a family of fourteen, only four of whom survive. After a strict upbringing she marries, at the age of 23, an intelligent and rich, but considerably older, man. After a short time he dies of a stroke, just after the birth of their second child. Frau Emmy is left alone with two little girls. During the succeeding fourteen years, she has suffered from constant symptoms: depression and insomnia, continual pains all over her body, together
with migraine, horror-filled hallucinations, cramps, tics, and speech difficulties. For six weeks she has been treated by another doctor in Vienna, without success. Now it is Freud’s turn, and at this point he is a physician with relatively little clinical experience.

The Frau Emmy who Freud meets is a woman with fine, still youthful features. She is intelligent and talented, director of a large industrial empire and manager of several estates. She carries on an extensive correspondence.

This first day she receives Freud while lying on a sofa, her head resting on a leather cushion. The expression on her face is anguished; she is suffering. She speaks with great difficulty in a low voice. Sometimes her speech is interrupted by spasms resembling a stammer. Her facial expressions are marked by tics. There are sudden jerks and shuddering convulsive movements. Her fingers move
incessantly. In addition, her stammering speech is interrupted by a kind of clacking bird call; she sounds like a wood grouse.

What she is saying, however, is completely coherent, revealing “education and intelligence,” Freud writes. “This made it seem all the more strange when every two or three minutes she suddenly broke off, contorted her face into an expression of horror and disgust, stretched out her hand towards me, spreading and crooking her fingers, and exclaimed, in a changed voice, charged with anxiety: ‘Keep still!—Don’t say anything!—Don’t touch me!’” (1895, p. 49).

“Keep still! Don’t say anything! Don’t touch me!” Looking back, we may ask ourselves whether we are listening to an exhortation to the psychoanalyst that would eventually become the rule of every psychoanalytic treatment: “Keep still. Don’t
talk when there is no need to do so; don’t intrude with opinions, questions, advice, or comments. Don’t touch the patient.”

But Freud has not yet learned to listen to the literal meanings of his patient’s speech. That is why he now offers an opinion that he believes is in accordance with what a physician should recommend. He suggests that Frau Emmy should separate from her two daughters for the time being—after all, they have their governess— and go into a nursing home where Freud can visit and treat her on a daily basis. In reality, he will be spending a lot of time with Frau Emmy, and he visits her twice a day, every morning and evening, for 7 weeks. During the first couple of weeks he notes down what has happened every day. It is a detailed, vivid description, and these notes, covering about forty pages, make up the actual case history (1895, p. 48-85).
On Symptoms and States of Split Consciousness

The first thing Freud notices when he visits Frau Emmy is that every time someone comes through the door she jumps as if she has been frightened. Never losing an opportunity to make arrangements when he thinks it is for the good of the patient, Freud orders everyone to knock and not to enter until she has given permission, but even with these precautionary measures the patient continues with her tics, jumping out of her chair every time the door is opened.

Frau Emmy complains of pains and a sensation of cold in her leg. Freud prescribes warm baths and decides that he himself shall massage her whole body twice a day. There is no detailed description of this massage in Freud’s account and he never comments on it. We can thus only speculate about its effect; the fantasies it may arouse I leave to the reader himself or herself to formulate.
He also treats her with hypnotism, for Freud the only truly therapeutic expedient. She has never been hypnotized before. In the hypnotic treatment of this time the pathological ideas that the patient had were countered by assurances and prohibitions on the part of the doctor and by his presenting other, contradictory notions. For example, if the patient had the idea that she could not tolerate mineral water and therefore never drank it, this could be driven away by suggestion. The belief that mineral water was delicious and good for her could replace the original notion. (This is reminiscent of the treatment ideas we meet today in cognitive therapy, for example.)

Frau Emmy is easy to hypnotize. Freud needs only to hold his finger up in front of her and mumble, “Sleep, sleep,” and she does. When she has fallen asleep Freud suggests to her that all her symptoms will abate and that she will begin to sleep soundly. He
continues this for a few days, and lo and behold, she sleeps better, and her symptoms also diminish. So far we are still completely within the framework of traditional medicine and hypnosis.

But one week later, on the morning of the May 8, an agitated Frau Emmy relates a story she has just read in the Frankfurter Zeitung, which is lying on the table in her room. It is about an apprentice who has tied up a boy and put a white mouse in his mouth. The boy died of fright! “Keep still! Don’t say anything! Don’t touch me!—Supposing a creature like that was in the bed!” She is shaking with fright, clenching and unclenching her hands again and again. “Dr. K. has sent a whole case of white rats to Tiflis. …Only think, when it’s unpacked. There’s a dead rat in among them—one that’s been gn-aw-aw-ed at!” (1895, p. 51).
Freud hypnotizes her and tries to drive away the animal hallucinations by suggestion. While she is sleeping he takes the newspaper, which is still on the table, and reads the little story of the boy who has been maltreated: there is nothing mentioned about rats or mice.

During their opening talk that same evening Freud mentions the mice and rats to her. She knows nothing of it, seems surprised, and laughs. We can see this episode as an illustration of the special states of consciousness that were thought to account for the appearance of hysterical symptoms. We might say that the symptoms were created during a twilight state of consciousness—what Breuer called the “hypnoid state.” The symptoms were caused by something that happened during this state, something which was associated with affects such as shame, fright, or psychic pain—a trauma, in other words. It
did not need to be a physical trauma, and it was often a question of several events, the sum total of which had a traumatic effect. Freud was, as we mentioned, curious about this original reason for the symptom, and he now asked Frau Emmy, after first hypnotizing her, to tell him why she was so easily frightened.

**The First Story**

Frau Emmy answers that her fear has to do with memories from her childhood and youth. When she was 5 years old her brothers and sisters threw dead animals at her. That was when she had her first spasm and fainting fit. But her aunt said that that was “disgraceful” and she “ought not to have attacks like that” and so the attacks stopped. Later on, when she was 7, she was again frightened, this time when she unexpectedly saw her sister in her coffin. And again when she was 8 and her brother dressed up in a sheet like a ghost. And yet again when she was 9 and saw
her aunt lying in her coffin, and her aunt’s mouth suddenly fell open.

This account brings back my own memories from pre-puberty when, with a feeling of mingled dread and delight, friends and I listened to ghost stories and other horror tales. I remember especially one told by a girl who was a few years older. She (or was it someone she knew?) worked in a hospital. She went into a ward to help an old fellow to get out of bed. She took his hand to pull him up—and it came off in her hand … We scarcely dared to breathe as we sat there huddled together in the dusk. Silence. A jumble of sensations, wordless horror and wonder. Then came the password: bone cancer. “He had bone cancer.” All those small, vulnerable bodies breathed more freely, the soul’s high tension eased a few volts. Now we could once again look at each other, speak of the awful thing or talk about something else, about
school or a film someone had seen the day before. It was obviously of minor importance that no one in this little group of children really had any idea of what bone cancer was. Or was it perhaps that just because we did not know but realized that it was a significant word, or chose to make it one, that this was exactly why the word could work almost magically? The word was something we could hang the inexplicable on, as if it would thereby become explicable.

The story naturally left a residue of wonder in our childish imaginations, ruminations that we might here summarize in the phrase: What can bone cancer lead to? Are not our adult lives spent in seeking the answers to all the puzzles left behind in the depths of our souls and bodies by the stories and myths of our childhood?

(Hereafter I will refer to the special occurrence of “naming” frightening events or those that are hard to
understand—words that have an anxiety-alleviating effect—by using the pithy term, “bone word”—bones that make up the skeleton.)

Accordingly, while Frau Emmy is recounting her awful memories, waves of horror and dread wash over her face. When she finishes her mouth is still open—as if she were panting for air. Then she calms down. In reply to Freud’s question she says that she sees these scenes before her—as three dimensional, in their natural colors—while she is describing them. She has often thought of these events, especially during the last few days.

“During the last few days.” It is precisely during the last week that Freud has worked so intensively with her and this is the first account of traumatic memories he reports on in the case history. Is it Freud who is there throwing dead things in her face and getting her to remember what she has fought so hard
to keep back? It sneaks through the back door, in the symptoms, in her delusions about dead rats and mice and about someone who dies of fright when he gets a mouse in his mouth.

Has Frau Emmy now developed sufficient confidence in her new doctor to begin to tell him of the reasons for her spasms and fainting fits without the risk of hearing: “This is disgraceful; it isn’t done”? The situation involves an ambiguity: On the one hand, it allows everything to come out. ‘Tell,’” says Freud, “tell more!” (This is the Breuer method inspired by Anna O.) He is interested in the whole situation and how it has come about, for he has learned from Breuer that this is exactly what is of importance in curing those who are ill. On the other hand, he enters intensively into the task of eliminating these telling symptoms and getting the patient to forget the connection. Just like the aunt he
exhorts the patient “to put an end to them.” This is actually the whole point of suggestive hypnosis: it is based on banishing these connections and pictures from the patient’s mental world. This is also what Freud tries to do. To support his suggestions he strokes the patient over the eyes several times.

**Tell! Forget What You Told!**

Right here we begin to suspect a conflict in the method. On the one hand the doctor asks the patient to tell, indeed to tell all—since it is important. On the other hand he asks her to forget what she has told—as if it were not important any more. Freud is not yet aware of this contradiction in the method, and it will take him many more years to solve it. But it is exactly when this type of contradiction becomes apparent in the actual work—between theory and clinical practice or within the theory itself—that an impetus is provided to development, if you are sensitive to its
expressions, open-minded about your own mistakes, and prepared to recognize your own lack of knowledge.

It is apparent to later readers, familiar with theories about transference and counter-transference, that this case presents us with an instance of positive transference between patient and physician. Freud himself, of course, does not know that, for the concept of transference has not yet been recognized or named. If it had been expressed more forcefully (as it would be a few years later when a patient suddenly throws herself around Freud’s neck), he might, like Breuer almost 10 years earlier, have been so terrified that for lack of words and concepts with which to grasp that which could not yet be fully understood, he might have abstained from continuing his search for understanding. Then he might, like Breuer, have developed an aversion—a symptom—to
the sexual implications of the treatment relation between patient and doctor.

If Freud’s case histories are read in the light of today’s knowledge, one sees clearly, however, how the patient, Frau Emmy, makes every possible effort to please Freud, who has now become an important person for her. This means, though, that the hypnotic method which Freud used, or the baths he ordered, or the daily massages he gave the patient, may not actually have been the active, result-producing components in the treatment. There was something quite different going on—something that took place between the patient and the physician. That this was the case becomes even more apparent when we consider that the hypnosis is only effective, as we shall see, when the patient desires it to be.

But I am getting ahead of the story. Without using words like *transference* or any other “bone word” for
it, let us see how Frau Emmy after the first week is already trying to draw Freud’s attention to the importance of the positive relation between them. For the first time since the start of the treatment she is cheerful and talkative. She says she now feels much better and begins to speak disparagingly about the previous doctor’s treatment. For a long time she had wanted to stop going to him but did not know how she should go about it until a hint from Doctor Breuer helped her to break off the treatment and turn to Freud instead. When Freud expresses surprise at what she has confided in him, Frau Emmy becomes fearful and begins vehemently to charge herself with having been indiscreet. Freud tries to reassure her.

At his next visit, during the massage, she says that she is ashamed at having revealed the day before that it was Dr. Breuer who had recommended that she seek out Freud. In reality the shame may be related to
the positive attachment to Freud that has indirectly come to light. Clearly things have shown up here which may be disgraceful—“It isn’t done”—and Frau Emmy consequently looks worse. She shivers with cold and is angry. Freud soothes her, he writes, “with a white lie.” He says he already knew all this; she has not revealed anything unwarranted and need not feel ashamed.

Here for the first time a lie is described as a sedative.

**Free Association**

Freud continues the massages, noting with satisfaction that thanks to those massages his influence begins to have an effect even before he has hypnotized her: she is calmer, her mind is clearer, and even without hypnosis she can discover causal relations. She is beginning to talk during the massage,
unreservedly, going wherever her thoughts lead her. On this day, on the morning of May 10, 1888, Frau Emmy von N., age 40, from Livonia, inaugurates the method of free association in Freud’s clinical practice.

With a look of horror she tells about a cousin who was a bit queer in the head and whose parents had all his teeth pulled out at the same time. She repeats several times, “Keep still! Don’t say anything! Don’t touch me!” Freud, who continues throughout to ask probing questions while he massages her whole body, does not heed Frau Emmy’s desperate exhortations but instead hears her utterances as a protective formula, a magic jingle.

Nevertheless something is being communicated. Freud is being alerted, and during the hypnosis immediately following the massage he asks what she means by the phrase. She explains that when she was
having frightening thoughts she was afraid of being interrupted in the middle, for then everything would only get confused and things would grow even worse. (Isn’t Frau Emmy here stressing the importance of allowing the patient to finish making his point and the patient’s unequivocal prerogative in the dialogue?) She also relates every expression in the phrase to several specific episodes, which all, in spite of the fact that they are far apart in time, are mentioned in one sentence without a period, as if they were acts in the same play. In other words, the flow of free talk becomes something that may link together disparate experiences and in that way create a connection, a story.

Freud assumes, however, that the expression, “Keep still! Don’t say anything! Don’t touch me!” has been created as a formula to shield Frau Emmy from a repetition of similar experiences. He banishes
her fear by “suggesting away” the phrase. The patient shows her appreciation of his solicitude and obeys. Or, she realizes that Freud will not understand the words as she would like to have them understood and thus there is no point in repeating them. In any case, she never lets Freud hear the full expression again.

**Incipient Conflict**

In the evening Frau Emmy is agitated; a little dog has barked at her in the garden, and she is afraid that Freud has been annoyed by something she said in the morning during the massage. Is it Freud who is the dog, barking fiercely? Was he annoyed because she had said, “Keep still! Don’t say anything! Don’t touch me!” to him during the massage? That would, of course, have meant that most of what he was doing with her ought not be done: no prescriptions, no questions or long explanations, no massage. Instead he does what the aunt has done: recommends that she
stop this behavior: It is disgraceful; it isn’t done! The patient obeys, now as then. But the battle between doctor and patient has begun.

Freud still can not listen to these reactions and counterreactions in a way that allows him to use the knowledge to a therapeutic end. He answers on the level of conventional conversation and says only that he is not annoyed—absolutely not. At this point in the treatment, he refrains from any further questions.

Frau Emmy, however, tries once more to catch Freud’s attention. When he asks her during hypnosis what she remembers of what she told him last, she answers, “Don’t touch me!” That is not, however, what Freud wants to hear: he had in mind the stammering of yesterday evening. Here another theme is struck, one which has to do with the various levels of meaning in psychoanalysis. Freud still can not consciously admit to himself that he is actively
taking part in a stammering set in progress by his constantly interrupting the patient’s attempts to make her point, to say *what* she wants to, *when* she wants to, in the therapeutic relation. Freud contributes to this stammering when he does not allow the patient to get to the point where the phrase unfolds from within, so to speak.

But Frau Emmy’s patience is admirable. She never completely gives up her struggle to get the doctor to understand something other than what he takes for granted. After a couple of days, Freud notes that his suggestions do not help if the patient has not first been allowed to tell everything she wants to, without being interrupted. Frau Emmy, it seems, is keeping a watchful eye on Freud, even when she is under hypnosis. “I can not evade listening to her stories in every detail to the very end,” Freud declares (1895, p. 61).
The Sexual Theme

Knowing now that several years later Freud would constantly see sexual themes reflected in his patients’ stories, it is remarkable to us that he seems not to be aware of them in Frau Emmy’s case. Freud offers no sexual explanation whatsoever for her symptoms. Still, he reports many details concerning her words and behavior, on the basis of which we can (re)construct a sexual theme.6 Frau Emmy stages a varied production of hallucinations, many of them zoological and vibrating with passion. We remember the mouse in a boy’s mouth. She even says, somewhat equivocally, to Freud that she has had a number of misadventures with animals, the most terrible one with a bat that had got caught in her wardrobe so that she had rushed naked out of the room. Mice sit in the branches of trees in the garden, toads crowd the paths, enormous mice whisk over her
hands, and, in this world of imagination, the horses stamp madly in their stalls.

Gradually these signs multiply, particularly as the end of the treatment approaches. She is worried that she will be worse again, that everything will just pile up inside her without an outlet. Freud reassures her, saying that she is so much healthier, that she is more capable of resistance and that she has formed the habit of telling her thoughts to someone, which she can continue doing with someone she is on close terms with. Also, he says, she will henceforth be indifferent to a number of things that have hitherto weighed on her. Freud is thus still convinced that good results will follow on the hypnotic suggestions.

Frau Emmy responds that she is worried, too, because she has not thanked Freud for his visits to her so late in the day, and because she fears he will lose patience with her since she has had a relapse of her
symptoms. Frau Emmy relates how terribly upset and unhappy she was when she heard the doctor at the nursing home ask a male patient, sitting in the garden with his wife, if he was prepared to undergo his operation. She could not help thinking that this might be, would be, his last evening.

Of course, Frau Emmy was right. We do not know whether the male patient had his operation or not but in Freud’s detailed report of the Emmy case, which covers the first three weeks, this was his last evening. In a report of no more than a few lines, Freud writes that on this evening he devotes himself chiefly to her right leg, to which he restores sensibility. But unfortunately, as soon as he has awakened her out of hypnosis (a sign that he is soon going to leave) the sensibility partly disappears again. Frau Emmy comforts him by saying that at least she
has not had any neck cramps, though they usually come on before every approaching thunderstorm.

The next morning, May 18, she, of course, has neck cramps and receives Freud’s intensive massage. Freud draws the conclusion that the previous evening had been a matter of an unconscious premonition about what was to come, and that it functions as folklore says it does: you must not say anything is good or it will instantly turn bad. (“Knock on wood, keep your fingers crossed!”) He does not see the threads extending to himself, his comings and goings in her room, or the storm threatening inside her that will break when eventually he will leave for good.

We do not know why at this point Freud breaks off his painstaking day-by-day reporting. He himself says he hopes these extracts “will be enough to give a clear picture of the patient’s state, of the character of my therapeutic efforts and of the measure of their
success” (1895, p. 76). He then proceeds to write a more concise report of what happens during the next few years. Among other things, Freud visits Frau Emmy on one of her estates. From this material (1895, pp. 76-85), I will distill what may be of particular interest to us in this connection, that is, the sexual theme. Freud himself never gives it a name, but the message is there to be read between the lines.

The Male Seducer

When after 7 weeks the first series of treatments comes to an end, Freud “allowed” Frau Emmy (this is what he writes) to return to her home. For several months afterward she remained in relatively good health. But when her eldest daughter started to develop symptoms, Frau Emmy once more became very ill. She was fully convinced that Freud bore a large share of the responsibility for her daughter’s symptoms because during Frau Emmy’s time in
Vienna her daughter had developed symptoms similar to her mother’s. Above all she had begun to suffer from pains in walking, due, according to Freud, to a retroverted uterus. Who diagnosed this position of the uterus is not disclosed, but it is Freud who refers the girl, 16 years old, to a distinguished gynecologist who puts the uterus in a better position by massage! Now, however, the girl’s nervous troubles have recurred and her mother is reproaching herself for the unfortunate outcome of the treatment—ultimately blaming Freud and the eminent doctor to whom Freud had sent the girl.

Thus, exactly one year after the first treatment, the patient is back with Freud. Freud finds her much better than he expected, her chief complaint being “storms in her head,” sleeplessness, and crying fits lasting for hours. At exactly five o’clock every afternoon she feels sad—the time she was
accustomed to visiting her daughter at the nursing home where she had been placed. (One is led to wonder whether there is a connection between this hour and the time “late in the day” when Freud visited her during the first round of treatments. Freud never provides any exact information about time.) Frau Emmy stammers, wringing her hands as if in anger, and when Freud asks her if she sees a great many animals, she answers only, “Oh, keep quiet, don’t touch me!” (1895, p. 78).

Later on, in answer to Freud’s question about why she is stammering again, she tells him that she has been doing it ever since the time she had a shock while staying in D, where her daughter’s nursing home is located. Frau Emmy entered her bedroom and saw there a shadow which she took to be an overcoat. When she put out her hand to take hold of it, it suddenly shot up into the air, revealing itself to
be a man. A servant had hidden in her bedroom. Under hypnotic suggestion Freud attempted to remove the memory.

Upon his return the same evening, Freud can not resist testing the effect of his suggestion, and asks her in an innocent voice how he should close her door when he leaves (and she is sleeping) so that no one will be able to come in. To his surprise, she starts up, beginning to grind her teeth and wring her hands. She indicates, however, that she had previously had a shock of this kind in D, but she can not be persuaded to tell the story, Freud writes. Later, however, while under hypnosis, she tells the rest of the story: In her agitation she had been walking up and down the hall and had at last come to the chambermaid’s bedroom door, which was open. She wanted to go in and sit down there, but the maid had blocked the way. She nevertheless forced her way into the room, seeing
there, too, a dark object pressed against the wall. The object proved to be a man. She had plainly and simply surprised them in an erotic affair.

The stories tell what ideas several women—Frau Emmy, mother and mistress, and the subordinate young girl, the daughter and in turn the chamber maid—might harbor about men: dark, rising shadows in their bedrooms. Reading the stories, our imagination is stirred and we get the impression that the picture also conveys how Frau Emmy on one level might have perceived her own and her daughter’s relations with Freud and his gynecological colleague in Vienna. And it also emerges that, mother and daughter bear the same name.

**The Seducer’s Blindness**

Freud does not notice these connections at the time but they are there all the same, reported by
Freud himself for us, wise after the event. In the years that follow, these experiences will lie dormant in Freud’s mind. As for this episode he writes at the time that the inescapable conclusion to be drawn is that every story that does not bring about an improvement is incomplete. He will be proved right about that. He says also that he gradually learned to read his patients’ faces in such a way that he could see whether they were concealing some important detail in their confessions.

This time the treatment seems to be aimed at freeing Frau Emmy from all unpleasant memories and impressions arising from where her daughter was treated and from her own visits to the sanitorium. She expresses her irritation over one of the doctors at the establishment who hypnotized her and forced her to spell out the word K-r-ö-t-e (frog). In this connection, it is as though a devil has taken possession of Freud.
He allows himself, he writes, to play a “practical joke” on her. He suggests to her under hypnosis that her visit to the sanatorium will come to feel so remote that she will not even be able to remember the name of the place. Whenever she wants to refer to the place she will hesitate between berg (hill), tal (valley), and wald (wood). This in fact happens and continues until Breuer induces Freud to free the patient from the burden of the symptom the doctor himself has imposed on her.

We may ask ourselves whether Freud played this practical joke on his patient because he felt his power threatened. The patient had, of course, complained about a hypnotizing doctor. In any case the struggle between doctor and patient once more occupies the stage.

Some time later when Freud tries to force Frau Emmy to eat more than she wants to eat and drink
what she does not want to drink, the result is open rebellion on Frau Emmy’s part. She obediently eats and drinks what Freud recommends but becomes ill with violent stomach pains. Freud can no longer hypnotize her (which was so easy in the beginning). She is in open rebellion and Freud writes that the situation is “very grave.” He gives up the attempt to hypnotize her and announces she will have a 24-hour grace period to think things over and to accept his theory that her stomach pains are caused only by her fear and not, as she maintained, by mineral water. After 24 hours he would return and ask her if she was still of the opinion that her digestion could be ruined for a week if she drank a glass of mineral water and ate a normal meal. If she answered “yes” he would ask her to leave.

This little scene, Freud adds, was in sharp contrast to their usual relations, which were as
pleasant and comfortable as one could imagine. Today as we read of this episode we can not ignore the impression that it is also a romantic tiff. It is not only a struggle between a doctor and a patient but also between a man and a woman.

Twenty-four hours later Freud is back on the scene to ask his question about the stomach pains. Frau Emmy, who is a wise woman, answers, “I think that they come from my anxiety, but only because you say so!” (1895, p. 82).

Freud hypnotizes her again, painstakingly going through the whole of her “food” history, so to speak. After this she eats and drinks heartily and writes, in a letter to Freud, “[I] have put on a great deal of weight. I have already drunk forty bottles of the water. Do you think I should go on with it?” (p. 83).
Should we interpret this to mean that Freud’s word has become Frau Emmy’s law—or is she poking fun at him? Perhaps both. Some years later, however, she writes to Freud to ask his permission to let another doctor hypnotize her. At first Freud does not understand why his permission is necessary. Then he remembers that once, at her request he says, he had under hypnosis forbidden her to let herself be hypnotized by anyone else. Could it have been infidelity, which neither then nor later has been considered fitting in a woman, that Freud tried to remove by suggestion?

“I accordingly renounced my exclusive prerogative in writing,” he wrote (p. 85). With those words Freud ends his presentation of the case of Emmy von N., and this gives us a free hand to step in.
Affect and Consciousness

Frau Emmy von N. is the first case of hysteria on which Freud makes a detailed report, sometimes hour by hour, and the first he treats with Breuer’s cathartic method. What is stressed in these inquiries and descriptions is the significance of the emotional life.

In other words, it is a matter of affects, named during hypnosis and followed back to their sources. There, the appearance of the symptom can be traced to pent-up affects, forces—Freud even speaks of quantities of energy—that have been repressed and led on to the “wrong” tracks, that is, transformed and used in the “wrong way” or in the “wrong place.” They can cause the paralysis of a leg or give rise to an eye disorder, a migraine, or stomach problems, that is what are called conversion symptoms.

In clinical work with the affects of these patients, for example with Frau Emmy’s fear, the clinician must distinguish between psychic acts that are
unconscious and those that are conscious, or can become conscious. Two basic premises of future psychoanalytical work have here been established: the first deals with tracing the affects back along their tracks forking off in different directions in the patient’s history; the second with the existence of two psychic levels: the unconscious and the conscious.

There was no disagreement between Breuer and Freud on these matters. Actually it was Breuer who first pointed out these relationships, having illustrated and worked with them as a point of departure in the case of Anna O. Freud tries to repeat Breuer’s treatment experiences with Frau Emmy.

In order to measure properly the significance of Breuer’s and Freud’s ideas in the context of the history of ideas, it may be important to mention, if only in parenthesis, that both Breuer and Freud took a stand against the “degeneration theory” that during
this period was the traditional, dominant view of hysteria among doctors in Vienna. Illness was considered a sign of brain degeneration, a progressive breaking down that occurred within certain families. For the doctors of that day, heredity and disposition were self-evident factors in the emergence of hysteria. Even though Freud includes heredity as a necessary element in the outbreak of hysteria—as he does, for example, in Frau Emmy’s case history—for him it is never a question of degeneration. For the most part, the importance of hereditary gradually diminishes even if it never completely disappears. Although the issue is important I have decided not to take up the theme in detail in this presentation.

If Breuer and Freud were united against their contemporaries in these questions, we nevertheless have a premonition that they will soon come to a parting of the ways if we take as our point of
departure the following cases published by Freud in the *Studies*. These are the patients Freud treats 3 to 4 years after Frau Emmy: Miss Lucy, Katharina, and Fräulein Elizabeth von R. (For a presentation of Miss Lucy, see the next chapter.)

In the matter of the affect and its vicissitudes, a doctor of this period faced the question of what made the affect take the “wrong” turn. In other words, when does a mental process become pathogenic? What differentiates the sick from the healthy? Breuer—a typical doctor, not only for his own time—preferred a physiological explanation for the origin of symptoms: the hypnoid state.

**The Hypnoid State and Hypnosis**

When I have tried to understand why the twilight zone of the soul called hypnoid was regarded as a physical reality, I have been helped by thinking in
terms of an analogy to another bodily phenomenon familiar to doctors. In elderly people we often find a decalcification of the skeleton, which is a common cause of bone fractures. A doctor tends to think along the same lines even when the symptoms are psychic and mental. The hypnoid state is thus viewed as a sort of weakened condition (decalcification) that facilitates the rise of symptoms (bone fracture). Freud’s contemporaries thought that these twilight states made it impossible for the affect to traverse the normal path; instead, it got on to side tracks and by conversion turned into a physical symptom. In hypnosis, which re-created the hypnoid state, access was gained to the affect and the situation that prevailed at its origin—which was not accessible in the normal, conscious state—and the doctor could liberate the affect in an Abreaction, a letting off of steam. This meant, however, that hypnosis was a
requirement in the treatment method, and we now understand why it was so essential, indeed so absolutely crucial, for Freud during the treatment of Frau Emmy.

The question of how these hypnoid states arose nevertheless remained. And what was to be done with the patients who could not be hypnotized?

In the next case reported by Freud in the *Studies*, Miss Lucy R., age 30, an English governess in Vienna, hypnosis fails, hoist by its own petard. It is not possible to hypnotize Miss Lucy! Another doctor might have given up the struggle and let it go as a therapy-resistant case. Freud responds differently. He asks himself whether the connections may not also be elicited by treatment in the waking state; he is supported in this by Bernheim, whom he visits in 1889. Bernheim maintains, giving examples, that memories during somnambulism are only apparently
forgotten in the waking state. In Freud’s description of Emmy’s case we have noticed that he was already aware of this.

Thus, for example, almost as though in passing, Freud points out on May 14, 1888, after only two weeks of treating Frau Emmy, that what she says before the hypnosis is becoming more and more significant. She knew more than she wanted to let on. A seed of doubt must even then have been planted in Freud’s mind concerning the ever more dominant position of hypnosis. Soon something else appears that points to the weakness or difficulties of hypnosis, which is that the best results vanished as though into thin air as soon as the doctor’s relation to the patient deteriorated. This showed that the personal, affective relation between doctor and patient was an important factor; indeed it seemed to be more powerful than any
other cathartic effort. But up to that time there had been no investigation as to its implications.

Now that it was impossible to hypnotize the patient, Miss Lucy, Freud does more than just push on, encouraging her to tell everything she thinks she does not know. Again inspired by Bernheim, Freud hits on another course of action.

When he is confronted with the patient’s reluctance or refusal to tell something, he places his hand on her forehead or takes her head between his hands and says, “You will think of it under the pressure of my hand. At the moment I relax my pressure you will see something in front of you or something will come into your head. Catch hold of it. It will be what we are looking for!—Now then, what have you seen or what has occurred to you? … On the first occasion on which I used this procedure,” Freud writes, “I myself was surprised that it yielded
Another reason Freud began to abandon the hypnotic method was that he quite simply began to tire of reeling off exhortations to his patients, “Sleep, sleep, sleep. Now you are going to sleep ...” and over and over again having to point out that this was not ordinary sleep, but a hypnotic state: “You are asleep, you are asleep, you are hypnotized, you can’t open your eyes,” and so on.

A New Thought Pattern Takes Shape

If it were now not a question of special hypnoid states during which impressions and events had pathogenic consequences for the patient, what was it that gave rise to the symptoms? Freud had to create a new explanatory model. He began to think along the lines of a power play, a kind of tug of war within the
individual between different motives and tendencies, like those which could also be observed in normal life. (Here we might interpose that the battle situation we have seen enacted between Frau Emmy and Freud may have had a certain significance.) Freud called these hysterias “defence neuroses” (Abwehrneurose) and differentiated them from hypnoid hysteria.

In the neurotic state, Freud said, the affect was separated from the idea to which it had originally been linked because the ego, perhaps, for example, for moral reasons, repudiated the idea. (“It isn’t done!” “You can’t think that way!”) The affect was reinforced and transformed into a somatic symptom, while the idea was decathexed, watered down, and “forgotten”—“repressed” he would soon come to put it. It vanished into the unconscious, leaving only the result of the transformation: the conversion symptom. When a leg ached this was, so to speak, a
manifestation of the soul’s agony. And the idea, the experience, or the perception that had originally been bound to this pain and which was unseemly was no longer accessible to the conscious ego.

As early as 1893 Freud and Breuer had written in their article “Der Psychische Mechanismus hysterischer Phänomene” (On the Psychical Mechanism of Hysterical Phenomena) that the affect can be discharged by language instead of by symptoms: “[L]anguage serves as a substitute for action” (p. 8). The talking cure.

If a person is not allowed to give a name to his experiences or name his thoughts, a conflict arises. In the case of Katherina, a young girl of 18 from the mountains with whom Freud had only one interview, he shows how aware he was of the significance of language—of words—as early as the first years of the 1890s. He and Breuer tell of their discovery that what
the patient says can be likened to an illegible pictographic script. If this is compared with other bilingual inscriptions, the alphabet of the symptom can be translated into a more intelligible language.\(^7\) So, for example, “being indisposed, sick,” means that the patient is saying that she has been disgusted by something she saw or experienced. In other words, when Katherina says she was sick and one day had to go to bed, Freud needs only to ask what it was that disgusted her so much.

In Freud’s new reasoning we find, first, the basis for his conflict theory, the idea that is at the core of the entire psychoanalytical construction. Second, here is the idea that it is in a phenomenon related to the structure of language that the conflict finds expression. The conflict—the symptom—is characterized by a linguistic structure. Finally there is the idea that psychic symptoms represent problems
and conflicts that are universal and that we all encounter sooner or later. In other words, it is a question of normal conflicts where, however, the normal process has stumbled against a barrier of some kind. The thought that the ideals and the social milieu of the world around us can act as such a barrier lies close at hand.

Concerning women—and only women are the subject of the *Studies*—Freud explicitly calls attention to their need for intellectual stimulation and further development after their basic schooling. All the women he works with seem to be gifted and intelligent. But when they reach their teens their intellectual curiosity is suddenly and categorically brought to a standstill, blocked. Their brothers can go on to the university and other seats of learning, but they are confined to their homes under constant supervision. They have to do only what is considered
suitable for marriageable women of their class: sewing, household duties, and a little piano playing.

In Freud’s description of Elizabeth von R., one reads between the lines that Freud considers her hysteria entirely a cultural illness. However, in the case of Frau Emmy, who had been treated four years earlier, he writes that “undoubtedly she was a person with a severe neuropathologic heredity. It seems likely that there can be no hysteria apart from a disposition of this kind” (1895, p. 102). During the first years of the 1890s a significant shift in Freud’s thinking takes place, from heredity and physiology to environment, culture, and psychic conflict.

**Describing Pain**

At the beginning of Fräulein Elizabeth von R.’s case history Freud emphasizes the difference between, on the one hand, the description of his pain
given by a patient suffering from real organic infirmities and, on the other hand, one put forward by a neurotic. The former, Freud says, seeks to describe it clearly and calmly. The patient says, for example, that it is a shooting pain coming at certain intervals, that he feels it in exactly this or that place, that it comes immediately after a meal, and so on. Freud continues:

Again, when a neurasthenic describes his pains, he gives an impression of being engaged on a difficult intellectual task to which his strength is quite unequal. His features are strained and distorted as though under the influence of a distressing affect. His voice grows more shrill and he struggles to find a means of expression. He rejects any description of his pains proposed by the physician, even though it may turn out afterwards to have been unquestionably apt. He is clearly of the opinion that language is too poor to find words for his sensations and that those sensations are something unique and previously unknown, of which it would be quite impossible to give an exhaustive description. [136]
This passage records an observation concerning the important differences in speech, description, and action between a symptom with an organic cause and a neurotic symptom. It is no surprise that Freud’s case histories will bear the imprint of this distinction; indeed, they will reflect it. The epicrisis to the same case history, that of Fräulein Elizabeth, begins as follows: “I have not always been a psychotherapist. Like other neuropathologists, I was trained to employ local diagnoses and electro-prognosis, and it still strikes me myself as strange that the case histories I write should read like short stories and that, as one might say, they lack the serious stamp of science” (1886, p. 160).

The “story telling” will gain greater and greater importance for Freud and will be crucial to psychoanalysis, which views speech and language as critical psychoanalytical fields. In Über
Deckerinnerungen (Screen Memories, 1899), Freud writes that these stories, so psychically meaningful, create a continuity in our lives; indeed, they are just what creates the continuity in our lives, the connection between what we otherwise would perceive as a series of disparate, disconnected episodes.

Our earliest childhood memories tell us not how things really were but how events appeared to us during later phases of our development. They are actually created and formed then, *nachträglich*—after the event—not in order to be faithful to history but for numerous other reasons. As human beings, we are fated to give shape to what we have perceived and experienced. Among other things, we do this by telling our own stories—stories that, indeed, are our very own.
In the next case presented by Freud in the *Studies* we can follow in detail how such a “hysterical history” is created. Partly, the creation takes place during the cure to which Freud exposes his patient. Then we will return to the theme of sexuality, which we only touched upon in the case of Frau Emmy.

**Notes**

1. For a penetrating description of the concept of catharsis, psychoanalytical in its best sense, see Judy Gammelgaard (1993).

2. Actually Freud went to Paris not to study hysteria or hypnosis but rather to investigate “secondary atrophies and degenerations that follow on affections of the brain in children” (1886, p. 8).

3. A critical study of Freud’s presentation of this meeting has been published by Ellenberger (1993). I take up this issue in detail in my study of the case of Katharina, presented to the Swedish Psychoanalytical Society, March 25, 1996 (not yet published).

4. The date of this case is uncertain. Freud gives conflicting times, and he may quite simply have shifted the time of this first treatment ahead a year. Actually it had already started May 1, 1888 (Tögel 1994).
5. Someone has suggested that my own choice of profession, medicine, was decided by this story, among other things.

6. In his chapter on psychotherapy in cases of hysteria—written just before the publication of the Studies in the spring of 1895—Freud writes that when he started Frau Emmy’s treatment (1888) the idea of a sexual basis for her disturbance was far from his mind. A connection of this kind would have been taken as an insult both by the patient and himself. When he looked back at these notes, however, he was convinced that this had been a case of “severe anxiety neurosis accompanied by anxious expectation—an anxiety neurosis which originated from sexual abstinence and had become combined with hysteria” (1895, pp. 259-260).

7. Of course, this a reference to the Rosetta stone whose trilingualism—a demotic, late Egyptian inscription and a Greek inscription side by side with the Egyptian hieroglyphics—allowed Champollion to solve the riddle of the hieroglyphics.
Miss Lucy:
One Hundred Years of Hysteria

Iréne Matthis

The hysterical symptom is unique. It exposes a gap in our understanding of the human being. Suddenly our common sense is faced with something incomprehensible, a discrepancy; reality for the patient is something quite different from what it is for her counterpart, the doctor. For the patient the suffering is in the symptom, which, for example, may be a paralyzed leg. Her movements bear clear witness to the fact that the leg is not serving its purpose. She limps, dragging her foot, using her whole body to
force it ahead, quite simply, making things difficult for herself. As for the doctor, the astounding thing for him is the fact that the paralysis does not really exist, that is, there is no organic basis for it. The leg should not be paralyzed. But no rational argument in the world can convince the patient that it is possible for her to use her leg normally. The physiologically healthy leg behaves as though it were paralyzed; it is intact and unusable all at the same time.

On the basis of this discrepancy the hysterical is termed “sick”; her symptoms are classified as pathological, affecting her body. She first poses her question to the doctor with her body, not with words. The question takes the form of a riddle.

The Riddle of the Hysteric

The riddle with which the hysterical confronted Freud was not new. Mention of hysterical symptoms
can be found in the oldest extant records of medical discoveries—in the Egyptian papyrus scrolls from Kahoun dating from 1900 B.C. Then as now the “doctor,” who was trying to solve the riddle, was a man, while the hyster, who had posed the riddle with her body, was a woman. The word hysteria comes from the Greek *hystera*, which means uterus, and it was taken for granted, as we have seen (p. 6), that only women could contract this illness since it was thought to be caused by the wanderings of the uterus in the body and its tendency sometimes to move into “wrong positions.” We recall Freud’s referral of Frau Emmy’s daughter to a gynecologist for treatment of a retroverted uterus. (See p. 20)

The narcissistic woman, whom Freud writes about in *Introduction to Narcissism*, has, like the hysterical woman, always aroused man’s desire. “Such women have the greatest fascination for men,
not only for aesthetic reasons, since as a rule they are the most beautiful, but also because of a combination of interesting psychological factors” (Freud 1914d, p. 89). For the same reason the hysterical woman was a central figure in all those male gatherings before the turn of the century where the origin and treatment of hysteria were discussed. Freud was only one of many who were interested in hysteria. There were also Breuer, Charcot, Bernheim, Liébeault, and Janet.

In Freud’s time, however, science approached the hysterical’s question from a conception of the body as a biologically-physiologically distinct unit. But as Freud was the first to show the question could not be answered without bringing in another aspect: the relation of the body to the patient’s account of it, that
is to say her way of talking about her body. This meant that a linguistic perspective on the question of hysteria—indeed, on our way of understanding how humans function—was brought in, or created. It was in the *talking* cure that the human subject came into view. Without this transfer to the domain of language, Freud’s work would never have led to psychoanalysis, per se. But the leap between body and language had to be translated and analyzed. It is no exaggeration to assert that (figuratively speaking) psychoanalysis was born out of the hysterical woman’s womb.

Through her special symptomatology, bound to and expressed by her body, the hysteric uncovered a basic difficulty in the matter of body and language, faced by each one of us: the leap from biological body to linguistic symbolism via the imaginary body. The hysteric has been held up half way through this
leap. She—like her imagined body—still hovers high above the abyss that language was to have bridged. In that way she generously provides us with a keyhole for viewing what is hidden behind the reality we feel we have accepted in everyday life. From the perspective of the peephole we can divine and construct the movements and processes that are going on on the other side of the language wall, but through that wall we may not pass.

**The Hysterical Body**

Freud’s first theory about hysteria, which he worked with at the end of the 1880s and the beginning of the 1890s, was bound up with physiology. To be sure, he rejected the hypothesis that illness was the outcome of a degenerative process that after a couple of generations resulted in nervous breakdown in certain families, but he still assumed that hysterical symptoms had an organic basis.
Perhaps an infection or some other organic disturbance predisposed a certain physical area to become a site of a mental disturbance as well. The psychic problem attached itself to the physical injury by association. This meant, for example, that they might be found close to each other in time or space. If, while suffering from a throat infection with a bad cough, someone was struck by a psychic trauma, her hysterical symptom might show up in the form of a nervous cough. If one leg had a tendency to go to sleep, perhaps because of a physiological weakness of the muscle while the hysterical patient-to-be was watching over her dying father, the hysterical paralysis might then affect the same leg. Even today the greater part of all medical psychosomatic research is grounded on the same basic premise.

In this kind of theoretical approach, the phenomenon of conversion, where the psychic
conflict is expressed by a physical symptom, there is assumed to be biological reasons for the choice of the hysterical symptom and its localization in the body. This means that the physical symptoms in themselves are mute: they do not tell tales of any deeper significance beyond the fact that there is an organic weakness that should be treated as such. It could be said that the manifestations of the psychic conflict in the body lack symbolic significance. When Miss Lucy, whom I will introduce shortly, came to Freud in the autumn of 1892 with her anosmi (she had lost her sense of smell), the first explanation she had been given by doctors was that she was suffering from chronic rhinitis. That was that. The problem was that this inflammation of the nose proved difficult to cure. When, in addition, she reported an olfactory hallucination—she was troubled by a smell of burnt pudding—clinical reality, forced medical science to
look beyond physiology toward new ways of understanding. Miss Lucy was referred to Freud.

He discovered the importance of narrative and speech, something that Breuer had already pointed to. He began now to listen with less bias to what the patient was saying and to interpret it literally. Fräulein Elizabeth, for example, whom Freud treated for walking difficulties at about the same time as he was treating Miss Lucy for anosmi, showed quite concretely by her walking difficulties how she “had come to a standstill” (stehen bleiben), how, as she said, she “could not move from the spot” (nicht von der Stelle kommen konnte). She was “standing alone and found that painful” (Alleinstehen schmerzlich empfunden). Her body began to join in the conversation, becoming concrete speech. “I stand all alone in life,” the patient complains, and, to prove it, turns herself into a statue-like figure, desolate and
unmoveable. Another of Freud’s patients came to him with facial neuralgia. It turned out that the pains were linked to an unkind rebuke she had had from her husband. It was, as she expressed it, like “a slap in the face” (ein Schlag ins Gesicht). The symptoms began “to speak”; there was a language of the body.

Freud never relinquished the hope that in the end an organic basis would be found for the physical-psychic symptom. For example, in 1914 he writes in his article on narcissism that “we must recollect that our provisional ideas in psychology will presumably some day be based on an organic substructure” (1914c, p. 78). In his clinical work, though, it was becoming more and more obvious to him that he could work only with the psychic processes, at least for the time being. This is apparent in the letters he writes to Fliess in 1896. The choice of the body zone and of a symptom had now become a question of
Aufmerksamkeit, i.e., the attention or the interest the patient directed toward his body, or parts of it. The cause of the symptom was not only to be found in a physiological fact, for example, an organic injury or an infection. The focus became the context and the situation, the patient’s relation to and thoughts about other important people, her body position and her perception of her body, and the verbal descriptions she gave of the event. In this perspective the body became what it was imagined to be. As such, the imaginary body could be used as a linguistic tool; it could be given a symbolic import. Freud began to pay attention to what the body was trying to express.

By following the body clues one could come to grips with the psychic conflict. However, this required psychic work. It is a process reminiscent of the poetic route to the essentials:
I occupy a question I can not answer and the question is an open place where a human’s trail out there where a living image is moving past. Is a film of a Face

as Katarina Frostenson expresses it in ‘The Visitor” (1985, p. 62).

It was a question such as this that Miss Lucy brought to Freud in the autumn of 1892. She was an English governess in a Viennese family in which the mother had died, and the governess had had to take her place with the children. She came to Freud because of a symptom that had affected her sense of smell. She no longer reacted to any odors at all, not even the most stinking and pungent ones Freud tested on her. She was suffering, it could be said, from a lack of smell. But in the empty place left behind, a hallucinatory olfactory sensation occurs. All the time she smells burnt pudding.
Following the Clues

Following in Freud’s footsteps as he takes on this mysterious symptomology is like spying on a Sherlock Holmes as he goes about his work. In Miss Lucy’s case the symptom can be traced back to an occasion when she received a letter from her mother in Glasgow, to whom she had planned to return. Her plans to leave her service in the Viennese family, to whom she had become very attached, had been brought about by her difficulties getting along with the rest of the servants. Still, she was reluctant to leave the children, having sworn on their mother’s deathbed to take care of them. When her mother’s letter arrives Miss Lucy is “playing at cooking” with the children, and they teasingly snatch the letter from her, believing that it has arrived for her birthday (which she will celebrate in two days). In the hunt for the letter they show her great affection and she ends
up in acute conflict between her wishes to leave the house and return to England, and to carry out her duties to the motherless children. Here we find an example of the tug of war between wishes and intentions that are in conflict with one another, which Freud had begun to describe as the basis of the symptoms of “defence hysteria.”

While Miss Lucy and the children hunt for the letter they forget their “cooking games.” Suddenly they become aware of the smell of burnt pudding.

From that day, Miss Lucy’s sense of smell is gone. It is as though the disappearance of her sense of smell will help her to forget something else, and this was not only, as we shall see, a matter of the conflict between her wish to leave the house and her duty to stay with the children. The conflict had deeper ramifications, which were aroused at the moment she read the letter from her mother and smelt the burnt
pudding. So strong were her emotions that the ego was overwhelmed and at that moment she was not able to contain the conflict. Instead the symptom cropped up. Something disappeared: her normal sense of smell. Something else had also disappeared, something that no one even knew had been there: the repressed conflict between loyalty to the children and the wish to return to her mother.

We leave Miss Lucy a moment in the nursery for a necessary digression. One *moment* has been crystallized: the letter from her mother has just arrived; and a *place* has been chosen where the symptom takes shape: the nose, which registers the smell of burnt pudding. These are the details of reality, the material the subject will make use of in order to throw both herself and the doctor off track. Instead of an acute psychic conflict—which is completely understandable and which could be talked
about—to Miss Lucy’s simple cold is added, from this moment on, a chronic affliction of the nose membranes complicated by an olfactory hallucination. This requires treatment.

In other words a leap occurs, showing that the subject has no direct and “natural” relation to surrounding reality or to her own body; instead, both will be transformed, converted into something else, in a process of creation out of which the subject’s story is born. This process reveals (lies behind) the desiring subject’s imaginary creations, based on the junction of elements (in time and space) that reality offers as the building blocks of this story. In these junctions or nodal points (Freud calls them Knotenpunkten in Studies in Hysteria) the process of signification has its origin. From this point on, the body begins to “talk.” Here is the starting point of the symptom.
The hysterical symptom is often a matter of something that has been lost or negated—as in a paralysis (“couldn’t move”), an anesthesia (“couldn’t feel”), a blindness (“couldn’t see”), and an anosmy (“couldn’t smell”). In today’s clinical experience the symptom of negation shows up also in language: “I don’t know ... I don’t know ... I don’t know.” An analyst hears this never-ending melody emanating from the couch like the rhythmic chorus of a folk song. But the phenomenon of negation is nothing unique to the experience of the analyst. Feminist scholars have revealed the same pattern of negation in literature written by women (Wik 1992, Witt-Brattström 1983).

In the place where something has disappeared, something else then emerges, in Miss Lucy’s case the subjective odor of “burnt pudding.” This implies that negation has been retained in the symptom itself.
There is no smell and at the same time there is a smell which is not there (now). This is the language of the desiring body. Attention, die Aufmerksamkeit, will now be directed to this junction, der Knotenpunkt, located in an imaginary body.

Still another element will be crucial in this process: childhood. Freud takes this up in more detail in later work, as in the case of Dora and in his Three Essays on the Theory of Sexuality, published the same year (1905a,b). ‘The nodal points” are linked to infantile sexuality, to childhood’s erotic body and its fixation points (the primal scene, primal fantasy, and so on). It is clear that the attachment to the somatic body does not disappear nor is it brushed aside, but rather it is made more complicated and is redefined. The body’s symptoms (the hysterical) are created in the same way as the images of dreams. They are
word/picture puzzles, which rarely lend themselves to smooth translations.

This production of symbols is a highly complicated process in which displacements and condensations—as Freud describes them in *The Interpretation of Dreams* (1900)—are the crucial components. In the repression of the psychic conflict, which is at the heart of the symptom, both of these factors are included. First “displacement,” which does not mean symbolization in its ordinary sense but is just what it says: a displacement. Something becomes something else without there being any affinity other than the fact that they are close to each other in time or space or in the tangible meaning of the language or even in the similarities of sound. Here we are dealing with a simple attachment or repression, which nevertheless requires the subject’s personal memory. This may be difficult to awaken.
The “simple association” may be extremely difficult to retrieve and confirm since it is completely dependent on a special occurrence or circumstance—in Miss Lucy’s case “the letter from her mother” and “the smell of burnt pudding.” Only the time, which is coincidental, ties them together.

Often, however, considerably more complex connections are hidden in the symptom. Several occurrences that are different but related by their similarity may be brought together and condensed. By means of this metaphorical process the symptom is crystalized and reaches its “fullness,” which as we shall soon see will happen in the case of Miss Lucy. Using as a starting point what Freud writes about these two phenomena in *The Interpretation of Dreams*, we can with hindsight elucidate what may have put him on the track in the case of Miss Lucy.
The Erotic Cathexis

Let us then, with the help of Miss Lucy and her hysterical symptom, illustrate the degree of difference there is between displacement and condensation. Freud has established when and how the symptom arose. The smell of burnt pudding comes at the same time as the conflict around Miss Lucy’s wishes has been brought into focus by the arrival of the letter from her mother. Here a simple, associative connection occurs, a displacement. Explaining how the symptom first appeared did not, however, improve the patient’s condition, which one might have had reason to hope. The odor of burnt pudding was still there; it was insistent. So something more had to be brought in. Freud now thought, seemingly without any other basis than his own intuition, that Miss Lucy was in love with her employer, the father of the motherless children. He dares to suggest this to the patient and she immediately confirms it: “But if
you knew you loved your employer, why didn’t you tell me?’ asks Freud. ‘I didn’t know,’” answers Miss Lucy (Freud 1895, p. 117).

After this second interpretation the odor of burnt pudding gradually diminishes; instead Miss Lucy begins to talk about another “subjective” odor: the smell of cigar! Freud takes up this new scent and follows the trail further. Several scenes are now reported from life in the family where Miss Lucy is employed. The father, head of the family and her employer, smokes cigars. So does a guest who often comes to lunch and who, on one occasion, kissed the children after enjoying his meal. The father flared up and shouted at him, “Don’t kiss the children!” Miss Lucy took this personally, perhaps—we may speculate—because she had not warded off the kissing or because she herself was tempted by it. Since then the smell of smoke has haunted her. An
even earlier incident is concealed behind this scene, when a female guest kissed the children on the mouth. On that occasion, since it was a female guest, the father was able to control his fury until the guest had departed. Then he vented it on the unfortunate Miss Lucy. He said that he would hold her responsible if anyone kissed the children on the mouth, and if it happened again he would entrust the children’s upbringing to other hands. Her dreams of winning his love and becoming not only a deputy mother but also the father’s wife—hopes that had been kindled shortly before when the father had talked intimately with her about the children’s upbringing—had been crushed.

Here, in other words, it becomes apparent that another odor is hidden under the first. Indeed, it even seems as though the first odor (of burnt pudding) has arisen later and may have been used to cover up and
hide the earlier smell. In the smell of the cigar, we might say, the symptom “reaches its fullness.”

For us it is interesting to note that the cigar smell, which seemingly turns up during the course of the treatment, perhaps has to do not only with Miss Lucy’s employer but with the doctor himself, also a cigar smoker. Freud always smoked cigars during his sessions, so the smoke that is suddenly in evidence may derive from several forbidden love objects. A displacement takes place from the smell of burnt pudding to the smell of cigar, and in this new odor several incidents and scenes are condensed. In the consulting room the cigar smell is more than hallucinatory. Freud’s own presence and influence are certainly significant in these condensations. “The transferences” go from the mother’s attachment to the children to the woman’s attachment to the man. In the transference relation to the cigar-smoking
father/employer/man/analyst, the woman’s love object emerges as that which has rejected her, made her into a “nothing,” into a mere servant, a governess. It will be another seven years before Freud is able to formulate his ideas on the clinical and theoretical importance of transference relationships. He will do this in the case of Dora, or rather in the aftermath of her broken-off treatment. (See Chapter 3.) But the phenomenon has already been described in Miss Lucy’s case history.

At the next appointment two days later, all her subjective symptoms are gone; her sense of smell has been restored; Miss Lucy is well. The chronic rhinitis also seems to have gone up in smoke. One year later Freud again runs into Miss Lucy, who has remained in Vienna. She feels just fine and is in radiant health.

The Body Presented
The Body Presented

The bodily symptoms of the hysterical patient demonstrate that the body does not function as an organic entity independent of the psyche. We have to think of the symptom as an act with an aim and a disposition. The hysterical attack is not a discharge but an action and it retains the original characteristics of every action—of being a means to the reproduction of pleasure,” Freud writes to Fliess on December 6, 1896 (Masson 1985).

In her interesting book, *L’hysterique entre Freud et Lacan, corps et langage en psychoanalyse* (1983), the French philosopher Monique David-Ménard maintains that the hysterical symptom is characterized by a process of symbolization that has not been completed. To be sure, the body has begun “to talk,” or as Freud says, “mitzusprechen,” to join in the conversation. But it is a meagre language. Maybe we can compare it with the learning of single
—but significant—words in a foreign and very
difficult language: bread, water, chair, table. Saying
the word “bread” is then equal to pointing at the loaf
of bread on the table. But the word has still not been
abstracted from the actual loaf of bread and so cannot
be used symbolically, as for example in the doctrine
of transubstantiation: “Take and eat; this is my body.”

Thus the hysterical symptom is not a
representation in the sense of being an idea (Fr.
représentation, Ger. Vorstellung) but a presentation
(présentation, Darstellung). The hysteric displays her
body as a kind of presence, as if it were a matter of
course and was already there. A compulsive neurotic
would make use of her body differently, not as a
direct object but as a means of creating a kind of
caricature—and consequently also a working through
— of her essential fantasies. The compulsive neurotic
makes use of a completely symbolic language in the
sense that she uses the word in order to kill the object, as Lacan says.

One might say, as Monique David-Ménard (1983) does, that the hysteric both lacks body (as a means for symbolically working through conflicts and losses) and suffers from too much body (it presents and is the conflict and the loss). Everything that happens to and in it bears witness to an experience of having lost or having been deprived of something. What has been lost has to do with identity (as for example with Anna O., who in her hysterical absences could neither speak nor understand her own language) and with the license to enjoy one’s own body (“the secrets of the alcove,” see p. 42). Instead, the body will all too often present the loss, a loss of identity and enjoyment, as exclusively a negative. As we saw with Miss Lucy, negation and negating dominated in every
symptom. The body presented the presence of an absence, a loss.

Thus the material of the body is used in the hysteretic not to create a symbolic expression of something else but to stage the loss. It is the pantomime that provides the model/paradigm for the hysteretic’s use of her body to present a conflict. “These attacks are nothing else than fantasies translated into the motor sphere, projected on to the motility and portrayed in pantomime,” Freud writes in his short article, “Some General Remarks on Hysterical Attacks” (1908c, p. 229). One might say that the body provides a stage on which a “movement” enters and plays the part of something as if it were “the somatic.”

The movement, the performance of the phantasm, has the same status in hysteria as the manifest material does in a dream and must be analyzed in the
same way, that is, not as one of the body’s natural movements but as fragments, bits and pieces, that have lost their function.

It is obvious that something is out of order: something in the body is not working. Something has also disappeared: something that has to do with identity. Here it is time to refer again to the sexual theme, only hinted at in the preceding chapter, and see what has disappeared from the sexuality of the hysteric and of psychoanalysis.

“The Secret of the Alcove”

“In the theory of the cathartic method there is not much talk about sexuality,” Freud writes in his Autobiographical Study (1925, p. 22). In his case study of Anna O., Breuer explicitly states that “the element of sexuality was astonishingly undeveloped in her” (1895, p. 21).
Freud (1925) writes of his own published cases that he could present them without considering the issues that were important where sexual neuroses were concerned. He also makes a point of the fact that these four cases represent an earlier period in his work. In other words he seems to wish to give the reader the impression that there is something that has not been taken into account, something that has to do with sexuality. Perhaps this restraint is motivated not only by the secrecy every therapist owes his patient but by Breuer’s wishes and the conditions of Breuer’s participation in the publication of the book on hysteria. This theme is also struck in the preface to the first edition. Due to secrecy the most instructive and enlightening material could not be published: “It is precisely observations of a markedly sexual nature that we have been obliged to leave unpublished” (1895, p. xxix). Thus as early as 1895 there was a
clear awareness on the part of the authors of the relevance of the sexual theme. But it could not be talked about too explicitly.

In Chapter 1 we saw how the affects and the ideas, and memories associated with them, were at the core of Freud and Breuer’s cathartic method. Freud’s rapidly growing experience, however, demonstrated that the emotional affects behind the neurotic symptoms were as a rule of a sexual nature, either sexual conflicts or the aftereffects of previous sexual experiences. Freud had not expected this. But it became for him a more and more inescapable fact that sexuality and its role in interpersonal relationships were crucial in the origin of neuroses. Breuer refused to follow suit, and his repudiations of Freud’s ideas eventually led to a break between the two men. Freud had to continue alone in his attempt to understand the role of sexuality in the formation of
neurotic symptoms. Several factors contributed to Freud’s heightened interest in the role of sexuality. I will mention a few of them.

In *Studies on Hysteria*, as well as in his correspondence with Fliess, Freud mentions that when he takes up the question of sexuality with married women, they often claim that their problems have already begun before marriage. It is as if they wanted to protect their husbands. Freud, however, could always show that the problem was bound up with their marital life. In the account in *On the History of the Psychoanalytical Movement* (1914c), he recalls that much earlier he had heard three experienced doctors, much respected by him, express opinions along the same lines.

When Freud was a young house physician at the beginning of the 1880s, he was once out walking with Breuer. They ran into a man who evidently wanted to
speak to Breuer urgently. Later on, Breuer disclosed that the man was the husband of one of his patients. Freud writes: ‘The wife, he added, was behaving in such a peculiar way in society that she had been brought to him for treatment as a nervous case. He [Breuer] concluded: ‘These things are always secrets d'alcôve!' I asked him in astonishment what he meant, and he answered by explaining the word alcôve (marriage bed) to me, for he failed to realize how extraordinary the matter of his statement seemed to me” (1914c, p. 13).

Some years later Freud heard Charcot tell a story about a married couple. The wife suffered from severe symptoms because her husband was either impotent or exceedingly clumsy in their sexual relations. Someone expressed surprise that such circumstances could have been the cause of the wife’s symptoms, but then Charcot exclaimed vehemently:
“Mais, dans des cas pareils c’est toujours la chose génitale, toujours … toujours … toujours,’ and he crossed his arms over his stomach, hugging himself and jumping up and down on his toes several times in his own characteristically lively way. I know that for a moment I was almost paralyzed with amazement and said to myself, ‘Well, but if he knows that, why does he never say so?’” (1914c, p. 14).

The following year, in 1886 or 1887, Doctor Chrobak, who was a gynecologist at the university hospital, handed over a patient who suffered from inexplicable anxiety attacks to Freud. Freud writes:

When Chrobak arrived he took me aside and told me that the patient’s anxiety was due to the fact that although she had been married for eighteen years she was still virgo intacta. The husband was absolutely impotent. In such cases he said, there was nothing for a medical man to do but to shield this domestic misfortune with his own reputation and put up with it if people shrugged
their shoulders and said of him: “He’s no good if he can’t cure her after so many years.” The sole prescription for such a malady, he added, is familiar enough to us, but we can not order it. It runs:

“R Penis normalis
dosim
repetatur!” [1914c, p. 14-15]

Freud writes that these men had “told him more than they themselves knew or were prepared to defend” (1925, p. 24), but Freud himself had the courage to present, in due time, these ideas in public.

In the last few years of the nineteenth century, Freud was ready to admit the impact of these ideas on his work. The unfolding of the importance of sexuality encouraged Freud to expand his research to include the so-called neurasthenics who crowded his waiting room. He wrote in his autobiography, “This experiment cost me my popularity as a doctor, but it brought me convictions which today, almost thirty
years later, have lost none of their force. There was a
great deal of equivocation and mystery-making to be
overcome, but once that had been done, it turned out
that in all of these patients grave abuses of the sexual
function were present” (1925, p. 24).

The cure for these patients lay in a normal
sexuality, defined and prescribed as: “Penis normalis.
Repeatedly!” Therefore, with the banner of sexual
enlightenment raised high, Freud (1898) writes in his
Sexuality in the Aetiology of Neuroses: “[I]t is
positively a matter of public interest that men should
enter upon sexual relations with full potency’ (p.

It is through the analysis of hysteria that
phenomena such as splitting of consciousness,
unconscious mental processes, resistance to
remembering, and repression are first described. But
not only described. What is equally important is that
the descriptions are gradually welded together into a complex of etiological reasoning and explanation. This gives birth to a number of hypotheses relating to prognosis and treatment of the hysterical condition. Eventually this leads to the formation of a theory more or less generally applicable not only to hysteria but to all neuroses. Thus it is no exaggeration to state that hysteria is the mother of psychoanalytical theory. It was the hysteric’s body that elicited psychoanalysis and gave it its shape. Perhaps quite simply the reason is that the special *conversion* that characterizes the hysteric revealed the mechanisms of neurosis, clothed them in flesh and blood, as we have seen exemplified by Miss Lucy.

Hysteria was obvious. One could not help seeing it, precisely *see*. Other neurotic disturbances could lead a more sheltered existence in the world of notions and compulsive thoughts, but hysteria was
visible. Charcot saw it and described it—as he saw it. Freud was unique in that he *listened* to the hysteric. He heard what she *said* and it is the hysteric’s stories we meet in Freud’s case histories. Charcot’s hysteric is best captured by a painting, a drawing, a picture, as in the famous painting by Andre Brouillet that hung in Freud’s consulting room; we listen to Freud’s hysteric, on the other hand, we do not gaze at her. I think that this was an important step for it meant that the ear trained on the accounts of the hysteric could begin to listen to the ideas of the paranoid or compulsive person—to thoughts that were not visible.

**Infantile Desire**

On the narrative level, the roots of hysteria were supposed to stem from the father’s seduction of the daughter. Freud was among the first who had the courage to speak of incestuous sexual abuse in public and to discuss the implications. This took place in an
era of bigotry when the question of guilt (if it was considered at all) was resolved by declaring the girl the erring-seducing party. Freud, on the other hand, listened to these stories until he heard the echo of another tale in them: the myth of Oedipus Rex. Girls love their fathers. Boys love their mothers. The infantile desire exists in all of us. “I have found in my own case, too, falling in love with the mother and jealousy of the father,” Freud writes to Fliess on October 25, 1897 (Masson 1985, p. 265). Thus, the stories of actual abuses that Freud listened to did not only reveal reality’s tragedies, but they also put him on the tracks of an ur-theme that reverberated in the phantasies of all human beings from the cradle to the grave. It turned out that actual sexual abuses were not a condition of a neurotic development, nor was the neurosis a necessary consequence of real abuses. The issue was more complex, and the complexity could
more easily be conveyed in the form of fiction. As a fictional representation of human development, the Oedipus myth became one of the fundamental models of psychoanalytic theory.

Freud’s interpretative work with the hysteric’s story—some have thought that this is to fail the patient (Masson 1984, Miller 1983)—actually brought our understanding of a general—rather than only individual—human condition and the mechanisms of psychic conflict to a new threshold. The history of the hysteric produced its first theoretical landmark in the formulation of the Oedipus conflict. I no longer believe in my theory of the neurosis! exclaims Freud. The hysteric does not only suffer because her father has seduced her and abused her sexually, she suffers because this seduction is linked to her own inner desires. It is the drama of infantile desire that takes shape in these
seduction fantasies, and sometimes, sadly enough, is also acted out on the stage of reality.

Psychoanalysis has neither the power nor the right to censor this reality, and the psychoanalyst is no police officer obliged to procure substantial facts at any cost. From a psychoanalytic point of view, everything being told is precisely narratives or stories. But they are stories worth taking seriously as descriptions of the psychic reality, the object of psychoanalysis. In the psychoanalytic treatment—and that is what we are dealing with in this context—the psychic work must forge a link between the sexual seduction initiated by the father (or someone else) and the structure of the subject’s own desires, in order for the subject to become mistress of her own suffering. This work has the form of a cathartic process of symbolization that is painful but indispensable in every psychic change.
If the patient’s symptom history is a story, then the theory of psychoanalysis, founded on this story, will be a mythology. Freud says so himself; the instinct theory is a mythology. In *Die Endliche und Unendliche Analyse* (*Analysis Terminable and Interminable*, 1937a) he calls forth the witch: “*So muss denn doch die Hexe dran*”—metapsychology. “Without metapsychological speculation and theorizing—I had almost said ‘fantasizing’—*we* shall not get another step forward,” he writes (p. 225).

**On Structuring Sex**

In Freud’s interpretive work, the story of the father and daughter is transformed into a theory formulated in the myth of Oedipus. The Oedipus myth, however, deals primarily with the son and his father. What happened to the father-daughter relation? And where is the mother?
The patients’ stories relate to paternal violence of one kind or another, as in the case of Katherina in the *Studies*, for example, or by a friend of the father’s, as we shall see in the case of Dora in Chapter 3. They tell of encounters where one party uses his position of superiority to gain pleasure at the expense of the other: an adult encountering a child; someone legally competent in relation to a minor; a man in relation to a woman/girl in a patriarchal society.

There is a contradiction here that the Oedipus myth, as it is usually presented, disregards or obscures. A struggle between the sexes is going on here, not between different generations of the same sex as the Oedipus myth portrays it. Freud’s case histories bring this struggle to the fore; in Chapter 1 I showed how, for example, it came to light in the relation between Freud and Frau Emmy.
If we learn something about the hysterical symptom from the story told of a violent father and a victimized daughter, we additionally learn that sexuality—the “secret of the alcove”—also conditions the relation between man and woman. Finally, it might also suggest something about the relation between the doctor and the patient. If this is accurate, the clinical and theoretical aspects of the hysterical complex reflect a difference between the sexes as it may be manifested in a meeting distorted into a battle situation.³

To this theme we may also link the fact that Freud and other doctors have constantly complained that women will not give in; they do not want to “get well.” We find this complaint again in the Dora case, and in 1933 Freud writes in the article Die Weiblichkeit (Femininity):
A man of about thirty strikes us as a youthful, somewhat unformed individual, whom we expect to make powerful use of the possibilities for development opened up by analysis. A woman of the same age, however, often frightens us by her psychical rigidity and unchangeability. Her libido has taken up final positions and seems incapable of exchanging them for others. There are no paths open to further development; it is as though the whole process had already run its course and remains thenceforward insusceptible to influence—as though, indeed, the difficult development to femininity had exhausted the possibilities of the person concerned. As therapists we lament this state of things even if we succeed in putting an end to our patient’s ailment by doing away with her neurotic conflict, [pp. 134–135]

Clinical theory retains this verdict under the guise of a terminology that deals with negative therapeutic reactions and unanalyzibility and secondary gains; it also appears in the supposition that, due to penis envy, women’s resistances in analysis are strong and might bring them to a premature end (Freud 1937a).
The hysterical symptoms were manifold and difficult to structure: they were “wandering,” we might say, referring to the theory of the “wandering uterus” as the cause behind the symptoms. Charcot, Breuer, and others “succeeded,” says Freud, in creating order in the symptomology. “Hysteria has been lifted out of the chaos of neuroses … [and that] makes it impossible any longer to doubt the rule of law and order,” Freud writes in a report from his studies with Charcot in Paris (1886, p. 12). In a letter to Fliess complimenting him on his work on menstruation, he says that Fliess has “thwarted the power of the female sex so that it pays its tribute to the law.”

A theory that orders and organizes according to this “law” is the means by which the physician, the scientist, and the father may keep the Other within bounds—the suffering, “wandering” woman, marked
by her symptoms. The theories and laws that emanate from the stories are, however, nothing but a mythology providing us with the words needed for conceptualization.

The elaboration of theories about the human psyche is intimately connected with the attempt to imagine an encounter between the sexes. In his role of superior being, the man formulates the conditions for this encounter, an encounter that becomes a struggle for power between the sexes. Hence, the theory will become the law of sexual differences, written by the pen belonging to a position of authority and power.

The Split

The discussion above is pertinent to yet another phenomenon that Freud investigated in connection with hysteria: the split between conscious and
unconscious processes in mental life. According to Freud, this split characterized not only hysteria but all other symptoms originating in psychic conflict as well. The splitting was related to sexuality, and it was therefore sexual affects and ideas that were repressed and severed from consciousness. To make the repressed conflict conscious would serve only as a partial cure of the symptoms; according to Freud there was also a need for “natural” gratification of sexual needs. For a man “natural” sexuality meant using his penis in a “normal” way, that is, no masturbation and no interrupted intercourse. There is no reference to a vagina in this context. It is as if it were either so taken for granted that it did not need to be mentioned or that Freud quite simply did not take it into account and leaves its existence and function in the dark. The same paradigm seems to hold true in the case of women. For her, the cure consists of a
“natural” gratification that is completely dependent on the presence of a “penis normalis, repeatedly.” The remedy, the cure, for both sexes seems to call for a satisfactory use of, or access to, a penis. There is no mention of the vagina, which the doctors seem to have forgotten—yes, even repressed. This view is at the heart of the ideas that Freud would develop into a theory of “the phallic monism” during the first years of the twentieth century. Freud introduces this concept in his Three Essays on the Theory of Sexuality, published in 1905, but already his treatment of Dora between October and December of 1900 bears the imprint of his new ideas.

In 1898 Freud published his Sexuality in the Aetiology of the Neuroses, in which he recommends “penis normalis” to the hysterical woman. This publication is concurrent with Freud’s remarks about the need to bring order to the female sex. Freud gives
the impression of someone who is trying to establish the law of phallic power, both in his home and in his consulting room. In this context it becomes clear that both hysteria and the split in consciousness—connected to and investigated in relation to hysteria—are questions of sexual difference, where hysteria is defined in terms of having or not having access to “penis normalis.”

During these lonely but creative years, a change takes place in Freud’s thoughts on femininity, on having a uterus, *hystera*. The female element no longer wanders about or goes astray in the body; it loses its way completely, disappearing, forever lost. Femininity turns into a question of not having. “It is to be suspected that the essentially repressed element is always what is feminine,” Freud writes to Fliess in a draft (M) accompanying his May 25, 1897 letter.⁴
The split, the result of repression, is thus linked not only to sexuality (the repression of sexual affects and ideas) but to sexual differences and the repression of the female element in them. More than forty years later it will be clearly stated in a project Freud began January 2, 1938, but never had time or was able to finish: *Die Ichspaltung im Abwehrvorgang* (The Splitting of the Ego in the Process of Defence, 1938a, p. 275-278). Here the splitting is clearly linked to sexual difference, defined as having or not having a penis. The uterus and the female sex organs have disappeared. No more wanderings.

Now if repression is caused by a conflict, and it is so defined, the conflict has to take place between the male and the female elements. In this conflict the former, armed with instruments of the law, tries to make the latter take up her lawful position—the site of repression, the atopia (a non-place) of the non-
existing sex—repudiated or, as Lacan would say, crossed out. Woman does not exist.

**The Hysteria that Disappeared**

Thus hysteria was put in order, seemingly at the price of repressing the female element in what constitutes sexual difference. I would like to ask whether this may have something to do with the riddle of “the hysteria that disappeared.” Because for many decades now statements have been made that this is the case, in about the same way as we speak of the disappearance of polio and tuberculosis from our part of the world. We do not see hysterical patients except for the occasional exceptional case that hides in the shadows of the neurological clinics, merely confirming that hysteria is dying out.

It is interesting to note that as early as the *Studies*, Freud points out that in his practice pure hysteria is
becoming more and more rare (1895, p. 260). It is as if hysteria is always on its way out: they said so a hundred years ago; they say so today.

Was it a couple of prescriptions of “penis normalis” at the turn of the century that made hysteria vanish? Or, amounting to the same thing, was it a more liberal sexual practice that worked the cure? Or was it the naming, the classification of, hysteria that dulled the edge of its power to incarnate unexpressed suffering? Was it quite simply the creation of a language, of concepts, for the psychic pain expressed in hysterical symptoms that made the inner conflict etch new grooves, creating other, as yet unnamed symptom complexes (perhaps, for example, what today has been given the name borderline)? This would not be difficult for an analyst to understand. In his or her experience, naming dissolves the conflict and its symptoms; or rather, we can struggle with
them at the level of language. Enunciation seems to cut the symptom short and put a full stop to its history.

The structuring of a sphere previously perceived as chaotic or unclear, the naming of its components and the establishment of the boundaries, gives us access to something which in itself seems to have a “curing” effect. (I am here disregarding the very crucial psychic work required for a lasting cure.)

I would like to round off this exposition of hysteria by questioning the statement that hysteria has disappeared. I present hysteria as the riddle it once was, not to solve it but to give it its due: It exists. As an enigma, as the eternal question that drives us on by always eluding us. Hysteria behaves like a guerilla army, temporarily retreating before superior numbers, disappearing among ordinary farmers. But when time
has gone its round, it reappears, revived, to put new spokes in the well-oiled wheels of science.

**Hysteria is Dead. Long Live Hysteria!**

Perhaps hysteria has been away, but it is hardly lost. It went underground for a while only to turn up again in a guise that testified to the flaws in the earlier concept. And so it starts all over again. Today we find the symptoms of hysteria in many forms of psychosomatic disorders. They are the illnesses of modern times: allergies and skin complaints, stomach and intestinal problems, migraine and dizziness, muscle and joint pains, fibromyalgia—afflictions of all kinds expressing old torments in new dress. The body has not been spared hysteria. Psychic or mental conflicts are still transformed into physical symptoms by conversion. The symptomatology seems only to have become still more fragmented; hysteria has shattered.
Today the overwhelming array of manifestations possible in the field of psychosomatics again shows us hysteria in its wild, untamed state. Efforts to sort symptoms into new compartments, put them in order, are going on in biological medicine as well as in psychoanalysis. As an excellent example of the latter one can read Joyce McDougall’s book, *Theaters of the Body* (1989). We have looked to theory in our efforts to free ourselves from the symptom, the hysteria, the suffering. But as soon as freedom has taken on a fixed shape and the theory an integrated structure, theory becomes a regime of terror, old repression in a new guise.

If theory is a set of statements formulating knowledge concerning the hysteric, these hysterics will always be beyond our grasp, fleeing from our knowledge of them. Frau Emmy and Miss Lucy were two of these hysterics; Katharina, Fräulein Elizabeth,
and Dora were some others. On them was constructed the psychoanalytic building with all its towers and pinnacles, hypotheses and hypostases. But Frau Emmy, Miss Lucy, Fräulein Elizabeth, and Dora could not be kept behind the bars that theory constructed around them, and the enigma that they carried in their bodies escaped. Contemporary science confronts the same riddle, the one the body presents but does not speak of, in the shape of Susan, Lily, and Rose. The hysteric poses a question: What does the tongue of that which is mute try to tell us? This question is the impelling force behind every process of creation. It awakens the wonder and curiosity of mankind. For Freud it resulted in the famous question, “What does woman want?”

Today’s stories are different from the stories of a hundred years ago when Freud reached into the depth of the story to create the theory we recognize as the
oedipal myth. It is not gospel that Oedipus today should be read as it was a hundred years ago, or that it is even the Oedipus myth that best describes the universal in our own time. What do the current myths and theories look like, the ones corresponding to modern fairy tales?

Perhaps the plays of Eugene O’Neill represent the myths of our time? The anguish and interdependence that his characters display as they interlock in a scornful embrace of violence—might this be the enactment of our contemporary drama? Do the discordant voices of modern literature give expression to late twentieth-century desire and suffering?

If this is the case there is a crucial difference between these modern myths and the myth of Oedipus. Oedipus Rex is a story about “not knowing what one is doing.” Oedipus’s quest for knowledge
leads to the revelation of what he has done and who he is. At the moment of realization he plucks out his own eyes, a symbolic castration, and abdicates from the throne. Only when he is blind and castrated, like a woman, can he approach the truth (like the blind Teiresias who was half man, half woman). Today the hero knows from the start what has happened, what he has done. Knowledge of the violence, of the incest, is already there. The tortuous speech around the putrid corpse only serves to raise the level of disgust for, the terror and temptation of, the inevitable: uncovering the rotting cadaver once again.5

One hundred years of hysteria. We could add a zero and multiply by three, at least. What we meet in this time image is repetition—the rhythm of return, a female return, perhaps. It sings through centuries and millennia. Listening to this song and seeking to
understand its melodic meanderings, its broken voice and its moments of agitation—this might be like hearing the body speak. If we could for a moment hush the marshals of consciousness within us, we might be able to understand the music of the body, not as a symptom but as a message.

Certainly the body speaks in riddles but this is only to be able to disclose something without betraying it. It is the eternal tale of sexual differences and the effort to bridge the gap. It is a sublime song of many meanings that celebrates the tragedy of the impossible meeting and the joy and fascination of our endeavor.

**Notes**

1. Freud also uses this example to illustrate “the strange state of mind in which one knows and does not know a thing at the same time. It is clearly impossible to understand it unless one has been in such a state oneself,” Freud writes, referring to an experience of his own of this type. “I was afflicted by that blindness of the seeing eye which is so
astonishing in the attitude of mothers to their daughters, husbands to their wives and rulers to their favorites” (1895, p. 117).

2. In a 1983 article, “The Uncompleted Trauma,” I discussed a similar phenomenon, in the context of the relationship between borderline personalities and dreams (Matthis 1992). In this article I tried to show how the neurotic differs from the borderline personality in his or her reactions to interpretation. The neurotic patient was able to recognize and understand the symbolic meaning of a dream. Thus, he or she could also acknowledge the anger and hate that was expressed in the dream and admit that these emotions were expressions of his or her own aggressitivty. The borderline personality, on the other hand, refused to acknowledge, indeed could not even understand that the aggressivity might be her own. From her point of view, the dream in which one of the dream figures was aggressive only showed what the dreamer herself was exposed to in reality. Others were aggressive and hateful to the dreamer and so the dream became only a repetition, even an enforcement of reality—not a symbolic representation and thus a working through of it.

3. This battle scene continued to show up in Freud’s writings. He mentions it again in Female Sexuality. “Many women give the impression of spending their adult lives in a struggle with their husbands, in the same way as their youths were taken up by a struggle with the mother” (1931, p. 232). He writes further here that this hostile attitude is
reinforced by the Oedipus complex but that it originates in the pre-oedipal phase.

4. Strachey and Masson do not agree on the interpretation of Freud’s handwriting. Masson maintains that the original letter reads *vedrängende*, not *verdrängt*, i.e., the feminine is responsible for the repression rather than being the element repressed. I adopt Strachey’s version because it is in agreement with other writings of Freud at this time (Masson 1985, p. 248).

5. Baudelaire’s poem “Une charogne” (1861) gives us a notion of this fear and fascination in the form of poetry—yet again we find ourselves approaching that which we try to grasp by way of theory and conceptualization through the experience of art:

   *Les mouches bourdonnaient sur ce ventre putride,*
   *D’ou sortaient de noirs bataillons*
   *De larves, qui coulaient comme un épais liquid*
   *Le long de ces vivants haillons.*

   *Tout cela descendait, montait comme une vague,*
   *Ou s’élançait en pétilant;*
   *On eût dit que le corps, enflé d’un souffle vague,*
   *Vivait en se multipliant.*

   *Et ce monde rendait unde étrange musique,*
   *Comme l’eau courante et le vent,*
   *Ou le grain qu’un vanneur d’un mouvement rythmique*
   *Agite et tourne dans son van.*
Les formes s’effaçaient et n’étaient plus qu’un rêve,  
Une ébauche lente à venir,  
Sur la toile oubliée, et que l’artiste achevé  
Seulement  
par le souvenir.

- Et pourtant vous serez semblable à cette ordure,  
A cette horrible infection,  
Etoile de mes yeux, soleil de ma nature,  
Vous, mon ange et ma passion!

Oui! telle vous serrez, ô la reine des grâces,  
Après les derniers sacraments,  
Quand vous irez, sous l’herbe et les floraisons grasses,  
Moisir parmi les ossements.

Alors, ô ma beauté! dites à la vermine  
Qui vous mangera de baisers,  
Que j’ai gardé la forme et l’essence divine  
De mes amours décomposés!
Ida Bauer, an 18-year-old woman, still a girl, was seriously involved in a complicated relation between her father and his mistress, Frau K, a tangled web of relations between adult men and women. The situation both frightened and fascinated Dora, as Freud was to call her in his case history. She is brought to Freud by her father, who appeals to Freud to try and bring her to reason. With this as a starting point, what position is she to take in the consulting
room? How can the daughter’s observations be of use? What can she make of her experiences? How can her history be told? Who will be able to tell it? Can she do it without help from adults? How is one to get at the truth? What is the truth? Whose truth is the truth? Will Freud be able to search for it with her? Can we do that? Can anyone?

Many have accused Freud of having used Dora as his Pygmalion, on the one hand, to serve as a demonstration to the world of the central place occupied in therapy by the interpretation of dreams, and on the other, to be used as proof of the unique place of sexuality in the understanding of the origin of neurosis. Many others, especially female researchers, have asserted that Freud exploited Dora (Bernheimer and Kahane 1985, Hertz 1985, Moi 1985, Ramas 1985, Thompson 1990). He encroached on her soul, constructing her “story” out of his own
need and preconceived ideas. Even the choice of the pseudonym “Dora” suggests Freud’s problematic attitude. Freud’s sister, Rosa, had a servant also named Rosa and in order to avoid confusion she rechristened her Dora.

“When Freud found out about this he exclaimed, ‘Poor things! They can’t even keep their own names!’ The following day he is looking for a pseudonym for Ida Bauer. ‘Dora’ pops up spontaneously; only after second thoughts does he remember the events of yesterday at his sister’s. Compassion? Contempt? Ida as the servant girl of psychoanalysis? Or all those things?” Lars Sjögren asks in his book about Freud (1989, p. 94).

Freud emphasized that the practical goal of treatment is to cure all the damage to the patient’s memory and that when a successful conclusion has
been reached it will be possible for the patient to *own* his history. Psychoanalysis is a final act of self-appropriation, the appropriation by oneself of one’s own history. This is in part so, because one’s story is in so large a measure a phenomenon of language, as psychoanalysis is, in turn, a demonstration of the degree to which language can go in the reading of all our experience. What we end up with, then, is a fictional construction that is at the same time satisfactory to us in the form of the truth and as the form of the truth. [Marcus 1985, p. 72]

In what follows I try to reflect how Freud has presented Dora’s story, how he has made her incomplete history, “a fragment of an analysis,” into the history of psychoanalysis and has made her story into a story of the central role of childhood sexuality in the origin of the hysterical neurosis and into a story of the significance of dreams in the work of analysis.
To a great extent my reflection will be a grid on which I choose and partly distort the case history in line with my own assessments and experiences. I will, however, retain the possibility of letting Freud—at least partly—own his history. I have therefore chosen to use his own text, using long quotations from *The Standard Edition of the Complete Psychological Works of Sigmund Freud*. The turn-of-the-century year, 1900, the year that ended the nineteenth century and opened the twentieth, when Freud met Dora and made his notes in preparation for “Fragment of an Analysis of a Case of Hysteria,” has left its stamp on the text, on what is said, heard, and noted. As an introduction, therefore, I wish to ease the reader’s meeting with Dora and Freud with the help of a number of illuminating quotations.
Background

The 18-year-old Dora broke off her psychoanalytic treatment with Sigmund Freud on December 31, 1900. At the turn of the century there was in Vienna a distinctive, creative ambience in the split between old and new, between an apocalyptic sense of doom as the century drew to a close, fin de siècle, and the bright transitional optimism which was also a hallmark of the times—in the glow of nostalgia also called la belle époque, the beautiful time. It was in this field of high tension between the authority and rhetoric of the old Hapsburg empire on the one hand and subversive, revolutionary movements and ideas on the other that Freud’s work evolved. … The emperor was no longer the master in his own house but was compulsively, neurotically occupied with taking personal charge of inspecting his kingdom and its finances; the empress, neurotic, too, visibly anorexic with narcissistic traits, travelled continually; the son Rudolf, the crown prince, committed suicide, staged as the finale of intercourse where the consenting partner was also put to death. [Hallerstedt 1990, p. 9]
In 1891 the Baroness Helena Vetsera wrote her memoirs, confiscated by the police, in which she recorded her motherly love as well as her passion for respectability. Her daughter, 18-year-old Maria, fell in love with the Archduke Rudolf of Habsburg, “from a distance but with all the ardor of a defenceless being in need of an idol to surrender to and sacrifice for whole-heartedly, of someone to admire in order to fill her life with poetry and give meaning to her still undefined existence, which seemed to be slipping by in idle, indefinable melancholy. The Archduke had just turned thirty. He was renowned for his liberal ideas, demonstratively reckless dissipation, and unbridled impulsiveness” (Magris 1989, p. 167). Maria met him at the race track and “confided to her maid that Rudolf had noticed her. They had several secret meetings which after a few weeks ended in the infamous Mayerling drama where they were both
found dead. The emperor was informed of the death by Katharina Schratt, the friend who by her calm, discreet affection consoled him for Empress Elizabeth’s emotional imbalance” (Magris 1989).

Freud’s consulting room and residence on Berggasse was close to the University and the imposing Ring, a magnificent street lined with palaces, museums, operas and theaters, castles, and the Parliament building. “This crumbling feudal-aristocratic order and growing anti-Semitism together with the rational law of the new science, its products of glittering gold as well as its waste products—poverty and child labor, slums and periodic unemployment—made up the soil which became a breeding ground for fresh approaches and creativity, particularly in the world of science and art” (Hallerstedt 1990, p. 9). Max Winter, a somewhat older friend of Dora’s brother, a leading Social
Democrat, journalist, and social critic, wrote at the turn of the century:

In the Viennese quarter Landstrasse, 7 minutes by streetcar from Ringen, there is an apartment house. It has 216 apartments and a total of more than a thousand inhabitants. About 300 school children live there. Although its tenants are distributed over four floors, it has only a single faucet and its hygienic facility consists, or at least it did a few years ago, of its own morgue to which the dead have to be removed. Every tenant has only one room. For him and his family this is where he is born and dies; it is his kitchen, dining room, workroom, bedroom; for the children it is a playhouse, sick room, classroom, in brief their whole world. Every room is about two-and-one half meters wide, five meters long, and three meters high. No ray of sunshine ever finds its way into one third of the rooms, more than half of all those on the first and second floors. The house with the thousand people—it is called the Beehive—long ago murdered twenty-five children; it is still killing. Year after year the house has yielded 36,000 Kronen net; this profit seems to justify child
murder as well as matricide and patricide. [Hjorth 1984, p. 105]

In the Imperial and Royal Monarchy there were incessant internal conflicts between various forces, conflicts which may be threatening and anxiety producing and in which language becomes an instrument not only for expression but also for repression. ... In Frans Josef’s empire this veiled rhetoric had developed to such an extent that as an ingredient in his daily environment it must have been a challenge to the truth-seeking Freud with his penetrating insight. At every turn he was surrounded by the pattern of ambiguity present in the discourse everywhere in society, all of which contributed to the development of his interest in research. … [But] Freud was the recipient not only of the doubtful benefit of growing up in a society with unusually garish facades. He lived in an environment that obviously was also favorably disposed to genius. [Sjögren 1989, p. 24-25]
Presentation of Dora

Dora, or Ida Bauer as she was really called, was born in Vienna on November 1, 1881. Her emancipated Jewish family could—like Freud’s—be traced back to Bohemia. The father, Philip Bauer, was a wealthy textile manufacturer, “a man of rather unusual activity and talents” (Freud 1905b, p. 18), in comfortable circumstances, the owner of a large factory. He also owned factories in Nachod and Warnsdorf (in Bohemia) and in Reichenberg (in Austria). The family had lived in the latter town for a time before they moved to Vienna at the turn of the century. Ludwig, a respected lawyer in Vienna, was referred to as the father’s eldest brother by Rogow (1978), but he may have been the father’s brother-in-law since Freud writes about the father’s elder “sister”:

I had in the meantime also made the acquaintance in Vienna of a sister of his, who was a little older than himself. She gave clear
evidence of a severe form of psychoneurosis without any characteristically hysterical symptoms. After a life which had been weighed down by an unhappy marriage, she died of a marasmus which made rapid advances and the symptoms of which were, as a matter of fact, never fully cleared up. [Freud 1905b, p. 19]

Dora had “since she had fallen ill taken as her model the aunt who has just been mentioned.” The younger brother, Karl, was a business man Freud describes as a “hypochondriacal bachelor.” The men had liberal political views, and it was Karl who introduced Ida’s brother Otto to socialism.

The father’s business (he traveled a great deal) and his infirmities dominated the family’s life to a great extent:

His daughter was most tenderly attached to him, and for that reason her critical powers, which developed early, took all the more offence at many of his actions and peculiarities. Her affection for him was still further increased by
the many severe illnesses he had been through since her sixth year. At that time he had fallen ill with tuberculosis and the family had consequently moved to a small town in a good climate, situated in one of our southern provinces (Meran). There his lung trouble rapidly improved; but on account of the precautions which were still considered necessary, both parents and children continued for the next ten years or so to reside chiefly in this spot, which I shall call B. During the hottest part of the summer the family used to move to a health resort (L) in the hills. When the girl was about 10 years old, her father had to go through a course of treatment in a darkened room on account of a detached retina. His gravest illness occurred some two years later. It took the form of a confusional attack, followed by symptoms of paralysis and slight mental disturbances. He had been advised to consult me in Vienna. I hesitated for some time as to whether I ought to regard the case as one of tabo-paralysis, but I finally decided upon a diagnosis of a diffuse vascular affection; and since the patient admitted having had a specific infection before his marriage, I prescribed an energetic course of anti-luetic treatment, as a result of which all the
remaining disturbances passed off. It is no doubt owing to this fortunate intervention of mine that four years later he brought his daughter, who had meanwhile grown unmistakably neurotic, and introduced her to me, and that after another two years he handed her over to me for psychotherapeutic treatment. [Freud 1905b, p. 19]

The father died of his tuberculosis on July 3, 1913.

Her mother, Käthe Gerber Bauer was

an uncultivated woman and above all a foolish one, who had concentrated all her interests upon domestic affairs, especially since her husband’s illness and the estrangement to which it led. She presented a picture, in fact, of what might be called “housewife’s psychosis.” She had no understanding of her children’s more active interests, and was occupied all day long in cleaning the house with its furniture and utensils and keeping them clean—to such an extent as to make it almost impossible to use or enjoy them. The relations between the girl and her mother had been unfriendly for years. The daughter looked down on her mother and used to criticize her mercilessly, and she had withdrawn
completely from her influence. [Freud 1905b, p. 20]

The mother died in a tuberculosis sanatorium on August 26, 1912.

Dora’s only brother, Otto, 14 months older, was one of the leaders of the Austrian Social Democratic Party between 1918 and 1934, becoming a prominent ideologue and theoretician for the Austro-Marxist movement. He has been described as a serious, gloomy, enigmatic, contrary person; offensive, sarcastic, and radical in both the spoken and written word but vacillating and restrained when action was required. He was compulsively rigid in his habits, worked tirelessly, was the author of six books and as a 10-year-old had written a five-act play about the fall of Napoleon. He wrote innumerable articles and habitually took part in political meetings and in the work of Parliament. He was the Austrian foreign
minister from 1918-1920. One year after his mother’s death he married a divorced woman with three children who was 10 years his senior. Long afterward, in 1928, he took as a mistress the beautiful, high-spirited Hilda Schiller-Marmorek, 10 years younger than he. From 1934 on they lived together in exile in Prague. When Hitler invaded they had to flee to Paris, where Otto died that same year on July 4, 1938. The Socialist government in France gave Otto Bauer the honor of a state funeral.

As early as the age of 8, Dora showed nervous symptoms. In connection with an outing to the mountains she had an attack of shortness of breath (dyspnoea), which became chronic and was at times quite severe. She had the usual children’s diseases —“her brother was as a rule the first to start the illness and used to have it very slightly, and she would then follow suit with a severe form of it”
(Freud 1905b, p. 22). When she was 12, she began to suffer from migraine-like unilateral headaches and attacks of nervous coughing. The headaches grew rarer by the time she was 16, but the coughing fits continued. When, as an 18-year-old, she came to Freud for treatment she was again coughing in a characteristic manner. Early on she had learned to make fun of the efforts of her doctors and had finally renounced medical help altogether. She had independent views and every proposal that she should consult a new doctor aroused her resistance so that “it was only her father’s authority which induced her to come to me at all,” Freud wrote. Dora had grown into a girl in the first bloom of youth with intelligent and engaging looks. But she was a source of heavy trials for her parents. Low spirits and an alteration in her character had now become the main features of her illness. She was clearly satisfied neither with herself nor with her family; her attitude toward her father was unfriendly and
she was on very bad terms with her mother, who was bent upon drawing her into taking a share in the work of the house. She tried to avoid social intercourse and employed herself—so far as she was allowed to by the fatigue and lack of concentration of which she complained—with attending lectures for women and with carrying on more or less serious studies. One day her parents were thrown into a state of great alarm by finding on the girl’s writing-desk, or inside it, a letter in which she took leave of them because, as she said, she could no longer endure her life. Her father, indeed, being a man of some perspicacity, guessed that the girl had no serious suicidal intentions. But he was nonetheless very much shaken and when one day, after a slight passage of words between him and his daughter, she had a first attack of loss of consciousness—an event which was subsequently covered by an amnesia—it was determined, in spite of her reluctance, that she should come to me for treatment. [Freud 1905b, p. 25]

Her treatment with Freud began in October 1900.
The Oedipal Turning Point

Freud had several years earlier abandoned the theory of actual sexual abuse as a prerequisite for neurotic symptoms and had made new enemies by instead accentuating the role of infantile sexuality in these symptoms. By analyzing his own dreams and through working with patients he had begun to suspect a connection which went beyond the seduction theory; the patients’ stories of childhood were founded on an experienced reality but the child’s fantasy could seldom be distinguished from the external reality. Freud thought that the roots of seduction memories were to be sought in the perverse needs of the child, stimulated by autoerotic activity. He was engaged in his self-analysis in which he continually studied his own dreams, seeking to unmask his own infantile and adult desires; “A recurring theme was love and jealousy, a triangle where the parent of the opposite sex was the desired
one, following the structure in the antique drama of fate, *Oedipus Rex*. These lusts and instinctual desires were generally repressed but could live on in the unconscious and later be expressed in symptoms,” Freud wrote to Fliess in 1897 (Masson 1985). Freud’s symptoms—which intensified after his father’s death in 1896—including migraine, digestion problems, nose infections (Fliess operated on him for this), fatigue, train phobia, certain inhibitions, an obsessive concern with death, depression, and anxiety, had disappeared or been alleviated with time. His passionate friendship with and idealization of Wilhelm Fliess (a prominent ear, nose, and throat specialist who lived in Berlin), with whom he conducted an intensive and lively dialogue, primarily by correspondence, began to ebb. He had finished his great work, *The Interpretation of Dreams*, published in 1900, and was disappointed at its cool reception.
At the time of his first contact with Dora, he was busy with his next research project concerning the psychopathology of daily life. When, after three months, Dora broke off the analysis, Freud wrote up the case study under the title “Dreams and Hysteria,” intending to send it to *Monatschrift für Psychiatrie und Neurologie*, the same magazine that had promised to publish *The Psychopathology of Everyday Life*. For various reasons he changed his plans to make the Dora case public at that time. It was not published until 1905, four years later.

He begins his text in this way:

In 1895 and 1896 I put forward certain views upon the pathogenesis of hysterical symptoms and upon the mental processes occurring in hysteria. Since that time several years have passed. In now proposing, therefore, to substantiate those views by giving a detailed report of the history of a case and its treatment, I cannot avoid making a few introductory
remarks, for the purpose partly of justifying from various standpoints the step I am taking, and partly of diminishing the expectations to which it will give rise. [1905b, p. 7]

He excuses himself for having to publish things about his patients that ought not to be revealed and for which he might be blamed with reference to medical discretion. But his duty to science means that as such “it becomes a disgraceful piece of cowardice on my part to neglect doing so as long as I can avoid causing direct personal injury to the single patient concerned” (1905b, p. 8). He defends himself as well against those who will read his contribution to the psychopathology of neurosis as a “roman à clef designed for their private delectation.” With great intensity he justifies the necessity to discuss “sexual questions with all possible frankness” and to call “the organs and functions of sexual life by their proper names.” It is also remarkable that Freud first
emphasizes the advantage of the case having lasted only 3 months, which made it possible for him to record the case history in its entirety. He then defends himself by pointing out that “some of the problems of the case had not even been attacked and others had only been imperfectly elucidated; whereas, if the work had been continued, we should no doubt have obtained the fullest possible enlightenment upon every particular of the case. In the following pages, therefore, I can present only a fragment of an analysis” (1905b, p. 12).

After expressing these reservations Freud begins the history of the illness itself with a rather confident statement:

In my *Interpretation of Dreams*, published in 1900, I showed that dreams in general can be interpreted, and that after the work of interpretation has been completed they can be replaced by perfectly correctly constructed
thoughts which can be assigned a recognizable position in the chain of mental events. I wish to give an example in the following pages of the only practical application of which the art of interpreting dreams seems to admit. [A pressing reason to write about Dora was to show how he worked with dreams and Dora’s two dreams occupied a leading position in her analysis by Freud.] And I may add that this knowledge [translating the language of dreams] is essential for the psychoanalyst. The dream is one of the detours by which repression can be evaded. The following fragment from the history of the treatment of a hysterical girl is intended to show the way in which the interpretation of dreams plays a part in the work of analysis. It will at the same time give me a first opportunity of publishing at sufficient length to prevent further misunderstanding some of my views upon the psychical process of hysteria and upon its organic determinants. [Freud 1905b, p. 15]

The Archeological Metaphor

Readers who are familiar with the technique of analysis as it was expounded in the Studies on Hysteria, 1895, will perhaps be surprised that it
should not have been possible in three months to find a complete solution at least for those of the symptoms which were taken in hand. This will become intelligible when I explain that since the date of the Studies psychoanalytical technique has been completely revolutionized. At that time the work of analysis started out from symptoms, and aimed at clearing them up one after the other. Since then I have abandoned that technique, because I found it totally inadequate for dealing with the finer structure of a neurosis. I now let the patient himself choose the subject of the day’s work, and in that way I start out from whatever surface his unconscious happens to be presenting to his notice at the moment. But on this plan everything that has to do with the clearing-up of a particular symptom emerges piecemeal, woven into various contexts, and distributed over widely separated periods of time. In spite of this apparent disadvantage, the new technique is far superior to the old, and indeed there can be no doubt that it is the only possible one. In the face of the incompleteness of my analytic results, I had no choice but to follow the example of those discoverers whose good fortune it is to bring to the light of day after their long burial the priceless though mutilated
relics of antiquity. I have restored what is missing, taking the best models known to me from other analyses; but, like a conscientious archaeologist, I have not omitted to mention in each case where the authentic parts end and my constructions begin. [Freud 1905b, p. 12]

The goal was to reconstruct and restore the connections that had been broken and that had been caused by

the patients’ inability to give an ordered history of their life in so far as it coincides with the history of their illness. [This] is not only characteristic of the neurosis; it also possesses great theoretical significance. ... Whereas the practical aim of the treatment is to remove all possible symptoms and to replace them by conscious thoughts, we may regard it as a second and theoretical aim to repair all the damage to the patient’s memory. These two aims are coincident. When one is reached, so is the other; and the same path leads to them both. [Freud 1905b, p. 17, 18]
Aside from the archeology metaphor, Freud also used Leonardo’s metaphor of the sculptor working *per via di levare*— he takes away the fragments that hide the sculpture’s form, which is complete within the block of stone (Freud 1905, p. 260). Steven Marcus (1985), Professor of Literature at Columbia University, calls Freud a modern author, a modernist, who has created in his preface a Nabokov-like frame for his story and interacts with the reader by comparing himself and his story with a hypothetical story-teller of the same history. Freud writes:

I must now turn to consider a further complication to which I should certainly give no space if I were a man of letters engaged upon the creation of a mental state like this for a short story, instead of being a medical man engaged upon its dissection. The element to which I must now allude can only serve to obscure and efface the outlines of the fine poetic conflict which we have been able to ascribe to Dora. This element would rightly fall a sacrifice to the censorship of
a writer, for he, after all, simplifies and abstracts when he appears in the character of a psychologist. But in the world of reality, which I am trying to depict here, a complication of motives, an accumulation and conjunction of mental activities—in a word overdetermination—is the rule.² [Freud 1905b, p. 59]

Freud emphasized that the practical goal of treatment was to repair all the damage to the patient’s memory and that when a successful conclusion had been reached the patient would own his history.

Who Owned Dora’s History?

Who owned Dora’s history? When Erikson asks this question in *Insight and Responsibility* (1964) he makes a distinction between reality and actuality. He says that reality is the world of phenomenal experience whereas actuality is the world of the current, present, immediate, and active; it includes a participation in the world in the company of others,
preferably with a minimum of defensive maneuvering and a maximum of mutual activation. When Dora confronted her environment, hoping to get it to divulge its secrets and reveal its lies, she did this out of a young person’s need and right to test the correctness, the durability, and the truth of the attitudes, methods, ideas, and ideals in her environment. Loyalty, constancy, and fidelity are the strengths and crises of adolescence. According to Erikson, Dora was concerned with the immediate, historic truth while Freud wanted to get at the genetic truth behind the symptoms, considering it the patient’s duty and responsibility to come to a realization of these genetic connections and not be inhibited by her environment, as Dora was.

In a postscript Freud writes:

On a date which is not a matter of complete indifference, on the first of April (times and dates, as we know, were never without
significance for her), Dora came to see me again: to finish her story and to ask for help once more. One glance at her face, however, was enough to tell me that she was not in earnest over her request … she had come for help on account of a right-sided facial neuralgia, from which she was now suffering day and night. “How long has it been going on?” “Exactly a fortnight.” I could not help smiling; for I was able to show her that exactly a fortnight earlier she had read a piece of news that concerned me in the newspaper. And this she confirmed. Her alleged facial neuralgia was thus a self-punishment—remorse at having once given Herr K. a box on the ear, and at having transferred her feelings of revenge on to me. I do not know what kind of help she wanted from me, but I promised to forgive her for having deprived me of the satisfaction of affording her a far more radical cure for her troubles. Years have gone by since her visit. In the meantime the girl has married, and indeed—unless all the signs mislead me—she has married the young man who came into her associations at the beginning of the analysis of the second dream. Just as the first dream represented her turning away from the man she loved to her father— that is to say, her flight from life into
disease—so the second dream announced that she was about to tear herself free from her father and had been reclaimed once more by the realities of life. [Freud 1905b, p. 122]

What can have happened to Dora and between her and Freud? As we will hear, Freud himself asked that question, just as many analysts after him have returned to the Dora case history to state, clarify, interpret, explain, and go through the problems and difficulties Freud and Dora had when they met each other.

**A History of Illness**

In Dora’s case, thanks to her father’s shrewdness which I have remarked upon more than once already, there was no need for me to look about for the points of contact between the circumstances of the patient’s life and her illness, at all events in its most recent form. Her father told me that while they were at B he and his family had formed an intimate friendship with a married couple who had been settled there for several years. Frau K. had nursed him during
his long illness, and had in that way, he said, earned a title to his undying gratitude. Herr K. had always been most kind to Dora. He had gone for walks with her when he was there, and had made her small presents; but no one had thought any harm of that. Dora had taken the greatest care of the K.’s two little children, and been almost a mother to them. [Freud 1905b, p. 25]

Two years earlier Dora was to have spent the summer at a lake in the Alps with the K. family, but after a few days, as her father was making preparations to depart, Dora had suddenly declared with great determination that she was going with him. It was not until some days later that she told her mother that Herr K. had had the audacity to make her a proposition while they were on a walk after a boat trip on the lake. Herr K. denied this and in turn threw suspicion on Dora. He said that he had heard from his wife that Dora was greatly interested in sexual matters and had “even read Mantegazza’s *Physiology of Love* and books of that sort in their house on the
lake. It was most likely that she had been over-excited by such reading and had merely ‘fancied’ the whole scene.” Even if her father did not doubt that this incident was responsible for Dora’s depression, he could not do what Dora demanded, which was to break off relations with the K. family. His friendship with Frau K. was sincere; nothing unseemly had been kept secret; they were just two poor wretches who gave each other comfort and he wanted Freud’s help to bring her to her senses.

Freud resolved to suspend judgment of the true state of affairs until he had heard the other side:

The experience with Herr K—his making love to her and the insult to her honor which was involved—seems to provide in Dora’s case the psychical trauma which Breuer and I declared long ago to be the indispensable prerequisite for the production of a hysterical disorder. But this new case also presents all the difficulties which have since led me to go beyond that theory,
besides an additional difficulty of a special kind. For, as so often happens in histories of cases of hysteria, the trauma that we know of as having occurred in the patient’s past life is insufficient to explain or to determine the particular character of the symptoms. [Freud 1905b, pp. 26-27]

Several of the symptoms were present long before the scene by the lake. If he was not to abandon the traumatic theory, Freud had to go back to Dora’s childhood and look there for influences or impressions that might have had an effect analogous to a trauma. He often had to trace back the patients’ life history to their earliest years: “When the first difficulties of the treatment had been overcome, Dora told me of an earlier episode with Herr K., which was even better calculated to act as a sexual trauma.” She was 14 years old at the time. Herr K. arranged things so that he was alone with her at his place of business. There
he suddenly clasped the girl to him and pressed a kiss upon her lips. This was surely just the situation to call up a distinct feeling of sexual excitement in a girl of fourteen who had never before been approached. But Dora had at that moment a violent feeling of disgust, tore herself free from the man, and hurried past him to the staircase and from there to the street door. She nevertheless continued to meet Herr K. Neither of them ever mentioned the little scene; and according to her account Dora kept it a secret till her confession during the treatment. For some time afterwards, however, she avoided being alone with Herr K. [Freud 1905b, p. 28]

Freud considers Dora’s reaction hysterical, as he considers it to be in anyone in whom an occasion for sexual excitement elicits feelings that are predominantly or exclusively unpleasurable. He interprets the reaction as a reversal of affect and a displacement of genital sensations to the mouth (from genitally felt pleasure to disgust) and to the breast (the touch of an erect penis to a sensation of
pressure). Years afterward Dora still felt the pressure on her upper body as well as an unwillingness to walk past any man whom she saw engaged in eager or affectionate conversation with a lady. Freud links together these impressions and explains:

The disgust is the symptom of repression in the erotogenic oral zone, which as we shall hear, had been over-indulged in Dora’s infancy by the habit of sensual sucking. The pressure of the erect member probably led to an analogous change in the corresponding female organ, the clitoris; and the excitation of this second erotogenic zone was referred by a process of displacement to the simultaneous pressure against the thorax and became fixed there. Her avoidance of men who might possibly be in a state of sexual excitement follows the mechanism of a phobia, its purpose being to safeguard her against any revival of the repressed perception. [Freud 1905b, p. 30]

Freud makes the point that it was difficult to get Dora to concentrate her attention on Herr K. She
declared that she was finished with him, but she could not forgive her father for continuing his relations with the K. family. She was also completely convinced that her father’s relation to Frau K. was a common love affair, which began when Frau K. “had officially taken on the position of nurse” to her seriously ailing father. They were together in B., where both families were staying, but also during the summer holidays when her father and Frau K. occupied hotel rooms next to each other. Her father defended this friendly relation by saying that the children had Frau K. to thank for the fact that he was alive. Dora’s mother confirmed this: once, when Dora’s father had planned to commit suicide in the woods, it had been Frau K. who had gone after him and saved his life. Dora regarded this as fictitious, a camouflage to account for a rendezvous in the woods. The presents everyone—her mother, Frau K., and Dora herself—received from
her father simply confirmed for her the fact that he wanted to buy them off. Even after the move to Vienna, when Dora had begun her analysis with Freud, she had seen her father and Frau K. together on the street. Freud could not in general dispute Dora’s characterization of her father; and there was one particular respect in which it was easy to see that her reproaches were justified. When she was feeling embittered she used to be overcome by the idea that she had been handed over to Herr K. as the price of his tolerating the relations between her father and his wife; and her rage at her father’s making such a use of her was visible behind her affection for him. At other times she was quite well aware that she had been guilty of exaggeration in talking like this…. But as a matter of fact things were in a position in which each of the two men avoided drawing any conclusions from the other’s behavior which would have been awkward for his own plans. [Freud 1905b, p. 34]

But
when a patient brings forward a sound and incontestable train of argument during psychoanalytical treatment, the physician is liable to feel a moment’s embarrassment, and the patient may take advantage of it by asking: “This is all perfectly correct and true, isn’t it? What do you want to change in it, now that I’ve told it you?” But it soon becomes evident that the patient is using thoughts of this kind, which the analysis cannot attack, for the purpose of cloaking others which are anxious to escape from criticism and from consciousness. A string of reproaches against other people leads one to suspect the existence of a string of self-reproaches with the same content. All that need be done is to turn back each particular reproach on to the speaker himself. [Freud 1905b, p. 35]

Freud points out that Dora had for a long time closed her eyes to what her father’s relation to Frau K. involved, and this in spite of the fact that Dora’s governess tried to open her eyes to the relation and to get her to take sides against Frau K. Dora had interpreted this as jealousy on the part of the
governess and when she realized that the governess was more interested in her father than in Dora, she became furious and saw to it that the governess was dismissed. Encouraged by Freud, Dora admitted that her loving relationship with K’s children during their time in B. was an expression of her love for Herr K., but she said that it had all been over since the scene at the lake. Nevertheless, some of Dora’s symptoms—the cough, the attacks of voice loss—had been bound to her love and longing for Herr K, which she was trying to hide also with the help of the intensified childhood love for her father.

**The Sherlock Holmesian and the Patriarchal Tradition**

Like many contemporary commentators of our times I would like to distance myself at this point. Freud saw how vulnerable Dora’s position was in respect to men and how men and women close to her
behaved, but for a complex of reasons it is probable that he put up defenses against unconditionally investigating Dora’s question: “What do you want to change?” He may unconsciously have shared the blindness of the patriarchal society around him with its focus on exploitation, and/or he lacked our knowledge and insight into the particularly fragile identity and self-esteem of adolescence. We have learned that there may be fateful consequences if adults close to young persons, on whom they are still dependent, exploit them to satisfy their own needs. To be a failure, to be humiliated in dealing with those who are near and dear, may shake to the foundations their faith in their own powers and put their self-esteem completely out of balance. Rage against the adults who have so betrayed the child by failing to support the development of the adolescent’s ego and superego releases primitive aggression that may be
turned against their own bodies, intensifying the symptoms and/or be turned against the analyst, putting the treatment at risk. Altogether too busy proving his own theories, Freud directed all his attention to Dora’s inner reality, her own contribution to the events, “turning back each particular reproach on to the speaker himself” (Freud 1905b, p. 35). The truth was to be found within the ailing Dora and not in her environment. For that reason Freud was not willing to follow his own instructions, presented a decade later, to “listen with evenly suspended attention, allowing yourself to taken by surprise by every new turn in the process, and always with an open mind” (Freud 1912c). He insisted on getting Dora to confess her love and longing for Herr K. and in spite of the fact that he saw the connection between himself and Herr K, he did not seem capable of seeing how Dora might interpret his own
commitment, that is, his own desire to discover the truth of his own theories. His technique was suggestive, persuasive, convincing; he constantly pressed Dora to confirm his impressions and interpretations, giving Dora little room to follow up her associations herself. He worked out the details brilliantly, aiming at the reconstruction of the original oedipal situation, and he thought his most important duty was to discover the hidden meaning, rooted in childhood, in every symptom.

The question of whether the symptoms of hysteria are of psychical or somatic origin is not the right one, Freud points out. Of necessity they are psychically determined but receive contributions from both sides. They cannot come into being without a certain degree of somatic compliance. The connection, however, varies from case to case. Thus a temporary physical irritation (such as the cough) may act as “the grain of
sand around which the oyster forms the pearl,” serving as a loving identification with the father afflicted with a lung disorder, or expressing an unconscious fellatio fantasy where someone’s (her father’s, Herr K’s) penis irritates the mucous membrane. What is important is that the symptoms disappear when the meaning hidden in them has been discovered. There is fantasy and sexual content in that meaning, which may be perverse (transgressing of the sexual functions with respect to body part and sexual object), developing out of the seed that is enclosed in the child’s undifferentiated sexual tendencies, and that often build further on the child’s normal autoerotic activities (like thumb-sucking). Freud makes detailed and polemical comments in order to defend the existence of “perverse fantasies,” stressing the importance of speaking to patients
openly about such matters without beating about the bush (Freud 1905b, p. 49).

Dora was beside herself when she was accused of having imagined the scene at the lake. Freud, however, did not doubt that she was telling the truth, but assumed that there were innumerable small signs that had made Herr K. believe to the very end that he could be sure of the girl’s affection for him. He also interpreted Dora’s illness as “tendentious.” Even though there were internal motives such as self-punishment, remorse, penitence—in which case, said Freud, the therapeutic task is easier—there was also a clear surface motive for Dora, “i.e., to touch her father’s heart and to detach him from Frau K.” In a footnote in 1923 he makes a distinction between the primary and the secondary type of gain from illness. But in his work with Dora he follows what Donald
Spence (1987) calls the Sherlock Holmes tradition.

Freud writes:

In this way I gained an insight into a conflict which was well calculated to unhinge the girl’s mind. On the one hand she was filled with regret at having rejected the man’s proposition, and with longing for his company and all the little signs of his affection; while on the other hand these feelings of tenderness and longing were combated by powerful forces, amongst which her pride was one of the most obvious. Thus she had succeeded in persuading herself that she had done with Herr K—that was the advantage she derived from this typical process of repression; and yet she was obliged to summon up her infantile affection for her father and to exaggerate it, in order to protect herself against the feelings of love which were constantly pressing forward into consciousness. [1905b, p. 58]

The further fact that she was almost incessantly a prey to the most embittered jealousy seemed to admit of still another determination: “there lay concealed a
feeling of jealousy which had a lady as its object—a feeling, that is, which could only be based upon an affection on Dora’s part for one of her own sex” (Freud 1905b, p. 62). Freud then enumerates the “proofs” for Dora’s feelings of Frau K. For years she and Dora lived in the closest intimacy. When she visited, she shared a room with Frau K; she was the wife’s confidante and adviser in all the difficulties of her married life. Dora received presents from her father in which she recognized Frau K’s taste, and Frau K. praised Dora’s “adorable white body.” The worst outrage may have been that Frau K. had betrayed her confidence and blackened her character after she had demanded redress from Herr K. Frau K. had sacrificed Dora without a moment’s hesitation so that her relations to Dora’s father might not be disturbed.

I believe, therefore, that I am not mistaken in supposing that Dora’s supervalent train of
thought, which was concerned with her father’s relations with Frau K, was designed not only for the purpose of suppressing her love for Herr K, which had once been conscious, but also to conceal her love for Frau K, which was in a deeper sense unconscious.... These masculine or, more properly speaking, gynaecophilic currents of feeling are to be regarded as typical of the unconscious erotic life of hysterical girls. [Freud 1905b, pp. 62-63]

A Fictional Supervision

In the extensive literature about Dora derived from Freud’s case histories there are many interpretations, explanations, excuses, defences, and rebukes. Everyone knows that it is easy to be wise after the fact and advance ingenious theories for others; there is quite simply more freedom in observing from a distance. But we also know that outsiders possess only a “normative” competence, that is, a general understanding, while the involved participants, the patient and the analyst, have a
“privileged” competence (Spence 1987). With a certain amount of hesitation one can put this question: How would you supervise Freud if he applied for supervision of his analysis of Dora? Would you point out the complication that he knew the family? That her father brought Dora to him with the order, get her to listen to reason? That he had advance information about Dora and had already anticipated a great deal about her, which might interfere with the need to listen with freely floating attention? Freud might be warned that Dora would interpret his inquisitive attitude, as though he were gathering evidence, as proof that his motive was not to analyze her in order to help her understand herself and her predicament and help her deal with it, but to analyze the material from the perspective of his own intentions and to confirm what he already knew. It may be possible to prove how his premature
interpretations and active interrogation were bound to increase Dora’s defensiveness and resistance. He might then defend himself by saying that “everything I call Dora’s attention to is present in what she says!” One could well ask Freud, “What do you want to do? What is your goal?” and he might answer, “I want to create and validate the psychoanalytical theory; I want to confirm my theories about hysteria and use the patient for this end—and thus I must often use all my brilliance, my power of persuasion, to gather all the details into an argument in order not to be silenced, as I was after I published my book on *The Interpretation of Dreams*. But let me tell the story!”

Just at the moment when there was a prospect that the material that was coming up for analysis would throw light on an obscure point in Dora’s childhood, she reported that a few nights earlier she had once again had a dream which she had already dreamt in exactly the same way on many previous occasions. A periodically recurrent

www.freepsychotherapybooks.org 224
dream was by its very nature calculated to rouse my curiosity; and in any case it was justifiable in the interests of the treatment to consider the way in which the dream worked into the analysis as a whole. I therefore determined to make an especially careful investigation of it. Here is the dream as related by Dora: “A house was on fire. My father was standing beside my bed and woke me up. I dressed quickly. Mother wanted to stop and save her jewel case; but Father said: ‘I refuse to let myself and my two children be burnt for the sake of your jewel-case.’ We hurried downstairs, and as soon as I was outside I woke up.” [Freud 1905b, p. 64]

S(upervisor): What do you think? Why is the dream recurring right now?

F(reud): That’s just what I was going to find out. I posed—as usual—questions about every detail. I naturally first asked her when she had first dreamt it.

S: But then you are jumping from the current and immediate, from what is implicit in the fact that she tells you her dream.

F: But wait a minute. Her answer, that she had first dreamt it by the lake where the scene with Herr
K. had taken place, “naturally heightened my expectations from the clearing up of the dream” (Freud 1905b, p. 64).

S: It may, however, be risky to seek the clearing up of the dream before you have made sure that you understand what she wants to say about the relationship between the two of you. One could, for instance, hear her say through the dream that we (Dora, the children) are in danger; Father (i.e., you, the analyst holding the frame) shall save us. Mother is too occupied with her jewel-case and there is a risk that you will be, too, if your main wish is to validate the psychoanalytical theory and confirm your theories about hysteria using me, the patient, to that end.

Freud can now react in various ways. He may be able to accommodate the supervisor’s perspective on the interactive significance of the dreams. He may already be open to following up here and now his impressions and experiences of the communicative significance of transference. He is, however, likely to be bound to too great an extent by his conviction that
he should bring out the hidden truth (*per via di levare*) and as a result he will probably turn defensive at every effort to get him to pay attention to the meaning and the consequences of his own interventions and his motives for them. His theoretical metaphors are at risk of being reduced to rigid rules.

*F:* But wait. Let me finish the story. She has, of course, “already had some training in dream interpretation from having previously analyzed a few minor specimens, from taking the dream bit by bit and telling me what occurred to her in connection with it.” Her first contribution was: “Father has been having a dispute with Mother in the last few days, because she locks the dining room door at night. My brother’s room, you see, has no separate entrance, but can only be reached through the dining room. Father does not want my brother to be locked in like that at night. He says it will not do: something might happen in the night so that it might be necessary to leave the room” (1905b, p. 65). Listen now! These words “took me aback. They seemed to have an
ambiguous ring about them. Are not certain physical needs referred to in the same words? Now, in a line of associations ambiguous words (or, as we may call them, ‘switch words’) act like points at a junction. If the points are switched across from the position in which they appear to lie in the dream, then we find ourselves on another set of rails; and along this second track run the thoughts which we are in search of but which still lie concealed behind the dream” (1905b, p. 65).

S: (Thinks: How shall I get him to stop and listen to himself? If I stress the risk of his acting instead of understanding and point out that in view of his theoretical expectations, it is he who has his hand on the switch, I may forestall something he is anxious to accomplish. He may perceive me as doubtful or critical of his theories, questioning his technique. He may think that I want to compete with him. If I make use of my hypothesis that he and Dora are already deeply involved in a mutual, charged drama, I may myself easily wind up as another co-actor in the play. Let me therefore wait and see.)

F: I elicited from her the fact that she had dreamt the dream three times after the scene by the lake.
After her return to K’s she went to lie down as usual on the sofa in the bedroom to have a short sleep. She suddenly awoke and saw Herr K. standing beside her and asked him sharply what it was he wanted there. He was not going to be prevented from coming to his room and he had wanted to fetch something. She then procured a key to the room but it was gone on the following afternoon when she wanted to lie down again on the sofa. I said then that her dream corresponded to an intention: “I shall have no rest and I can get no quiet sleep until I am out of this house.” I also knew that, like all the others, she would applaud me if I limited myself to that sentence. But I learned when I analyzed my own dreams that this isn’t the way it is. I know, and against every insidious objection I must stick to my theory, that every dream is a wish that is represented as fulfilled, a wish created in childhood. A daytime thought, current events—and I know that you, a supervisor, were about to point out the links between dreams and me and us today—“may very well play the part of an entrepreneur for a dream; but the entrepreneur, who, as people say, has the idea and the initiative to carry it out, can do nothing without capital; he needs a capitalist who can afford the outlay, and the capitalist who
provides the psychical outlay for the dream is invariably and indisputably, whatever may be the thoughts of the previous day, *a wish from the unconscious*” (1905b, p. 87). Quite simply I don’t have the right to stop and simplify as you might wish.

*S:* You are writing an essay on sexual theory in which you present childhood masturbation as the most important factor in the etiology of hysteria. You also write that childhood masturbation is demonstrable in all of us, and it can not be a coincidence nor can it be a matter of indifference to you if you, with Dora’s help, are going to be able to confirm your supposition. I can understand that. But both as a scientist and as Dora’s analyst, your first duty is to listen for Dora’s reaction to your questions.

*F:* When this dream was related we were involved in a topic that had to do with masturbation and bed-wetting, because Dora was a bed-wetter and its cause is often masturbation. Dora had asked why just she was ill and she had shifted the blame onto her father. He had contracted syphilis through loose living and had infected her mother, with whom Dora identified. As I was on the point of answering her question as to why it was just
precisely she who had become ill, I noticed that she was playing with the little reticule she was wearing at her waist that day. It was a symptomatic act when, as she lay on the sofa talking, she opened it, put a finger into it, shut it again, and so on. I looked on for some time, and then explained to her the nature of a “symptomatic act.” That is convincing, isn’t it?

No human being can hide his secret: one whose lips are sealed babbles with his fingertips; betrayal seeps out of his every pore. That is exactly why it is quite possible to perform the task of making conscious what is most hidden in the soul. This is apropos of how Dora reacted. All right. I also asked her for associations to the jewel-case. Yes, her mother is very fond of jewelry and had had a lot given her by her father. Four years earlier her mother and father had had a dispute because he had brought her a bracelet instead of pearl drops to wear in her ears, which she had asked for. I said that she, Dora, might have thought that she would have accepted it with pleasure herself. She didn’t know about that and neither did she know how her mother came into the dream. I promised to explain that to her later.

I wondered if Herr K. had given her any jewelry. No, but Herr K. had given her an expensive
jewel-case. ‘Then a return present would have been very appropriate!’ (1905b, p. 69), I said, adding that “jewel-case” is a favorite expression for the female genitals. She reacted immediately; she knew that I would say that. But I replied that she was saying that she herself knew it. The meaning of the dream was becoming even clearer. Before we end today’s session, let me summarize the synthesis of dreams for you. The wish that the dream wants to come true always springs from the period of childhood. The dream expresses this wish anew, and it tries to correct the present day by the measure of childhood. And what Dora is trying to express in her dream is: “Dear Father, protect me again as you used to in my childhood, and prevent my bed from being wetted!” The day after, Dora brought me an addendum: each time after waking up she had smelt smoke. I reminded her that I would often say, “There can be no smoke without fire!” She answered that everyone smokes. An addendum to dreams usually contains the most obscure thought, which here was the longing for a kiss, linked both to the episode when she was 14 years old and to childhood thumb-sucking.
I realized that there was also a link to me in the transference, that she would like to have a kiss from me. I told her this and added that from the re-appearance of the dream in the last few days I had to conclude that she was saying that the same situation had arisen once again: she had decided to give up the treatment, to which only her father had made her come. To this can be added her aversion to every new doctor, originating in her concern that they might find the reason for her suffering, discover the vicious circle between masturbation and the stomach cramps and nervous asthma that emerged during abstinence. And I had now discovered her secret and she wished to take her revenge. But today we can only touch on this transference theme, highly significant both practically and theoretically, since I must interrupt the supervision.

Here the supervisor is left with many unanswered questions and suppositions. Who has put Freud in the position of the seducer? Is it he himself, a middle-aged man tempted by the young girl’s secrets and jewel-box? Is it Dora who has chosen this role for him in accordance with what Freud writes about the
meaning of transference in his postscript to the case history? Transferences are

new editions or facsimiles of the impulses and fantasies which are aroused and made conscious during the progress of the analysis; but they have this peculiarity, which is characteristic for their species, that they replace some earlier person by the person of the physician. To put it another way: a whole series of psychological experiences are revived, not as belonging to the past, but as applying to the person of the physician at the present moment. … Some of these … are merely new impressions or reprints. Others are more ingeniously constructed. [Freud 1905b, p. 116]

What part does Freud play in establishing his position as seducer, the one who arouses Dora’s desire, fear, and resistance? How does it influence this process that Freud works with the metaphor “a regularly formed dream stands upon two legs”? This places the dream at the point of intersection between the legs, at the genitals: thus the dream may be seen
as a sexual organ to be inspected, penetrated. In addition, an experiment carried out by Freud with a match stand is of current interest in regard to the dream. Freud wanted to go back to one of Dora’s associations to the dream, “that something might happen in the night so that it might be necessary to leave the room,” and he conducted

a little experiment which was, as usual, successful. There happened to be a large match stand on the table. I asked Dora to look round and see whether she noticed anything special on the table, something that was not there as a rule. She noticed nothing. I then asked her if she knew why children were forbidden to play with matches. “Yes; on account of the risk of fire. My uncle’s children are very fond of playing with matches.” “Not only on that account. They are warned not to ‘play with fire’ and a particular belief is associated with the warning.” She knew nothing about it. “Very well, then; the fear is that if they do they will wet their bed.” [Freud 1905b, p. 71]
Might this have contributed to the unconscious but mutual “playing with fire” between Freud and Dora? Freud insisted that Dora confess her love and longing for Herr K, and although he recognized the connection between himself and Herr K, he was blinded by his own strong involvement, his desire and eagerness to reveal “her secret.” Dora may very well have interpreted this as Freud’s desire to penetrate her, as his own desire to play with fire.

**Stealing the Fire; Opening Pandora’s Box**

Many have reacted to Freud’s tone with Dora, that blooming young girl with intelligent, attractive features, that pathetic teenager brought by her father to him, a 44-year-old neurologist and pater familias. She told him a sad story of being exploited, molested, and betrayed by the adults around her. But instead of showing her compassion and sympathy, Freud treated her as a dangerous adversary. He wrestled with her,
set traps, pressed her against the wall with confrontations and interpretations. This might be understandable if, like Aaron (the analyst interviewed in *Psychoanalysis, the Impossible Profession*), one adopts Freud’s perspective. Freud saw in Dora a Pandora, a provocative, dangerous Woman:

The whole story is full of boxes. Wherever you turn you stumble over a box. The jewel-box in the first dream. The little reticule Dora played with while she lay talking. The experiment with the matchstand. Freud linked fire to bed-wetting, which he also saw rooted in the myth of Prometheus where the stolen fire was hidden in a phallus-like oval stalk. Pandora, on the other hand, was created by the gods to punish mankind for the theft of fire by Prometheus. Formed from clay and water, she was given great beauty and a spiteful disposition. Epimetheus, brother of Prometheus, took her as his wife and in his house she opened the fatal box, thereby releasing the evil and dangerous forces which mankind had previously been protected from. Here we hear the echo of Freud’s own words: “No one who, like me, conjures up the most evil of those
half-tamed demons that inhabit the human breast, and seeks to wrestle with them, can expect to come through the struggle unscathed.” [Malcolm 1981:27]

Freud contributed to the making the grammar of the unconscious—which had always been open to poets and artists—accessible to those in health-care services as well as to science. Speech begins with the original dialogue between child and mother (or “the attentive other”). The infant’s cry calls forth the accessible mother, and in this first dialogue the concepts are created (phase specific and via the paternal order), which are then integrated into inner endeavors, giving meaning to the child’s experiences. At the same time the relation between the internal and the external reality is being organized. The original dialogue was revived in Dora’s dream; out of her painful, distressing situation she calls out for her father to save her and this is repeated in the analytical
situation. She sought shelter with the analyst at the same time as she was setting up precisely the danger from which she was trying to be saved. The aim of the relation and the analytical situation is just this: to facilitate the creation of mutual concepts through which the participants can communicate about such experiences. The patient expresses himself or herself, like Dora, both verbally and non-verbally. Analyst and patient create a comprehensible language, assuming that the analyst is able to listen and understand what the patient is trying to say about him, the analyst. The image the patient creates of the analyst may also provide important guidance leading to a better understanding of the analyst’s own person, technique, and counter-transference, presenting material for self-analysis and supervision. But Freud was much too preoccupied with his own desire to force the secret out of Dora’s dream, and this
prevented him from seeing anything other than what he wanted to see.

**Revenge:** “Do You Know, Doctor, that I am Here for the Last Time Today?”

Several weeks after the first dream Dora related her second dream. When work with this had been concluded the analysis was broken off. During this time Dora had herself begun to ask questions about the connection between her own acts and her presumed motives. One of these questions was: “Why did she say nothing about the scene by the lake for some days after it had happened?” The other, “Why did she then suddenly tell her parents about it at all?”

Moreover, her having felt so deeply injured by Herr K’s proposition seemed to me in general to need explanation, especially as I was beginning to realize that Herr K. himself had not regarded his invitation to Dora as a mere frivolous attempt at seduction. I looked upon her having told her parents of the episode as an action which she had
taken when she was already under the influence of a morbid craving for revenge. A normal girl, I am inclined to think, will deal with a situation of this kind by herself. [Freud 1905b, p. 95]

In the second dream she relates:

I was walking about in a town which I did not know. I saw streets and squares which were strange to me. Then I came into a house where I lived, went to my room, and found a letter from Mother lying there. She wrote saying that as I had left home without my parents’ knowledge she had not wished to write to me to say that Father was ill. “Now he is dead and if you like you can come.” I then went to the station [Bahnhof] and asked about a hundred times: “Where is the station?” I always got the answer: “Five minutes.” I then saw a thick wood before me which I went into and there I asked a man whom I met. He said to me: “Two and a half hours more.” He offered to accompany me. But I refused and went alone. I saw the station in front of me and could not reach it. At the same time I had the usual feeling of anxiety that one has in dreams when one cannot move forward. Then I was at home. I must have been travelling in the
meantime, but I know nothing about that. I walked into the porter’s lodge, and enquired for our flat. The maidservant opened the door to me and replied that Mother and the others were already at the cemetery [Friedhof]. [Freud 1905b, p. 94]

Dora’s associations (rendered here in a different order than Freud reproduced them): In Dresden she had declined her cousin’s offer to act as a guide. She had gone alone to the famous picture gallery and sat for 2 hours in front of the Sistine Madonna, rapt in silent admiration. Freud reminded Dora of the young German man—a passing acquaintance whom Freud later believed was Dora’s husband—and his supposed longing for Dora and her box. Dora associated to the evening before when her father had asked her to fetch some brandy, and she had impatiently asked her mother for the key to the sideboard. But her mother had been deep in conversation with someone else. Dora had had to ask one hundred times over. Her
father looked tired and ill that evening. In her dream
he was already dead. In her dream fantasy Dora had
left her home for a strange town—perhaps her
father’s heart had broken with grief. Thus she would
be revenged. Via the letter from her mother in the
dream Freud and Dora are led back to the scene by
the lake where Herr K. had said, ‘You know I get
nothing out of my wife.” Dora had then wanted to
walk home around the lake but since this would have
taken 2½ hours she had taken the boat instead. The
wood in the dream had been like the wood by the
lake; she had also looked at the same wood in a
picture at the Secessionist exhibition. In the
background of the picture there were nymphs. For
Freud “a certain suspicion became a certainty.” From
station [Bahnhof, literally “railway court”] to
cemetery [Friedhof, literally “peace court”] to
vestibule [Vorhof, literally “fore-court”]; there were
nymphs in the background of a thick wood—the anatomical term for female genitals, a “symbolic geography of sex.”

If this interpretation were correct, therefore, there lay concealed behind the first situation in the dream a fantasy of defloration, the fantasy of a man seeking to force an entrance into the female genitals. I informed Dora of the conclusions I had reached. The impression made upon her must have been forcible, for there immediately appeared a piece of the dream which had been forgotten: she went calmly to her room, and began reading a big book that lay on her writing table. [Freud 1905b, p. 99]

This led back to childhood fantasies and wishes. In her fantasy she has given birth to a child 9 months after the scene by the lake:

Her supposed attack of appendicitis had thus enabled the patient with the modest means at her disposal (the pains and the menstrual flow) to realize a fantasy of childbirth. … ‘You are going about to this very day parrying the consequences
of your false step with you, so it follows that in your unconscious you must have regretted the upshot of the scene. In your unconscious thoughts, that is to say, you have made an emendation in it”… The labor of elucidating the second dream had so far occupied two hours. At the end of the second session, when I expressed my satisfaction at the result, Dora replied in a depreciatory tone: “Why, has anything so very remarkable come out?” These words prepared me for the advent of fresh revelations. She opened the third session with these words: “Do you know that I am here for the last time today?” - “How can I know, as you have said nothing to me about it?” - ‘Yes, I made up my mind to put up with it till the New Year (12/31/1900). But I shall wait no longer than that to be cured.”- ‘You know that you are free to stop the treatment at any time. But for today we will go on with our work. When did you come to this decision?” “A fortnight ago, I think.” - “That sounds just like a maidservant or a governess - a fortnight’s notice.” - “There was a governess who gave notice with the K.s, when I was on my visit to them that time by the lake.” - “Really? You have never told me about her. Tell me.” [1905b, pp. 103-105]
Dora then told of the young girl who was employed by the K. family. Herr K. had been importunate in his advances to her, asking her to be nice to him; he got nothing from his wife. Freud says, “Why they are the very words he used afterwards, when he made his proposition to you and you gave him a slap in the face” (1905b, p. 106). The servant girl had given in to him and since then she has hated him. She had not given notice, however, but waited to see if there might not be some change in Herr K. That was why Dora herself waited. This was her motivation for not leaving immediately: first a jealous revenge because he had dared treat her like a governess, then a few days wait before she left to go home; not until a fortnight had passed did she choose to tell her parents the whole story. And now she comes to Freud giving a fortnight’s notice:

You took the affair with Herr K. much more seriously than you have been willing to admit so
far. Had not the K.s often talked of getting a divorce? … May you not have thought that he wanted to get divorced from his wife so as to marry you? … So it must have been a bitter piece of disillusionment for you when the effect of your charges against Herr K. was not that he renewed his invitation but that he replied instead with denials and slanders. You will agree that nothing makes you so angry as having it thought that you merely fancied the scene by the lake. I know now—and this is what you do not want to be reminded of—that you did fancy that Herr K/s proposals were serious, and that he would not leave off until you had married him. [p. 108]

She had listened, without any of her usual contradictions. She seemed to be moved; she said good-bye to me very warmly, with the heartiest wishes for the New Year, and—came no more. Her father, who called on me two or three times afterwards, assured me that she would come back again, and said it was easy to see that she was eager for the treatment to continue. … But he was never entirely straightforward. He had given his support to the treatment so long as he could hope that I should talk Dora out of her belief that there was
something more than friendship between him and Frau K. … Her breaking off so unexpectedly, just when my hopes of a successful termination of the treatment were at their highest, and her thus bringing those hopes to nothing—this was an unmistakable act of vengeance on her part. Her purpose of self-injury also profited by this action. … Might I perhaps have kept the girl under my treatment if I myself had acted a part, if I had exaggerated the importance to me of her staying on, and had shown a warm personal interest in her—a course which, even after allowing for my position as her physician, would have been tantamount to providing her with a substitute for the affection she longed for? I do not know. … Incapacity for meeting a real erotic demand is one of the most essential features of a neurosis. Neurotics are dominated by the opposition between reality and fantasy. If what they long for the most intensely in their fantasies is presented them in reality, they nonetheless flee from it; and they abandon themselves to their fantasies the most readily where they need no longer fear to see them realized. Nevertheless, the barrier erected by repression can fall before the onslaught of a violent emotional excitement produced by a real
cause; it is possible for a neurosis to be overcome by reality. But we have no general means of calculating through what person or what event such a cure can be effected. [Freud 1905b, pp. 108-110]

**Epilogue**

Neither do we know what would have happened if Dora had continued the analysis. And of what really happened after the short, broken-off treatment we have only fragmentary knowledge, in A Footnote to Freud’s Fragment of an Analysis of a Case of Hysteria, which Felix Deutsch published in 1957. In addition there are countless commentaries, analyses, and footnotes to the case. Here I will mention only a few: Hyman Muslin and Merton Gill (1978) stress the importance of working with transference: Freud obviously should have noticed Dora’s distrust and her expectation that Freud, just like Herr K., would cheat her if she were to yield to her wishes for “a kiss,” and
that Freud, like many others before him, would pretend to be interested in her while really only being her father’s tool. Dora imagined that Freud’s focus on her sexual fantasies was an expression of his desire for her. Muslin and Gill want to supplement Freud’s metaphor that a dream stands on two legs by describing the dream as a platform standing on three legs: one in reality, one in the past, and one in the transference in the relation to the analyst. They shed light as well on the possible counter-transference feelings that may have dominated Freud’s work. Robert Langs (1978) in *The Misalliance Dimension in Freud’s Case Histories. I. The Case of Dora*, focuses on the consequences entailed in deviation from the neutral, ideal analytic frame; thus he stresses the importance of Freud’s previous contact with the father. Steven Marcus (1974) interprets *The Fragment* as a story about Freud himself, where he
unconsciously identifies with Dora, giving vent to a masculine protest against his own femininity. Lacan (1985) saw the relation between transference and counter-transference as a dialectic process where the patient’s transference is an answer to the analyst’s counter-transference. According to him, Freud was blind to his own counter-transference, which was based on his identification with the virile image of Herr K. He was therefore unable to help Dora out of her negative transference and forward to her own desire. Lacan sees the characterization of Dora in Felix Deutsch’s footnote as “one of the most repulsive hysterics [he] ever met” and as a confirmation of the fact that he and Freud did not think of Dora as a woman but as the reflection of their own image—based on the counter-transference—of the provocative woman, Pandora, who can open the dangerous box, full of secrets.
As early as 1964, Erik H. Erikson pointed out how the society, the culture, her age, and her sex limited Dora’s opportunities for development. The only positive identity available to her consisted of becoming an unrecovered patient of a famous analyst. Ida Bauer had married in 1903, not with the young engineer (from the second dream) as Freud had believed, but with one of her father’s employees. Her husband’s ambition was to become a composer, but he had such little success that Ida’s father hired an orchestra so his son-in-law could enjoy listening to his work. One son was born to the couple; their marriage was unhappy. The husband suffered from a severe head and eye injury incurred in the war.

Felix Deutsch met Ida in 1922. He had been called in as a consultant by an ear, nose, and throat specialist; he met her twice. The first time she was in bed with dizziness and buzzing in her ear, symptoms
similar to Ménière’s disease. Deutsch was of the opinion that they had a connection with her grown-up son’s nightly homecomings. His description of Dora was later critically interpreted by Anne Thompson (1990) in ‘The Ending to Dora’s Story: Deutsch’s Footnote as a Narrative.” She suggests that Deutsch’s picture was influenced by his special relation to Freud. He had been a medical doctor before he became an analyst and was also renowned for his theoretical contributions to the understanding of psychosomatic states. For a time he was also Freud’s house physician, and he was the first to observe that Freud had cancer of the oral cavity. For various reasons he chose to keep his diagnosis secret from Freud, which caused a break between them for a time. Deutsch revealed this in 1956. One year later he published his “footnote” with the manifest aim of investigating to what degree present-day views of the
conversion process corresponded to Freud’s original ideas about its dynamic. Thompson stresses that Deutsch’s picture of Dora is a highly slanted one, which ought to be exposed to an analysis just as critical as that devoted to Freud’s portrait of Dora. In Deutsch’s version—which even contains information procured from an “anonymous source”—Dora is presented as a woman who fills the room with complaints: about fate, about her parents’ morbidity, about her unhappy childhood, about her son’s and her husband’s indifference, about men’s infidelity. Finally her husband and the other physician who was present, the throat specialist, leave the room. When Dora and Deutsch are left alone, she changes to a flirtatious, intimate conversation about Freud, announcing “proudly” that she is his famous case, Dora. She asks for Deutsch’s opinion concerning Freud’s interpretations of her two dreams. When he next
visited she was no longer in bed and she was no longer dizzy but had an obvious limp in her right leg and was still complaining about her mother, husband, and son. Her brother, who contacted Deutsch after a time, thanked him for the help he had given Dora but expressed his concern about her suffering and her difficult temperament. After having read about Dora’s death— which occurred in New York in 1945—Deutsch obtained access to further details about her via an “anonymous source.” Her husband died of a coronary in 1932—“he preferred to die, as my informant put it, rather than to divorce her.” Dora’s son—who has become a successful musician—helped her flee from Europe to New York. Dora died of cancer of the large intestine, and “her death seemed a blessing to those who were close to her—for she was the one of the most repulsive hysterics I have ever met.” Anne Thompson emphasizes that Dora as a
person—who even according to Freud had been diminished to a “case history to be explained in the spirit of Sherlock Holmes”—has altogether disappeared in Deutsch’s malicious postscript.

What we have also learned from Freud’s experiences with Dora is that we must understand and deal with transference within an established working relationship. The patient’s tendency to repeat and, in the situation with the analyst, re-experience previous experiences, has its roots in old expectations and infantile wishes. The fear of being caught up by life, of being drawn in, raped by it with pain and lust, is what ties Dora and many others to the repetition of wishes and fantasies linked to figures from their childhood. In analysis these patterns can be discovered and clarified—if the analyst does not abandon the patient by being too bound up in his own expectations and theories. Then the risk is, as in the
case of Dora, that the analysis will be broken off. Otherwise new experiences that the analysand will have within the analytical situation may offer fresh strategies and solutions to problems. By his interpretations the analyst can help the patient to gain increased self-knowledge. In this process the patient can make surprising discoveries, reaching an insight into himself and his relationships. But it is important to remember that the analyst’s interpretations are always only made up from “ideas” expressing his own interpretations and opinions. They can have a permanent effect only if they stand up against the patient’s critical study and fit in with his own inner reality. Only on this basis can the patient change his own life.

Notes

1. Sigmund Freud published his study and case history of Dora in *Monatschrift für Psychiatrie und Neurologie* in 1905 under the title “Bruchstück einer Hysterie-analyse.” This is

2. Here Freud is referring to the phenomenon that behind jealousy of the father lies the jealousy of a woman, in this case Frau K. “When in a hysterical woman or girl, the sexual libido which is directed toward men has been energetically suppressed, it will regularly be found that the libido which is directed toward a woman has become vicariously reinforced and even to some extent conscious” (Freud 1905b, p. 60).

3. Probably referred to Freud’s appointment to a professorship in March 1902.
I had just returned home from a conference and was beginning to think about what I might say to you about Freud’s case history of Little Hans. My thoughts kept returning to my experiences during the conference. I had given a lecture on child analysis, and an analyst, Dr. Jezzy Cohen from Israel, made his contribution to the discussion in the form of a letter he had received from my child analysand in which she requested that he ask me about a few things I had written that she had not understood. What a meeting this turned out to be! We ask our questions from
different points of departure, thereby creating a web. By shifting our own positions we discover nuances that give the picture more depth and intensity, making it possible for us to understand *Analysis of Phobia in a Five-Year-Old Boy*. Written by Sigmund Freud and published in 1909, this is a 150-page-long case history including the subsequent discussion. I have asked myself the question: How might I shift some positions in order to provide you with something new and worthwhile from this extensive but familiar material?

**Little Hans, Child Analysand/Herbert Graf, Director**

But then it happened: a letter from New York. “Dear Dr. Johan Norman,” it began. I looked at once at the sender’s name: Herbert Graf, written on the letterhead of the Metropolitan Opera.

Dear Dr. Johan Norman,
Through a friend of the family, a Dr. Cohen, I heard that you are a child psychoanalyst and that you and Dr. Cohen have corresponded about an interesting case of a child. When I heard that just at present you were deeply involved with Sigmund Freud, especially with his case history, “Little Hans,” I decided to write to you. I have always tried to avoid publicity as one of Freud’s “interesting cases,” but lately I have been thinking that you might help me find answers to a few questions I have asked myself many times. I am getting on in years—I was born in 1903. It was not until I was 19 years old, in 1922, that I became aware that I had been in psychoanalysis as a child. There was an article by Freud in my father’s work room. When I looked at it I suddenly recognized some names and towns to which Freud had not given fictitious names. I knew that when I was little I had been afraid of horses and I now realized that the article was about me. Elated, I telephoned Freud and introduced myself as “Little Hans.” Freud invited me to his home and was friendly and happy to see me. He said that he could not wish for a better defence for his theories than meeting the happy, healthy 19-year-old I had become.
Confirming someone’s theories was not my main goal but I have realized that Freud had been greatly criticized for having exposed a child to the psychoanalytical method. He was relieved to see that I was healthy and felt fine. My father had told me a great deal about this man with whom he had become acquainted in 1900, the same year that Freud published *The Interpretation of Dreams*. My father was then 25 years of age, a prominent music critic and music journalist in Vienna. He had heard of psychoanalysis through a woman who had been treated by Freud, and if I am not mistaken it was my mother-to-be who was his patient at that time. What made a strong impression on my father was that the entire treatment was based on nothing more than questions and answers; he was attracted by the artistic features of the study of the unconscious. Freud and my father became friends. Distinguished composers and artists often gathered in our home. On my third birthday, Freud arrived with a present, a rocking horse!

For many years my father took part in the Wednesday meetings of *The Vienna Psychoanalytic Society* where Freud gathered
around him his first circle of students. In that connection Freud had encouraged the participants to collect observations of child sexuality and that was why my father began to write down his observations of me.

Well, the rest is clear from Freud’s book but naturally I have always wondered about Freud’s obvious relief when he saw me so healthy and happy. Is it true that psychoanalytical treatment of a child is dangerous? Is psychoanalysis dangerous for the child, for the analyst, for the father or the mother? A couple of years after my analysis, my father broke with Freud and later my parents were divorced.

I have worked all my life with opera, primarily as a director. My sister and I built a toy theater where we put on real plays. When I was 16 years old I spent a summer in Berlin and practically lived at the city’s theaters. When I returned to Vienna and school I put on “Julius Caesar” in the gym. I dreamed of becoming an opera director! When I was 22 years old I had a chance to put on an opera—“The Marriage of Figaro”? I knew the score by heart. Since then I have worked as an opera director. I don’t think I have ever really
understood where I got this irresistible attraction to dramatic staging.

I have, of course, read Freud’s book about me but it is only occasionally that I have flashes of recognition which indicate that it is about me. I remember that I was afraid of horses when I was little but no matter how much I read I can not understand what the horse means. Was it my father or was it my mother?

“Little Hans,” child analysand/ Herbert Graf, director

PS: I enclose an interview with me published in Opera News a few years ago.

My first reply to Herbert Graf was brief.

Dear Herbert Graf!

I am pleased to have this more personal contact with you. I will shortly, at the end of September, meet with psychoanalyst colleagues and other members of the city’s intelligentsia to discuss your case. Thereafter I will send you a more detailed reply.

Johan Norman¹
Anyone who is involved with a child knows how preoccupied one can be with the thought of what the child will be as an adult. There is extraordinary excitement in the question: What will this person be like? Implicit: What form will his talents and assets take in matters of work and love, and what effect will his weak points and fixations have on the final compromise of which adulthood is made up?

I approach the material on Little Hans from the end—who he was, Little Hans, as an adult, opera director Herbert Graf. The interview with Herbert Graf in Opera News bears the headline “Memoirs of an Invisible Man—Herbert Graf Recalls a Half Century in the Theater” (Rizzo 1972). When I called the music radio’s library to get some information, the comment was, “Oh, yes, the great Herbert Graf.” It appears that he was a very famous opera director who had been engaged as a director at the Metropolitan for
25 years; he had worked with Bruno Walther and Arthuro Toscanini, among others. When he was only 16, he had more or less taken up residence at the Vienna opera; his father was a music journalist and always had free tickets. The visual composition was generally so bad that he either followed along with the score or closed his eyes and saw pictures of ideal productions in his head. He dreamed of becoming an opera director, a job that did not even exist at that time. Even the simplest productions switched on his pictures of imaginary performances, which he then tried to put on with his little sister, first as puppet shows and later with schoolmates. In his graduation year, 1921, the school yearbook contains the following under the heading “Folly of the Year”: “Herbert Graf wants to be an opera director.”

Graf began as an opera singer since there were plenty of jobs for singers in the more than 100 opera
theaters in German-speaking Europe. But after only a year he was commissioned to produce *The Marriage of Figaro*. He directed the whole performance without even having to glance at the score. In his inner picture world, both the music and the stage set were already in place. The visual force of the interpretation was a major theme for Herbert Graf. He wrote three books on opera and built an opera stage where performances for an audience could be recorded with the help of a whole battery of invisible cameras, which from different angles could register what was going on on the stage without neither the audience nor the actors being disturbed. It is not to arouse interest in the art of opera that I mention this, but because we may get an idea of some of the qualities of the person Little Hans became as an adult. In the 1972 article “Memoirs of an Invisible Man” there are pictures of Herbert Grafs design for
an opera studio and of himself on a visit to New York that same year. This was the year before his death. Herbert Graf died in 1973, at the age of 70. My effort to start a correspondence with him came 20 years too late.

Anyone who himself remembers what it was like to be a child knows how preoccupied a child is by the thought of what will happen to him when he grows up. No child can know what it will be like to be an adult; he exists, it might be said, without perspective. On the other hand, every adult has had the experience of being a child, carrying with him this inner child and his effort to remove himself from this lack of perspective. Thus every adult person lives in several generations at the same time. The generations telescope into each other. Little Hans may have become opera director Herbert Graf because dramatic staging had an irresistible attraction for him when he
was still a child. When he was only 5 years old, he had already staged and directed an intricate production. We call it his “phobia.”

**Little Hans, Aged 3, and the Question of “Wiwimacher”**

The first observations the father reported to Freud were made when Little Hans was not yet 3 years old. Hans was an alert, cheerful, well-behaved boy with a very lively interest in his penis, which he called “Wiwimacher,” a word that can be translated as “widdler”—what one urinates with.

That Hans was not alone in this interest is self-evident: his father, Max Graf, had met Freud frequently over a period of 6 years and had participated in the Wednesday meetings, and at this time Freud’s most recent work, the monumental *Drei Abhandlungen zur Sexualtheorie* (Three Essays on the Theory of Sexuality), published in 1905, had just
come into circulation. In this volume Freud outlined his sexual theory, based on psychoanalysis with adults. The aim of the observations was to collect material that might elucidate the relevance of these theories to children. Father Max was enthusiastic, if somewhat ambivalent. He knew stenography and so was able to record a dialogue:

_Hans:_ “Mamma, have you got a widdler too?”

_Mamma:_ “Of course. Why?”

_Hans:_ “I was only just thinking.” [Freud 1909a, p. 7]

Childhood is the time when the big questions are asked, and Hans was trying to figure out existential concepts. What signs distinguish animate beings from inanimate matter? Yes, dogs and horses have a penis/widdler but chairs and tables do not. When at the same age he saw a cow being milked he quite logically remarks, “Oh, look! There’s milk coming
out of its widdler!” In his thoughts Little Hans is close to the unconscious, adopting the primary process method of putting the breast on a par with the penis, an equality that also includes faeces and children. This 3-year-old philosopher, writes Freud, had “by a process of careful induction arrived at the general proposition that every animate object, in contradistinction to inanimate ones, possesses a widdler. His mother had confirmed him in this conviction by giving him corroborative information in regard to persons inaccessible to his own observations” (1909a, p. 11).

Encountering this active disinformation in the text composed of the father’s notes is very strange. It will seem inconsistent to the reader that on the one hand the parents have agreed to allow the boy to grow up expressing himself freely without their using scare methods and at the same time they distort the truth
and threaten him. When he masturbates, his mother says, “If you do that, I shall send for Dr. A. to cut off your widdler. And then what’ll you widdle with?’ Hans: ‘With my bottom’” (1909a, p. 7). Freud calls what his mother says to Hans a castration threat but it seems not to have had any immediate effect on Hans. He maintains the same research enthusiasm as before.

We can imagine the scene: the father, writing to Freud of his observations, sometimes openly laments his wife’s behavior. Freud’s spirit pervades the scene: father, son, and Freud—while the mother herself never gets a chance to speak. Naturally the father makes a selection of what he observes and reports on; this is why these observations, and later on the analysis, encroach on the family’s balance. Something not consciously intended comes to light. It is often like this in child analysis but in this case,
since it was the father himself who was the analyst, there was no one who could help the family.

When Hans is 3½ years old, in October 1906, there is a great event in his life: his little sister is born. He is sleeping in his bed in his parents’ room.

At five in the morning labor began, and Hans’s bed was moved into the next room. He woke up there at seven, and, hearing his mother groaning, asked: “Why’s Mummy coughing?” Then, after a pause, “The stork’s coming today for certain”. … He saw the doctor’s bag in the front hall and asked: “What’s that?” “A bag,” was the reply. Upon which he declared with conviction: “The stork’s coming today”…. He was then called into the bedroom. He did not look at his mother, however, but at the basins and other vessels, filled with blood and water, that were still standing about the room. Pointing to the blood-stained bed-pan, he observed in a surprised voice: “But blood doesn’t come out of my widdler”. . . . [H]e meets everything he sees with a very suspicious and intent look. [Freud 1909a, p. 10]
One of the great mysteries of childhood is the question of how children come into this world, and Hans accepted the stork mythology as an appropriate evasion. It goes against his common sense, but it is practical. What he is now confronted with, when Hanna is born, is a mystery he is unable to solve. When his sister is 1 week old, Hans is watching while she is given a bath. He says, “But her widdler’s still quite small,” adding by way of consolation, ‘When she grows up it’ll get bigger all right.” Freud adds in an almost despairing footnote, “One might well feel horrified at such signs of the premature decay of a child’s intellect. Why was it that these young enquirers did not report what they really saw—namely, that there was no widdler there?” (1909a, p. 11). In his commentary Freud points out that “the untrustworthiness of the assertions of children is due to the predominance of their imagination, just as the
untrustworthiness of the assertions of grown-up people is due to the predominance of their prejudices” (1909a, p. 102). We can understand that it is a predominance of imagination that makes Hans deny what he sees and a predominance of prejudice that makes his parents repress reality.

Hans, however, is still extremely eager to learn and sexually curious. He asks his father if he has a penis, and his father says he has, upon which Hans remarks that he has never seen it when his father was undressing. In the same way his attention turns to his mother. The following scene is played:

Another time he was looking on intently while his mother undressed before going to bed. “What are you staring like that for?” she asked.

_Hans:_ “I was only looking to see if you’d got a widdler too.”

_Mother:_ “Of course. Didn’t you know that?”
Hans: “No. I thought you were so big you’d have a widdler like a horse.” [1909a, p. 9]

This is the formula that rescues Hans: It is true that there are animate beings who only have a little widdler/penis but the reason for that is that they are so small; when they grow their widdler/penis will get bigger.

Thus in several places in the text we can find evidence that his mother plays word games with Hans: Certainly she has a “Wiwimacher,” something to urinate with. The word “Wiwimacher” contains the obscurity that characterize people’s relation to the sex organ and sexuality. ‘Wee-wee” is a child’s word for urine. Macher originates in machen, which means ‘to make.’ ‘Wiwimacher” has the literal meaning “wee-wee maker,” but the word stands for the little boy’s penis. It is as if the mother mixes up the meanings, not taking seriously the fact that ‘Wiwimacher” in the
German language and for Hans means a boy’s penis. Why does she mix up the meanings and why does she seem not to understand what the word stands for? Who is this mother? We do not know much more about her than that she has been in analysis with Freud.

He writes: Hans’s “beautiful mother fell ill with a neurosis as a result of a conflict during her girlhood. I was able to be of assistance to her at the time, and this had in fact been the beginning of my connection with Hans’s parents” (1909a, p. 141).

In a discussion during Freud’s Wednesday meeting on May 12, 1909, in which father Max Graf participated, one of the members advanced the opinion that “undeniably, mistakes were made in his education, and these were indeed responsible for his neurosis.” The object of the criticism was the absence of sexual enlightenment, and the stork myth, in
particular, describing how children come into the world was regarded as downright injurious. They also said that the feeling of shame had been cultivated (Minutes, Vol II, p. 232, 12 May 1909). During these Wednesday meetings the discussions of sexuality were often exhaustive and frank, and one can only imagine the enormous difficulties Little Hans’s father faced, since he himself had not been in analysis. Father Graf offered this opinion: “Little Hans’s illness developed on the basis of his strong sexual predisposition which awoke a premature need for love; this in turn became too strongly linked with his parents.” Father Graf made an effort to defend himself against the criticism that he had failed to give Hans sexual enlightenment by saying that the boy, now 6, more and more often asked his father questions about sexuality. He would eventually answer them. Freud then interrupts the discussion,
saying, “Not that many mistakes were made and those that did occur did not have that much to do with the neurosis. The boy should only have been refused permission to accompany his mother to the toilet. For the rest, neurosis is essentially a matter of constitution” (p. 235). And Freud adds that it was the aggressive impulses against his mother that resulted in Little Hans’s neurosis (p. 236).

This discussion, then, took place in 1909. It was a small group, generally not more than ten participants, and the discussion often touched on the fundamental importance of sexuality. The abstract reasoning models developed at that time were based on the instinct theory, which defines the trouble people have with handling their instincts and explains how instinct energy is transformed into anxiety. This was the first anxiety theory and it was also tangibly present in Little Hans’s analysis. What was almost completely
lacking, however, although it was vaguely included in the concept “constitution,” was the whole pregenital development area, that which deals with the earliest development of the connection between the instincts and the objects of which the basic pattern of inner object relations is composed. It is impossible to guess what the mother is trying to do when she says that she has a “Wiwimacher.” But Little Hans probably interprets it to mean that his mother is refusing to listen to what is worrying him; he expresses this when he says in connection with the birth of his little sister, “Blood doesn’t come out of my widdler.” One of a mother’s chief functions is to be emotionally accessible to the child and willing to get to know the child’s emotional experience. For this Bion (1984, 1988a,b) uses the expression containing function: being able to find room in one’s own self for what the child is not able to bear, quite simply to be a mind
where the unendurable can be known and digested in order to be returned to the child later in a metabolized and detoxified form. This function seems to have failed sometimes in the interaction between Little Hans and his mother. The result for Little Hans was that the mental space available for him to contain disturbing feelings and fantasies shrank. He was unable to identify with his mother’s corresponding space, and his feelings therefore became difficult to integrate. Our insights into this type of interaction and communication have been developing steadily since the 1920s, and many important contributions have come from Melanie Klein and others—from her, theories concerning the paranoid-schizoid and the depressive position (1975), from Winnicott the concept of the holding function and the good enough mother (1971), and from Bion the theory of the containing link.
Lovesick Little Hans

Little Hans has other preoccupations besides investigating the significance of his “Wiwimacher,” including the area of sexual instinct and the differences between the sexes. He is also much occupied with what might be called love affairs with other children. In the summer of 1906 he had been in Gmunden where he played all day with the landlord’s children. A little while after his return to Vienna he begins to fantasize that he is playing with his friends, and he goes on with this for hours. After Hanna’s birth he begins to call two of the little girls “his children.” In Vienna playmates are scarce in the winter; the few he meets become, regardless of sex, the objects of his love. The following summer the family is back in Gmunden, and Hans swears his love to many of his playmates, hugging and kissing them.
Freud’s amused comment is: “Little Hans seems to be a positive paragon of all the vices!” (1909a, p. 15).

That same summer:

Hans, four and a quarter. This morning Hans was given his usual daily bath by his mother and afterwards dried and powdered. As his mother was powdering around his penis and taking care not to touch it, Hans said: “Why don’t you put your finger there?”

*Mother:* “Because that’d be piggish.”


*Mother:* “Because it’s not proper.”

*Hans (laughing):* “But it’s great fun.” [1909a, p. 19]

This undisguised seduction attempt is, of course, an example of what Father Graf had in mind when he said that Little Hans had an unusually strong sexual disposition. But suddenly something new occurs here, which stands in marked contrast to Hans’s former
cheerful humor. Two days later Little Hans tells his father the following dream:

Someone said: “Who wants to come to me?”

Then someone said: “I do.”

Then he had to make him widdle. [1909a, p. 19]

The dream is distorted, so we can not immediately understand its meaning. The dream censor has worked efficiently and repression has begun. His father tries to interpret the dream. It is related to a game of “forfeits” children play, in which someone asks: “Whose is this forfeit in my hand?” Someone answers: “It’s mine.” Then it is decided what he or she must do, for example, give someone else a kiss or a box on the ear. But in the dream someone must make him widdle. His father translates: It is Berta and Olga, two of his playmates, whom Hans wants to come to him and make him widdle. The year before he thought that one of the girls was looking on while
he was urinating; he enjoyed showing himself. But there is still another connection. When Hans goes for walks and needs to urinate his father helps him to unbutton his trousers and take his penis out. This had happened the day before Hans had his dream but for the first time Hans had asked that they go behind the house so that no one would see him. Thus the dream is a masturbation fantasy. With penis in hand he is asking himself if it is his mother, Olga and Berta, or his father who will rouse his desire.

Even that summer in Gmunden, Hans had often been uneasy when he had had to go to bed at night. He had a frightening thought: Suppose Mummy were to go away? Then he would not have a Mummy any more. He was often allowed to get into his mother’s bed.

The following autumn when Hans was 4½ years old, there are no reports and therefore we do not
know what happened.

**Little Hans Becomes Afraid of Horses**

But in January 1908 Freud receives a letter: “My dear Professor, I am sending you a little more about Hans—but this time, I am sorry to say, material for a case history. ... I shall venture to call upon you tomorrow ... but in the meantime ... I enclose a written record of the material available.” Little Hans is afraid a horse on the street will bite him, and he refuses to go out. In the evening he is in low spirits. His father, of course, is worried, hastening to try and find explanations. It must be his mother’s fault! Or has Hans perhaps seen an exhibitionist?

Freud’s comment on this point is of fundamental importance. First he writes, “*It is not in the least our business to ‘understand’ a case at once: this is only possible at a later stage, when we have received*
enough impressions of it” (1909a, p. 22). Two elements in this commentary are essential. It is made clear with emphasis that the starting point is not that we understand but, on the contrary, that we do not understand. Implicit: People are mysterious and it is our own apathy and anxiety in the face of the unknown that sometimes makes us say that “we understand,” even when we do not. Freud returns to this theme in his conclusion: “For the rest, our young investigator has merely come somewhat early upon the discovery that all knowledge is patchwork, and that each step forward leaves an unsolved residue behind” (1909a, p. 100). Psychoanalysis is thus a method that creates knowledge by gathering enough impressions. Freud’s use of the word Eindrücke is crucial; he does not use words like material, information, or data. In other words, impressions are exchanged between analyst and analysand, and it is
out of this common matrix that the thoughts and questions grow, which, when they are formulated, may lead to understanding and knowledge.

Freud’s next reminder is: “For the present we will suspend our judgment and give our impartial attention to everything that there is to observe” (1909a, p. 22). The analysand’s free associating has its counterpart in the analyst’s evenly suspended attention. This is a basic principle of every analysis, that is, that the meaning behind what is presented as “significant” or “crucial” cannot be understood until all the details of the story are taken into account, often those which are found on the periphery of attention.

These comments already include two of the basic elements of the psychoanalytical method as Freud afterwards came to develop it in his technical writings.
Little Hans is now 4¼ years old and it is one of the first days of January 1908. He is crying in the morning because he has had an anxiety dream. He tells his mother, “When I was asleep I thought you were gone and I had no Mummy to coax with” (Hans’s expression for *caress*). A day later he comes into his mother’s bed early in the morning and says, “Do you know what Aunt M. said? She said: ‘He has got a dear little thingummy.’” Four weeks earlier this had really happened. By his little boast Hans is now trying to reassure himself of his mother’s interest; he is trying to seduce her. There is no doubt that Hans is very fond of his mother, an old, familiar theme in the family. Freud comments that “his affection for his mother must therefore have become enormously intensified. This was the fundamental phenomenon in his condition.” Freud’s anxiety theory at this point
can be summarized in the concept that it is unsatisfied longing that is transformed into anxiety.

A few days later Hans is out walking with his nursemaid when he begins to cry on the street. He definitely wants to go home. He wants to “coax” with his Mummy. In the evening he is anxious, cries, and can not be separated from his mother. What might now be supposed is that Little Hans really longs for his mother so much that he does not want to be away from her. The next day Hans and his mother are to go out together to Schonbrunn, where he always likes going. He begins to cry and does not want to go. He is frightened. At last he goes anyway, but with great anxiety. On the way home he says, “I was afraid a horse would bite me.” In the evening he is unhappy and says, crying, “I know I shall have to go for a walk again tomorrow.” And later: “The horse’ll come into the room.”
Why does Hans choose a horse as the threatening figure in his psychic life? He has always looked at horses with interest. They have a large penis and he has thought that his mother should have a big penis like a horse since she is so big. Might the horse be a substitute for his mother? But what is the meaning of Hans’s fear that a horse will come into his room? Freud asks rhetorically whether this is to be regarded as a small child’s foolish fear, answering his own question: “A neurosis never says foolish things, any more than a dream. When we cannot understand something, we always fall back on abuse. An excellent way of making a task lighter” (1909a, p. 27).

A Puzzling Start for the Analysis

Then there follows a passage in the text that is rather strange. Freud indicates that the therapy has begun.
I arranged with Hans’s father that he should tell the boy that all this business about horses was a piece of nonsense and nothing more. The truth was, his father was to say, that he was very fond of his mother and wanted to be taken into her bed. The reason he was afraid of horses now was that he had taken so much interest in their widdlers. He himself had not noticed that it was not right to be so very much preoccupied with widdlers, even with his own, and he was quite right in thinking this. [1909a, p. 28]

What can Freud have been thinking? We clearly get the impression that Freud is siding with the masturbation opponents of his day. But this was not the case, for his basic thesis is this: ‘The fact is that sexual excitation changes into anxiety.’ And Freud writes, ‘That the child was getting pleasure for himself by masturbating does not by any means explain his anxiety; on the contrary, it makes it more problematical than ever’ (1909a, p. 27). It is repression that is the solution to the riddle. Freud
continues, “His affection for his mother must therefore have become enormously intensified. This was the fundamental phenomenon in his condition. ... It was this increased affection for his mother which turned suddenly into anxiety—which, as we should say, succumbed to repression” (1909a, p. 25). Freud seems to making an effort to prevail upon Hans with one stroke to get rid of his repression. By an interpretation that links Hans’s fear of horses to a desire to creep into Hans’s mother’s bed, Freud is trying to divert the fear of the horse to Hans’s mother and his love for her, a love that, however, he is supposed to stop stimulating by masturbation. He should also receive sexual enlightenment. Since his libido is allied to the desire to see his mother’s penis he must be informed that there is not any penis to see; perhaps then he can give up this libidinal goal. Freud’s intention was thus not that the parents should
try to wean Little Hans away from masturbating but that is the way it was interpreted—the whole family joined forces on this single point—and it was the masturbation habit that hereafter played the leading role in the future course of events.

Several months passed before another report reached Freud. After Hans had received his so-called enlightenment there was some degree of improvement. He was no longer afraid to go out but his fear of horses had been transformed into to a compulsion to look at them. He says, “I have to look at horses, and then I’m frightened.” After an attack of influenza that kept him in bed for two weeks, he could not be induced to go out. In passing it is mentioned that he has had to stay indoors for another week because he has had his tonsils out. It is improbable that this surgery would have passed by without influencing the continued development of his
neurosis considering the load of castration anxiety
Hans was carrying.

We have now come to March 1, 1908. His father tries to explain that horses do not bite. “Hans: ‘But white horses bite. There’s a white horse at Gmunden that bites. If you hold your finger to it it bites.’” This is the first time the scary horses he mentions are white, and it is conceivable that this is a symbolized version of the tonsillitis operation where the white color of the operation room cloths has been shifted to the horses (Slap 1961). Hans tells a story from Gmunden where a father warned his daughter, “Don’t put your finger to the white horse or it’ll bite you.” Whereupon the following dialogue ensues: Hans’s father says, “‘I say, it strikes me that it isn’t a horse you mean, but a widdler, that one mustn’t put a hand to.’ Hans: ‘But a widdler doesn’t bite.’ Father: ‘Perhaps it does, though.’” His father has a real
problem when it comes to understanding Hans. The difficulty is connected to his father having bound himself to a preconceived idea, that it is masturbation that is to be combated, and his father fixing on the exterior act and behavior more than on the psychic reality.

The next day, when Hans is once again afraid, his father says, “This nonsense of yours” (that is how he speaks of his phobia) “will get better if you go for more walks. It’s so bad now because you haven’t been able to go out because you were ill.” Hans answers, “Oh, no, it’s so bad because I still put my hand to my widdler every night.”

Hans’s resistance is cunning. By accepting his father’s explanation that the problem is his masturbatory behavior—an explanation that, of course, is based on his father’s not understanding what is going on—Hans succeeds in avoiding insight
into and interpretations of another psychic reality. He can now retain his wishes and fantasies unaltered.

His father’s untiring battle against masturbation continues. A few weeks later Hans says that he does not put his hand to his penis any more. “Father: ‘But you still want to.’ Hans: ‘Yes, I do. But warning’s not doing, and doing’s not wanting!’ Father: ‘Well, to prevent your wanting to, this evening you’re going to have a bag to sleep in’” (1909a, p. 31).

We should not forget two aspects of this. The first is that Max Graf was a writer who did research in the field of music. He followed the discussions of the Wednesday group, but otherwise he lacked experience with psychoanalysis. As far as I know he had not been in analysis himself, which meant that his own fantasies, wishes, and conflicts were not worked through and were present all the time in Hans’s analysis as “blind spots.” Anyone who has
worked with child psychoanalysis knows with what force the child bombards the analyst with unintegrated, pregenital affects, which can waken a resonance in the analyst. As we see things today, this is one of the most important elements in the work of psychoanalysis, but it is based on the assumption that the analyst does not ward off his own inner psychic world.

The second aspect has to do with the social and cultural environment. At this time Der Struwwelpeter (Hoffman 1845) and Schreber reigned supreme. The prevalent idea about children was that children degenerate if they are not disciplined. Der Struwwelpeter was a children’s book with an enormous circulation. Full of references to bodily assaults that would take place if the child behaved improperly, it seems strange and brutal to our generation. The same was true of Dr. Schreber, who
during this period published several books in which he developed a whole world of notions and a system for bringing up children, which included a great deal of control: control of behavior, control of posture, control of everything the child did—as if he were a plant that had to be pruned. Against the background of the widely held ideas of this time it was natural for Little Hans’s parents to center their efforts on the battle against masturbation.

The next morning Hans, in a fright, comes in to his parents, who wonder what the matter is. Hans says, “I put my finger to my widdler just a very little. I saw Mummy quite naked in her chemise, and she let me see her widdler. I showed Grete”—this is his little friend from Gmunden—“what Mummy was doing, and showed her my widdler. Then I took my hand away from my widdler quick.” This was, of course, a
masturbation fantasy; the bag he slept in seems scarcely to have hindered him from sexual desires.

Hans and his father continue their conversation concerning sex differences. Hans repeats his formula: Everyone has a widdler and it gets bigger as one gets bigger—and it is “fixed in.” He is dissatisfied with the size of his penis, but more significant is the addendum: it’s fixed in.

Freud’s comment on this is of fundamental importance: Afterwards, nachträglich, his mother’s castration threat has become psychically effective. More than a year earlier his mother had told Hans, when he was playing with his penis, “If you do that, I shall send for Dr. A. to cut off your widdler!” On this first occasion Hans seemed unmoved. At that time it was obvious to him that everyone had a penis. But now this opinion seemed untenable; there were living beings without a penis; as a matter of fact, women
had no penis. If so, it would not be so incredible that his penis could be taken away, making him into a woman! Freud introduces the concept “castration complex” to designate this universal phenomenon, which has its origin in the child’s confusion over the anatomical difference between men and women, characterized by the presence or the absence of a penis.

**Hans and His Father on a Visit to Freud**

Hans is still afraid of horses and he is unhappy and full of anxiety. The analysis has taken on the sterile character of a cross-examination. His father asks Freud if he can come to the consulting hour with Little Hans. His father asked Hans if he wanted to go with him: “Will you come with me on Monday to see the Professor, who can take away your nonsense for you?”—Hans: ‘No.’” His father bribes Hans by saying that Freud has a pretty little girl whom Hans
can play with, and with that promise Hans gladly consents to go.

It is March 30, 1908. Father and son visit Freud. Freud writes:

I already knew the funny little fellow, and with all his self-assurance he was yet so amiable that I had always been glad to see him…. His father opened [the consultation] by remarking that, in spite of all the pieces of enlightenment we had given Hans, his fear of horses had not yet diminished. We were also forced to confess that the connections between the horses he was afraid of and the affectionate feelings towards his mother which had been revealed were by no means abundant. Certain details which I now learnt—to the effect that he was particularly bothered by what horses wear in front of their eyes and by the black round their mouths—were certainly not to be explained from what we knew. But as I saw the two of them sitting in front of me and at the same time heard Hans’s description of his anxiety-horses, a further piece of the solution shot through my mind, and a piece which I could well understand might
escape his father. I asked Hans jokingly whether his horses wore eyeglasses, to which he replied that they did not. I then asked him whether his father wore eyeglasses, to which, against all the evidence, he once more said no. Finally I asked him whether by “the black round the mouth” he meant a moustache. Freud interprets for Little Hans, “He was afraid of his father, precisely because he was so fond of his mother. It must be, I told him, that he thought his father was angry with him on that account; but this was not so, his father was fond of him in spite of it.” [1909a, p. 41]

Suddenly the sterile cross-examination atmosphere has disappeared, and Freud gives us a beautiful demonstration of a fragment of a psychoanalytical process. I would describe this process in the following way: Freud obviously likes Little Hans, and the story activates the analytical instrument in Freud. A mental space is established where all the impressions, affects, and thoughts, from inside and outside, meet. How did Freud hit on that
business with the eye-glasses and moustache? I can imagine the following: In the immediate situation Freud is receiving varying impressions, both verbal and non-verbal, conscious and even unconscious, causing vibrations within himself and creating a resonance that actualizes the 5-year-old boy that Freud himself had once been. I can imagine that at the periphery of his attention, fragments of visual memory emerge (the memory of his mother naked, death wishes directed against his younger brother, his ambivalent relation to his father), and these visual images, affects, and thoughts are made up of the impressions coming from within, which in the analytical mental space meet the impressions from the outside world. Suddenly Freud discovers that Hans’s father has. something in front of his eyes—his glasses—and something black around his mouth—his moustache. When an analyst works, a temporary re-
organization of his psyche occurs, meaning that a mental space is activated that gives way to an accumulation of impressions, emotional resonance, and free-flowing thoughts. I call this activated mental space the “psychoanalyst’s instrument,” analogous to a musician’s instrument, whose resonance starts when the string is touched. The analyst is “touched” by the analysand, during the course of his involvement receiving a number of impressions, *Eindrücke*, which arouse an affective resonance and produce thoughts. The analyst gets *food for thought* and by this process the matrix and the capacity for understanding are created in the analyst out of which interpretations can be formulated that are relevant for interaction here and now.

After the interpretation of Hans’s fear of his father, Freud says to Hans: “Long before he was in the world I had known that a little Hans would come
who would be so fond of his mother that he would be bound to feel afraid of his father because of it.” The father interrupts and asks Hans, “‘But why do you think I’m angry with you? Have I ever scolded you or hit you?’ Hans: ‘Oh yes! You have hit me.’” His father protests, “‘That’s not true. When was it, anyhow?’ Hans: ‘This morning.’ And his father recollected that Hans had quite unexpectedly butted his head into his stomach, so that he had given him as it were a reflex blow with his hand.” It was now clear to them both that Hans had a hostility toward his father and perhaps also a need to be punished for it. Freud writes that Little Hans “was afraid of his father because he himself nourished jealous and hostile wishes against him. ... By enlightening Hans on this subject I had cleared away his most powerful resistance against allowing his unconscious thoughts to be made conscious” (1909a, p. 123).
Both Little Hans and His Phobia Pluck Up Courage

Now the analysis picked up speed. The divided feelings for his father were plain to be seen. Hans’s father found it difficult to keep up with the analysis—Hans is in charge. “Hans says wonderingly, ‘Why did you tell me I’m fond of Mummy and that’s why I’m frightened, when I’m fond of you?’” (1909a, p. 44).

That he is fond of his mother is not a problem for Hans; the problem arises because Hans feels hostility toward his father in his role as rival to his mother, but at the same time he likes his father very much. His father has previously been quick to find explanations, but now the situation is more trying for him because now it is a matter of understanding rather than explaining. Hans often comes into his father early in the morning to check that he is there. He says, “When you’re away, I’m afraid you’re not coming home.” Hans finds himself in great conflict. He is very fond
of his father, is afraid for him, and therefore does not want him to disappear. But at the same time is afraid of him because of his hostile wishes based on the fact that he himself would like to be the father.

The days after the visit to Freud are eventful. Hans is clearer concerning what it is about horses that frightens him. He is especially afraid when horses are pulling carts and when the carts drive in or out of the courtyard to the warehouse opposite their own house. He says, “I’m afraid the horses will fall down when the cart turns.”

Freud comments, “Not only the patient but his phobia too had plucked up courage and was venturing to show itself’ (1909a, p. 47). This statement may sound odd. That the patient has plucked up courage sounds all right, but that the phobia as well should have done so sounds a little strange. In Freud’s time there was in Vienna an author named Karl Kraus, a
satirist who constantly heckled Freud. One of Karl Kraus’s aphorisms was: “Psychoanalysis is the mental illness which it thinks it is the remedy for” (Kraus 1993). Well, is psychoanalysis dangerous; is it a mental illness? Freud comments, ‘The analyst thus finds himself in the position, curious for a doctor, of coming to the help of a disease, and of procuring it its due of attention…. The fact is that you must catch your thief before you can hang him, and that it requires some expenditure of labor to get securely hold of the pathological structures at the destruction of which the treatment is aimed” (1909a, p. 124).

Hans now gives detailed but incomprehensible descriptions of a game he is planning to play with the carts. He wants so much to get over to the loading dock at the warehouse where he imagines that he can load and unload boxes. But he is afraid of the game as he imagines it. His father asks, “‘Then why are
you afraid?’” Hans: “‘I don’t know. But the Professor’ll know.’” Freud remarks to himself: “The Professor only knows that the game which Hans intended to play with the loaded carts must have stood in the relation of a symbolic substitute to some other wish as to which he had so far uttered no word” (1909a, p. 48).

What then is the wish that may take shape in this fantasy game: Boxes to be loaded and unloaded from carts? It soon turns out that the carts that are part of the fantasy are not just any carts. The carts are to be heavily loaded. They will be furniture vans. What is frightening is that a horse dragging a heavy cart may fall down. As a matter of fact, Hans saw a horse, a very big, fat horse, dragging a heavy van, and it fell down. He had been terribly frightened and it was then the “nonsense”—the phobia—began. “Father: ‘But the nonsense was that you thought a horse would bite
you. And now you say you were afraid a horse would fall down.’ Hans: ‘Fall down and bite.’” He was especially frightened because the horse made such “a row with its feet”—Hans lay down on the ground and showed how the horse kicked. His father wonders if the horse was dead. Yes, Hans saw that it was dead. At first he looks serious but then laughs. No, it wasn’t at all dead. He only said it as a joke.

The Vision and the Lure of Dramatic Staging

The special quality in the phobia is that the conflict is created and staged as a fear of an external object: the horse, the carts, the boxes, the fall, and the preoccupation with the penis. Each time it is a matter of an object that can be observed with the eye. Hans uses his vision, and he charges his glance. Visual representations and a charged vision are especially important to hysterics, and we know that among the multitude of hysterical symptoms, hysterical
blindness is common. Sometimes Hans leaves off looking but from time to time he is completely absorbed in intensively gazing at something in the distance. From his window on the fourth floor he has a good view of the warehouse where the horses come and go with their carts, where they load and unload boxes. All this goes on regardless of whether Hans notices it or not. It is a fragment of an external reality that follows its own logic and has its own rationale. Hans makes use of this external reality, providing it with a completely new significance: he gives it a symbolic meaning.

A symbol consists of two elements, one visible, often called the symbol, and one hidden, the symbolized. The Greek word symbolon signified the totality, which, split in two in another situation or time, could confirm its affinity by fitting together. Interpretation also works like this when it establishes
the relation between the manifest and the latent, when it simply creates a context of meaning.

We view our dreams and fantasies by means of an inner vision; the dream is a picture language where the eyes also play a part. When frightening fantasies come into view in Little Hans’s inner eye, he tries to protect his internal mental space by repressing his fantasies out of his consciousness. The repressed fantasies and wishes return to the unconscious and there become the object of what we call the primary process, that is, they are subject to condensation and displacement, processes that are also characteristic elements of the work of dreams. Since Hans’s vision is so strongly charged, he has a rich storehouse of perceptions at his disposal and some of these observations will be used as carriers of the repressed wishes and fantasies. He replaces his inner vision with an outer one.
In the case history of Little Hans there is a sketch drawn by his father of the scene on the street below his house where Little Hans sees the warehouse, the horses, the wagons, and the boxes on the other side of the street (1909a, p. 46).

Herbert Graf designed an opera house interior that he thought might be the ideal opera hall (Rizzo 1972). It would make it possible for invisible cameras to view the stage from every possible angle without disturbing the audience or the actors.

Both of these sketches have a similar structure:

<table>
<thead>
<tr>
<th>The Observer:</th>
<th>Little Hans/Herbert Graf</th>
</tr>
</thead>
<tbody>
<tr>
<td>sees:</td>
<td>directs his eye/a bank of cameras</td>
</tr>
<tr>
<td>everything:</td>
<td>excellent view/cameras from every possible angle</td>
</tr>
<tr>
<td>in the outside world:</td>
<td>the warehouse/the stage</td>
</tr>
<tr>
<td>without disturbing those around him:</td>
<td>his parents/the audience</td>
</tr>
</tbody>
</table>
Figure 4-1. From his house Little Hans has a view of the warehouse premises.

Figure 4-2. Opera house interior designed by Herbert Graf, with a bank of cameras on Level K. that reach every angle of the stage (Rizzo 1972).
without disturbing the performers:
so that an internal drama: can be staged:
horses, carts, boxes/actors
Little Hans’s unconscious fantasies/
Herbert Graf’s internal image of scores and direction
stories of horses, carts, boxes/the play

Herbert Graf was a pioneer of the modernistic of opera productions. An important element in, and a source of inspiration for, modernism was the concept that people had hidden sides linked to their unconscious and their drives, something with which Little Hans had become well acquainted during the designing of the dramaturgy of his own childhood phobia. When Little Hans is creating the elaborate dramaturgy for his phobia, it is probably Herbert Graf, the opera director to be, whom we already see at work.

Perhaps the result of this charged vision was the irresistible lure of the dramatic presentation for
Herbert Graf. Another factor in this was surely that Father Graf was a professional viewer, an observer and judge. In a 1972 interview Herbert Graf said of his father: “[H]e was an extraordinary man, the most extraordinary I’ve ever known…. He was a formidable scholar of literature and esthetics—equally at home in philosophy and science and quite capable of talking mathematics with Einstein” (Rizzo 1972, p. 25). His father was obviously greatly idealized. The son, Herbert, often got his father’s free tickets to the opera, and we may ask ourselves whether his father may have been present as an inside observer of the “ideal production” that Little Hans saw in his inner eye and later produced. Herbert Graf says, “I am not a brilliant opera director, a Reinhardt or a Zeffirelli. I am the son of a professor, a serious worker.” Perhaps the idealized father retained his number one place—it was impossible to depose him.
There might be something in the analysis of Little Hans that points the way to this quality in Herbert Graf, director.

The interpretation Father Graf at this time was working from (we are now back in the year 1908 when Hans was 5 years old) was as follows: When Little Hans saw the horse fall down he had a wish that his father would also fall down dead, a wish that made him afraid since he was fond of his father and he feared his father’s revenge. He plays horses, neighs, trots about, falls down, kicks about with his feet, runs up to his father and bites him. In his play, instead of being afraid, he now stages a drama with himself as the active one. In many of the various games that Hans stages he now includes the “row” with his feet. His father consults the professor, who wants to know something about this row with his feet; now both Hans and his father remember. When
Hans was very little and was to be put on his potty, he sometimes refused to stop playing, stamped his feet, and even threw himself on the ground. What we find out now is that Hans, and as a matter of fact his father as well, have had constipation problems. As a result he has had to have enemas and had been put on a diet. Just recently he has been constipated.

The anal theme is in the pipeline. His mother has been shopping and shows her husband a pair of yellow underpants. When Hans sees them the following scene ensues: Hans says, “Ugh,” throws himself on the ground, and spits. This scene is repeated several times on later occasions when he again sees the underpants. Once again, dramaturgy in action, but what is he playing? By degrees his father succeeds in understanding that this is the way Hans reacts to the strong desire he experienced when he was with his mother in the toilet and there saw her
having a movement. She says that he pestered her until she let him—children are all like that.

**The Father– Analyst’s Blind Spots**

Something, however, causes the pace of the analysis to slow down. Instead of involving himself in the process, his father engages Little Hans in a consideration of various details of Hans’s fantasies and games, as if these details were the object, and the behavior that was to be understood were separate from the context of meaning constituting the essence of his play. The analysis again takes on the character of an interrogation. It is obviously a big problem for Hans’s father that he himself has never had the chance to work through his own psychic conflicts. He seems to have difficulty with any material that has to do with the anal and the homosexual, and it is an inescapable fact that he either becomes defensive or, contrariwise, is too much interested.
When the analyst himself becomes defensive it is difficult for the analysand to go further, and this was the case with Little Hans. The negative oedipal situation containing both the boy’s wish to be the object of his father’s love, and hate and jealousy in his relation with his mother was never analyzed. Little Hans retains his idealization of his father, and this implies that its antithesis also remains, that is, a masochistic element (Frankiel 1991, 1992). Freud mentions that Hans played a game that consisted of “first hitting his father on the hand and then affectionately kissing the same hand” (1909a, p. 42).

Freud expresses regret that the description of the analysis is beginning to be a little tedious. And maybe it is just a question of the well-known phenomenon that the anal theme arouses either ribaldry or unwholesome boredom. The father is now in his element; he cross-questions Hans, and at last
Freud seems to be really irritated. He writes, “At this point I must put in a few words. Hans’s father was asking too many questions, and was pressing the inquiry along his own lines instead of allowing the little boy to express his thoughts. For this reason the analysis began to be obscure and uncertain.” Freud consoles the reader, “I can only advise those of my readers who have not as yet themselves conducted an analysis not to try to understand everything at once, but to give a kind of unbiased attention to every point that arises and to await further developments” (1909a, p. 64).

The situation is now becoming more and more complicated, not only because of the father’s confusing influence but, primarily, because of the development of Hans’s fantasies. He now begins to fantasize about faeces. He has been constipated and is afraid to go to the toilet. This means that his stomach
is heavy, the same thing he sees happening outside his window where all the boxes loaded on the carts make them so heavy that the horses may fall down. This frightens Hans. Everything now begins to be about defecation. Horses make a lot of noise when they defecate, just like his own movement when it falls down into the potty, and meat balls are like faeces.

Since Little Hans has not been able to understand the difference between man and woman or received any help from his parents to understand it, the mystery of where children come from remains unsolved for him. Freud uses the experiences from his work with Little Hans in an article on the sexual theories of children (1908b). There he writes that since the existence of the mother’s vagina is ignored, there is in the child’s world of imagination only one passage for the baby to take out of his mother’s
stomach: through the anal opening. The baby must come out in the same way as the faeces. Small children have a great appreciation of their anal products, which makes it possible for them to allow faeces and the child to be linked together. For Little Hans the child theme derives from the faeces theme.

**Hans Establishes the Distinction between Inner and Outer Reality**

When Hans approaches the child theme, his death wishes come quite clearly out into the open. He is afraid to sit in the bathtub when he bathes; he wants to stand because he is afraid his mother will let go of him so that his head will go under the surface. His father interprets: When he was watching his mother giving Hanna her bath he wished his mother would let go of Hanna so that she would sink. The day after: Hans says that he thought to himself that Hanna was out on the balcony and fell down off it. Hans thinks it
would be better if Hanna were not there. He suggests that the stork be paid not to bring any more babies out of the big box where babies are.

Now it ought to be added that Hans is no longer afraid of either horses or carts; that fear disappeared when he took over the conduct of the analysis and began to work actively with it himself. Hans and his father again have a dialogue about Hans’s feelings for his little sister:

*Father:* “…when Mummy was giving her her bath, if only she’d let go, Hanna would fall into the water…”

*Hans* (taking him up): “…and die.”

*Father:* “And then you’d be alone with Mummy. A good boy doesn’t wish that sort of thing, though.”

*Hans:* “But he may THINK it.”

*Father:* “But that isn’t good.”

*Hans:* “If he thinks it, it IS good all the same, because you can write it to the Professor.”
In his commentary Freud sides whole-heartedly with Hans: “Well done, little Hans! I could wish for no better understanding of psychoanalysis from any grown-up” (1909a, p. 72).

This is an extremely important moment. Hans manifests his capacity to keep an inner space for impressions and wishes, ideas and fantasies, hate and love, a place for the meeting I call the analytic space, where the inner world can meet the outer reality. The mental space has the character of a transitional area, in Winnicott’s sense, between Hans himself and his own fantasies, ideas, and wishes, a space for consideration and reflection. Now he no longer needs to stage productions in the outer world.

**How a Child is Born: About Stork Boxes and Eggs**

When Hans notices that he is successful in managing both his own fantasies and his father, he
gets braver and now he describes in detail how Hanna traveled with them in the stork box to Gmunden the year before she was born. One day when he and his father come home, there is a box standing in the hall and a long conversation ensues: “Hans says: ‘Hanna travelled with us to Gmunden in a box like that…. We got a big box and it was full of babies; they sat in the bath’” (1909a, p. 69). Hans embroiders his story about how Hanna traveled in the box, rode on the horse, and could walk. His father protests, saying that Hanna was not alive at that time. “Father: ‘But Hanna’s only been at Gmunden once.’ Hans: ‘No. She’s been twice. Yes, that’s it. I can remember quite well. Ask Mummy, she’ll tell you soon enough.’”

It is obvious that Hans is now joking with his father who in lying about the stork has given Hans so many problems. He is retaliating because the truth has been hidden from him. But at the same time Hans
is saying that his parents’ secretiveness has not prevented him from understanding that Hanna was in Mummy’s box, that is, in his mother’s womb, and that Hans is afraid that his mother will get pregnant again and have more children.

This fantastic story reminds me of Carlo Ginzburg’s book (1976), *The Cheese and the Worms*. This 16th-century Italian freethinker tries to understand how the Creation came about and finds it difficult to restrict himself to the orthodoxy of the Church. When he is pressed during the Inquisition, he tries to give an example. If cheese is placed under a glass bell, the cheese after a while is full of worms despite the fact that both the cheese and the bell were clean at the start. The worms were created in the cheese. Like the Church, Father Graf has his orthodoxy, but Hans cannot and will not be restricted to that. The stork story is untenable. He knew that his
mother was pregnant long before the birth. This tallies with the experience we child analysts have had. Children often know much more about their parents than they can or want to admit.

Hans is still a little concerned about how his father will react to his increased frankness. He confesses to his father: “When a cart stands there, I’m afraid I shall tease the horses and they’ll fall down and make a row with their feet.” He thinks of teasing them by shouting something unkind at them, or whipping them. “Hans: ‘Once I really did it. Once I had the whip and whipped the horse, and it fell down and made a row with its feet.’” A long interrogation ensues, ending with, “What I’ve told you isn’t the least true.” And then he fantasizes that he is beating his mother with the carpet beater. This sadistic element is directed partly toward his father, whom he wants to get out of the way, partly against his mother,
but in her case it is associated more with a sadistically tinged intercourse fantasy. He shared his parents’ bedroom until he was 4 years old and can scarcely have avoided seeing his parents making love, something which children usually perceive as violent and upsetting. Even if the child has not seen the sexual act, it creates a fantasy that contains the realization that his parents are physically involved with each other. This primal fantasy is built up gradually with various elements that characterize the child’s fantasies about his parents and their relationship.

Hans himself is now eager to move the analysis forward and he wants to know what different things mean. Now that his sadistic wishes have come to light it is easier for him to declare that all kinds of heavy carts—horse-drawn buses, furniture vans, coal carts— are all stork box carts, that is, pregnant
women. His mother will be fully loaded if a child begins to grow in her stomach.

One day Hans is playing with an India-rubber doll he calls Grete. It had a hole where a little tin squeaker had originally been attached. He pushes in a penknife and pulls the doll’s legs apart to let the knife fall out. In their talk Hans and his father get on to the subject of how chickens are born and his father explains that hens lay eggs and that chickens come out of the eggs. Hans laughs; he liked what his father had told him.

Hans says to his father:

“At Gmunden you laid an egg in the grass, and all at once a chicken came hopping out. ... I know it for certain. Because Mummy said so.”

Father: “I’ll ask Mummy if that’s true.”

Hans: “It isn’t true a bit. But I once laid an egg, and a chicken came hopping out. ... In Gmunden I lay down in the grass— no, I knelt down—and the children didn’t look on at me, and all at once in the morning I said: “Look for it, children; I laid
an egg yesterday.” And all at once they looked, and all at once they saw an egg, and out of it there came a little Hans.” [1909a, p. 85]

A very pleasant fantasy about how children are born. His parents are extremely reluctant to give Hans any sensible sexual information, which adds to the confusion. One might think that it would be easy for us modern, enlightened people to dismiss Hans’s problem as typical of the times—Dear me, that turn-of-the-century Vienna and its dread of sex, its fainting, hysterical ladies!—But the amazing thing is that I encountered exactly this fantasy—that children come from eggs—in a well-informed little boy whom I had in analysis recently. Children have multiple reasons for avoiding the thought of what really happens. Hans himself laughs in relief at the thought of his egg theory.
The Little Oedipus

Hans’s wish to be married to his mother has been established beyond all doubt. But his father and his function are in the way (Frankiel 1991). He fantasizes being together with his mother but is disturbed by not understanding his father’s role and by doubts about whether he himself can have children. Every night he takes his doll Grete to bed and he plays and talks with his “children.” Freud remarks, “There is no necessity on this account to assume in Hans the presence of a feminine strain of desire for having children. It was with his mother that Hans had his most blissful experience as a child, and he was now repeating them, and himself playing the active part, which was thus necessarily that of mother.” His father asks why he is talking about his children. Hans answers: “Why? Because I should so like to have children; but I don’t ever want it; I shouldn’t like to have them.” Freud’s comment: “This startling contradiction was
one between fantasy and reality, between wishing and having. Hans knew that in reality he was a child and that the other children would only be in his way; but in fantasy he was a mother and wanted children with whom he could repeat the endearments that he had himself experienced” (1909a, p. 93). The boy’s identification with the maternal does not indicate homosexuality, but here as previously the question associated with identification is ignored, that is, the question of what role his father would have if Hans wanted to have children. Thus we get an inkling of the negative oedipal situation that implies homosexuality.

But the strongest emotion Hans has is love of his mother and the wish to take his father’s place. At the same time he both fears and cares for his father. When he is playing with his fantasy children, his father says,
“Hullo, are your children still alive? You know quite well a boy can’t have any children.”

_Hans_: “I know. I was their Mummy before, now I’m their Daddy.”

_Father_: “And who’s the children’s Mummy?”

_Hans_: “Why, Mummy, and you’re their Granddaddy.”

_Father_: “So then you’d like to be as big as me, and be married to Mummy, and then you’d like her to have children.”

_Hans_: “Yes, that’s what I’d like, and then my Lainz Grandmummy [his father’s mother] will be their Grannie.”

Freud comments: “Things were moving towards a satisfactory conclusion. The little Oedipus had found a happier solution than that prescribed by destiny. Instead of putting his father out of the way, he had granted him the same happiness that he desired himself: he made him a grandfather and married him to his own mother, too” (1909a, p. 96).
What Does the Horse Mean?

Now in conclusion we will briefly consider Herbert Graf’s question about the significance of the horse. As we have seen, the horse has many meanings, and therefore the question cannot receive an unambiguous answer.

The horse sometimes has a large penis like his father’s, which Hans will get when he is big.

The horse sometimes has a visible penis and urinates in a gush, which gives Hans the desire to watch it.

The horse sometimes has no visible penis and is therefore worrisome.

The horse will bite Hans; a father has warned his little girl that a horse can bite her finger/his penis, which means castration.

Castration: his mother’s threat takes effect now, afterwards, nachträglich, by the finger and the penis being put together, as in masturbation.
The horse will fall down and be dead; his father is his rival for his mother; Hans has death wishes toward his father.

The horse will fall down and kick his feet; Hans kicked his feet when he had to leave his faeces in the potty, and faeces are equivalent to a child.

The horse has a fat stomach similar to Hans’s mother’s during pregnancy; Hans wants to be pregnant himself, which results in his constipation.

The horse has something black around his mouth and something in front of his eyes, and these are like the moustache and the eyeglasses his father wears. This is frightening because of Hans’s hostility toward his father.

This list is naturally not complete but we understand enough to realize how usable the horse was.
Condensation Dissolves in Meandering Stories

In order to be able to understand how the idea of the horse worked, we need to employ the concept of condensation. Condensation means that a single idea represents several association chains at the intersection of which the condensation is localized. This idea is charged with the sum of the charges originating from each of the association chains. The unconscious works this way both in dreams and in fantasy. For Hans the horse is such a condensed idea. If we assume that the horse represents several different association chains originating, we see that the horse, as a condensed idea, is “brief, meagre and laconic in comparison to the range and wealth of the dream thoughts” (1900, p. 279). The goal of the analysis may be said to evoke out of the condensation point (the horse) all the stories contained in the association chains. There is a confusing variety of stories but what is remarkable is that afterwards the
stories, as they are told, appear to hang together in an idea connection in which only a few questions are essential.

**Displacement Ceases When the Analytical Space is Established**

Finally we may ask this question: Why did Little Hans transfer his conflicts to ideas so far from himself; why this displacement? I would like to test some ideas about that. We know that Hans was a very curious child who directed his thirst for knowledge to the outside world; he looked, compared, pondered, and fantasized. At the start he had no difficulty containing the reflections he made, but the space shrank when painful feelings and conflicts intruded. He began to be afraid of the wishes and fantasies he was discovering within himself, and his fear was accentuated because his mother sometimes did not seem to be prepared to receive his unease and
because he so often had another observer who was making notes and perhaps magnifying his inner vision. His father was more than an observer; he was also the one to whom certain problematical thoughts applied, for example, the one dealing with Hans’s wish that his father should be gone, indeed, even dead. Hans then repressed his wishes and fantasies, utilized his visual talent, and associated these half-unconscious sight impressions with those which had been repressed, giving his external reality a symbolic meaning that was completely private. He exchanged his inner vision for an outer one. Through the analytical process, the repression was removed and the displacement was altered, with the result that Hans introduced new details into his stage set and into the dramaturgy of his phobia. This made it possible to understand the unconscious meaning. Through analysis Hans recaptures the inner space,
and this makes the phobia unnecessary; he reclaims a space where fantasies, feelings, and thoughts have room to meet the outer perception without needing to hide behind it.

**The Intelligence of the Unconscious**

Now if I had tried to formulate an answer to the letter of Herbert Graf, alias Little Hans, what could I have said about what the horse and carts really meant? I hope that I have been able to make the point that the answer would necessarily have been long and complicated. But we can expect something else! Man’s unconscious contains a prodigious intelligence, which can be used to create—and some of that creativity is used for the mental constructions we call symptoms and psychic disturbances. The task of psychoanalysis is to unravel the stories that intersect each other in these condensations. Stories
are inevitably long and meandering when they are told, and still they never get to the point.

Notes:

1. This information has been taken from Graf 1942, Lebrecht 1987, Regitz 1972, Rizzo 1972.

2. This influential pedagogue, Dr. Schreber, was the father of the Dr. Schreber about whom Freud wrote his study of paranoia (1911) and with whom we can become better acquainted in Lars Sjögren’s chapter of this book.

3. The analytical instrument is an expression which I use to designate the way in which the analyst’s psyche functions in the work of analysis. I have developed this further in my 1994 article.
Horror at Pleasure of His Own of which He Himself is Not Aware: 
The Case of the Rat Man

Rolf Künstlicher

On the first of October 1907, the 29-year-old Bachelor of Law, Ernst Lanzer, later known as the Rat Man, walked into Sigmund Freud’s consulting room. At that moment a collaboration began that was to prove extremely productive for the development of psychoanalytical theory.¹

Of Freud’s case histories, the Rat Man is considered to be the one that gives us the best picture
of a psychoanalytical treatment process, and it is unique insofar as it is the only case for which Freud’s own working notes have been preserved. Freud was otherwise very careful to burn his private notes. The Swedish edition, as a complement to the *Standard Edition*, gives us a chance to study both his clinical reflections and his editing, providing opportunities to investigate his technique, get a glimpse of what he places emphasis on, and make educated guesses as to what he unconsciously leaves out. The fact that Freud painstakingly destroyed his private papers tells us something about his wish to safeguard his integrity; it is probably against his will that we have access to these working notes. We should, therefore, approach them with particular respect as we peek uninvited into his private life.

At the beginning of the 1900s, psychoanalysis was still an untested form of therapy; this was the
reason Freud had to produce convincing case histories for the outside world. It could be said that the Rat Man\(^2\) turned up at an opportune moment, and Freud soon realized that the man was suffering from obsessional neurosis. The Rat Man became the first obsessional neurotic to be described in detail; at the same time Freud got the opportunity to document the therapeutic power of psychoanalysis. Because the Rat Man was, as Freud wrote, “completely restored,” Freud was able to gain increased credibility for his theory in the outside world. These ambitions of his would naturally leave their mark on the analysis of the Rat Man.

The striking differences between the edited case history that was made public and the working notes have given rise to an extensive secondary literature on the subject. For my own part, I have found of particular interest the interplay between Freud, the
analyst, and his patient, or more precisely what emerges as their more or less unconscious attitudes to each other. This is what psychoanalysts call the patient’s transference and the analyst’s countertransference. Since space is limited, I will reproduce the case history only briefly and place the chief emphasis on those theoretical views of Freud’s that are of interest from my perspective.

The psychoanalytical concepts, transference and counter-transference, describe the unconscious motives and conflicts that shape and direct the interplay between analyst and patient. These motivating forces—those which have not been reported and which may provide the modern reader with new and sometimes surprising ideas—are what interest me. For example, an invisible factor of this type is Freud’s theory of the mechanisms involved in the origin of obsessive neurosis, which by this time
he had already hammered out and which had a great influence on his interpretations. Another important factor was Freud’s ambition to launch the theory of psychoanalysis and convincingly demonstrate its effect, something which was a guiding principle in his work at this time.

But reading the case history from the perspective of the concepts of transference and counter-transference is just as anachronistic as studying surgery from the beginning of the century and saying that they should have operated with laser technique instead. Certainly the concept of transference was already a part of Freud’s theoretical model where the patient’s repetition of infantile conflicts is described, but he had not yet developed the full clinical import of this concept. Several years passed before he described how the patient’s unconscious conflicts are reflected in relation to the analyst (Freud 1912b,
1915). Even if at this time Freud had begun to realize that the analyst represented persons from the patient’s childhood, he did not realize that the hidden tidings in the symptoms also carried messages aimed directly at the analyst.

Likewise Freud was aware of the importance of the psychoanalyst’s blind spots as an obstacle to the work of analysis, but countertransference did not yet exist as an independent clinical concept. My conviction, nevertheless, is that today we can learn something from Freud’s work by using concepts in our analysis created after Freud’s time. This is consequently not a criticism of Freud as a theoretician and clinician but rather an effort to point out the complications in his analytical work that contain the seeds of the future development of his theory.
Freud (1909b) describes the start of the first consultation:

A youngish man of university education introduced himself to me with the statement that he had suffered from obsessions ever since his childhood, but with particular intensity for the last four years. The chief features of his disorder were fears that something might happen to two people of whom he was very fond—his father and a lady whom he admired. Besides this he was aware of compulsive impulses—such as an impulse, for instance, to cut his throat with a razor; and further he produced prohibitions, sometimes in connection with quite unimportant things. He had wasted years, he told me, in fighting against these ideas of his, and in this way had lost much ground in the course of his life. [p. 158]

After this the Rat Man reports on his sex life, which he considers poor and irregular. He thinks prostitutes are disgusting. When Freud wonders “what it was that made him lay such stress upon telling me about his sexual life, he replied that that was what he knew
about my theories.” Here Freud ends his report of the interview, but we can read the following addendum in his working notes: “He gave me the impression of being a clear-headed and shrewd person. After I had told him my terms, he said he must consult his mother. The next day he came back and accepted them” (1909b, p. 255).

Freud begins the first session by informing him of the fundamental rule for the work of the psychoanalysis: ‘The next day I made him pledge himself to submit to the one and only condition of the treatment—namely, to say everything that came into his head, even if it was unpleasant to him, or seemed unimportant or irrelevant or senseless” (159). Freud has set the tone, and the Rat Man responds with a story about two male friends. Of the first, “he had an extraordinarily high opinion. He used always to go to him when he was tormented by some criminal
impulse, and ask him whether he despised him as a criminal. His friend used then to give him moral support by assuring him that he was a man of irreproachable conduct.”

The other was a student, a friend four or five years his senior, who had taken a liking to him and raised his self-esteem so that he felt like a genius. Ernst (“The Rat Man” is Freud’s designation for his patient, while I use Lanzer’s first name when I reproduce his own memories) did not realize until later that the student had only taken him up in order to gain admission to his house and become the family tutor, and because he was interested in one of Ernst’s sisters. When he had gotten what he was after, he treated Ernst like an idiot, and the latter felt exploited and humiliated.

We can think of this beginning as a dialogue where Freud’s message is interpreted as being
inconsistent. The Rat Man is free to express whatever thought comes into his head but at same time he has to submit to the fundamental rule. The response is not long in coming. Like the one friend, Freud is friendly and supportive, but also intrusive and hortative, a manipulator and seducer. Might it be that he wants to exploit the Rat Man? Freud naturally enough did not interpret the Rat Man’s comments this way as he did not listen to them with the idea that they contained information about how the patient unconsciously perceived him.

Next the Rat Man continues, “without any apparent transition,” to recount in detail his sexual adventures as a little boy, especially with young governesses. He describes himself as very precocious, first with Fräulein Rudolf, who allowed him to creep under her nightgown and play with her genitals. Somewhat later it was a Fräulein Paula, also

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“young and good-looking. She had abscesses on her buttocks which she was in the habit of pressing out every night. I used to wait eagerly for that moment.”

When he had gotten this far in the narrative he seems to have been struck by fear of his hubris, for he now recalls how when Fräulein Paula and some of her girl friends were sitting talking, they had compared him with his brother, who was one-and-a-half years younger, saying contemptuously that that little one could do it, but Ernst was “too clumsy, he would be sure to miss it.” Ernst felt that he did not pass muster, that he was “inferior in some way.” Obviously here is a problem for the Rat Man that touches on his relation to women, the mother, something which Freud does not comment on, and the Rat Man continues:

When I was six years old I already suffered from erections, and I know that once I went to my mother to complain about them. I know too that
in doing so I had some misgivings to get over (...) and at that time I used have a morbid idea that my parents knew my thoughts; I explained this to myself by supposing that I had spoken them out loud, without having heard myself do it. I look on this as the beginning of my illness. [1909b, p. 162]

Freud regards this so-called delusion as Ernst’s perception of his own unconscious, something he is not capable of controlling and which threatens his integrity. Unconscious, forbidden fantasies are threatening for Ernst, exerting pressure on him, for even if he does not understand them, he suspects that the forbidden thoughts are there and that others can see their result in him: his constant erection.

In connection with this train of thought, Ernst gets into the subject of punishment. He began to have an irresistible urge to see girls naked but the very thought of it gave him a distressing feeling that his father might die. Here Freud tells us that he has found
out that the Rat Man’s father had been dead for many years.

This is only a fraction of the rich material offered by the Rat Man during this first session. One can wonder what he wanted Freud to get out of this story of his precocious sexual activity, told so freely and openly. Freud also writes the following in his working notes:

I return to Fräulein Robert (whose real name was “Rudolf’), wishing to find out her first name, but he does not know it. Isn’t he surprised over having forgotten her first name which, of course, could be used exclusively for a woman, and only remembering her surname? He is not surprised, but after his introduction and the compromise “Robert,” I realize that he is a homosexual. [Hawelka 1974, p. 5]

The last note says, “His father is dead. (When did he die?)” This passage is not given in the case history. Freud did not get this information until the
subsequent session, but he edited the story so that it would flow better.

Freud writes that the Rat Man begins the second session by choosing to tell about “the experience which was the immediate cause” of his coming to Freud. But in a parenthesis further along we learn that the Rat Man had really begun by pointing out that there was a great deal in himself that he would have to overcome in order to relate these experiences. Freud answers by explaining the concept of resistance to him. His pedagogical instructions strengthen the picture of a hortative, intrusive analyst more eager to get information than to listen to the Rat Man’s news.

It was difficult for the Rat Man to talk about an event that had occurred a few months earlier when, as a reserve officer, he had taken part in military maneuvers. There he had heard how a certain Captain Nemeczeck facetiously described a specially horrible
punishment used in the Orient. This occurred during a halt during which the Rat Man had fallen into conversation with some officers, among whom was this captain. Shortly before this, the Rat Man had lost his pince-nez but did not want to delay the start, and since he wanted to make a good impression on the officers he sent for another pair from Vienna. The Rat Man relates the story:

“I sat between two officers, one of whom, a captain with a Czech name, was to be of no small importance to me. I had a kind of dread of him, for he was obviously fond of cruelty. …the captain told me had had read of a specially horrible punishment used in the East ...”

Here the patient broke off, got up from the sofa, and begged me to spare him the recital of the details. I assured him that I myself had no taste whatever for cruelty, and certainly had no desire to torment him, but that naturally I could not grant him something which was beyond my power. He might just as well ask me to give him the moon. The overcoming of resistances was a
law of the treatment, and on no consideration could it be dispensed with. (I had explained the idea of “resistance” to him at the beginning of the hour, when he told me there was much in himself which he would have to overcome if he was to relate this experience of his.) I went on to say that I would do all I could, nevertheless, to guess the full meaning of any hints he gave me. Was he perhaps thinking of impalement? “No, not that; … the criminal was tied up …”—he expressed himself so indistinctly that I could not immediately guess in what position—"… a pot was turned upside down on his buttocks … some rats were put into it … and they …”—he had again got up, and was showing every sign of horror and resistance—“…bored their way in…”—Into his anus, I helped him out. [1909b, p. 166]

Freud notices that the Rat Man has a special expression on his face, which Freud interpret[s] as one of horror at pleasure of his own of which he himself was unaware. He proceeded with the greatest difficulty. “At that moment there flashed through my mind the idea that this was happening to a person who was
very dear to me.” (...) After a little prompting I learnt that the person to whom this “idea” of his related was the lady whom he admired. He broke off the story to assure me that these thoughts were entirely foreign and repugnant to him. Simultaneously with the idea there always appeared a “sanction,” that is to say, the defensive measure he was obliged to adopt in order to prevent the phantasy from being fulfilled. [p. 168]

The Rat Man “behaved as though he were daezed and bewildered,” addressing Freud as “Herr Captain.” Freud’s explanation of this was that he, at the beginning of the session, had told the Rat Man that he had no taste for cruelty. We see how an intricate interplay is beginning to prevail between the two parties. Freud gives himself away by his assurance that he did not have the least tendency toward cruelty—he felt a need to defend himself. He obviously did not realize the extent of the Rat Man’s transference reaction. It is Freud who forces out the confession
and that is why he is perceived as cruel. Perhaps Freud wanted to draw attention to a dissociation from the captain to make it easier for the Rat Man to continue his narrative. Or did Freud want to give an indirect interpretation of the Rat Man’s image of him? Is it possible that Freud had guilt feelings over his own sadism?

The Rat Man devotes the rest of the next session to the confusing story of the lost pince-nez. Freud does not understand it and has to ask him to tell it three times. Did the Rat Man want Freud to lose his composure in order to get control of him? ‘That evening the same captain had handed him a packet that had arrived by the post and had said: ‘Lieutenant A. has paid the charges for you. You must pay him back’” (1909b, p. 168).

At that instant, however, a “sanction” had taken place in his mind, namely, that “he was not to pay
back the money or it would happen (that is, the phantasy about the rats would come true as regards his father and the lady).”

Whereupon there followed a command that he must pay back the money and then he goes into a seemingly endless series of arguments for and against. He devotes the following session, too, to all the ins and outs of if and how he should pay. All the time he knows, which Freud does not, that it is the postmistress in the village who has laid out the money. There is something humiliating, both in having lost the pince-nez and his compulsive thoughts in relation to the captain, which reminds him of his submission and self-castration. The kind postmistress is remarkably absent from this whole performance. For a long time she continues to be without money and without a place in the story since the struggle between the men is more highly charged.
Similarly, Freud brings in the father as the object of the Rat Man’s torture, despite the fact that it was only the lady who turned up in his fantasy. The story of the lost pince-nez is confusing and hard to grasp, taking up a lot of time during the analysis. Because of his narrative style and his withholding of important information, the Rat Man ignores the fundamental rule and fools Freud. Defiance of the oppressor, the captain?

Freud seems to sense the conflict between his own activity and the Rat Man’s, and therefore begins the fourth session by pointing out to the reader that “the true technique of psychoanalysis requires the physician to suppress his curiosity and leaves the patient complete freedom in choosing the order in which topics shall succeed each other during the treatment. At the fourth session, accordingly, I received the patient with the question: ‘And how do
you intend to proceed today?” (1909b, p. 174). And the Rat Man begins by telling at great length the story of his father’s last illness and death. He “misunderstood” the information from the doctor and went to bed at half-past eleven in the belief that his father was in no immediate danger. When he woke up at one o’clock he heard that his father had died. He had reproached himself for not having been present at his death. For a long time afterwards he had not realized the fact of his father’s death. When there was a knock on the door he often thought, “Now Father is coming.” Although he knew that his father was dead, he still expected to see a ghostly apparition, and he thought of this as something he very greatly desired. It is not unusual for obsessional neurotics to have two irreconcilable attitudes to the same phenomena. The Rat Man knows that his father is dead in reality, but since his unconscious wish in the psychic reality tells
him that his father is still alive, he acts accordingly. Freud would continue to develop the concept of the split of the ego for the rest of his life (Freud 1927b, 1938a).

The Rat Man continues his report of how his guilt became conscious:

It had not been until eighteen months later that the recollection of his neglect had recurred to him and begun to torment him terribly, so that he had come to treat himself as a criminal. The occasion of this happening had been the death of an aunt by marriage…. He told me that the only thing that had kept him going at that time had been the consolation given him by his friend, who had always brushed his self-reproaches aside on the ground that they were grossly exaggerated. Hearing this, I took the opportunity of giving him a first glance at the underlying principles of psychoanalytic therapy. When there is a mésalliance, I began, between an affect and its ideational content (in this instance between the intensity of the self-reproach and the occasion for it) … the affect is … exaggerated
…the self-reproach is false. On the contrary, the physician says: “No. The affect is justified. The sense of guilt is not in itself open to further criticism. But it belongs to some other content, which is unknown (*unconscious*), and which requires to be looked for.” [1909b, p. 175]

Thus Freud concludes the session with an interpretation that hints without explicitly stating that the sense of guilt has its origin in an unconscious death wish against his father, the same feeling that was aroused when little Ernst wanted to see naked little girls. The Rat Man defends himself: How could he accept an accusation from his conscience since he had never committed any crime against his father?

During the succeeding sessions the struggle between Freud’s interpretation and the Rat Man’s doubts about this construction continues. Primarily through pedagogical explanations and metaphors, Freud tries to convince him of the psychological differences between the unconscious and the
conscious. But Freud knows that it will not be satisfactory if he is the one who puts insights into words. The Rat Man must discover for himself what is hidden within himself.

Somewhat later The Rat Man says that “he must tell [of] an event in his childhood.” From the age of 7 he had a fear that his parents guessed his thoughts, and this fear had persisted all through his life. When he was 12 years old he had been in love with a little girl, the sister of a friend of his. He got the idea that she would be kind to him if some misfortune were to befall him, for example, his father’s death. The Rat Man refuses to see the connections in these trains of thought but Freud is extremely obstinate. Even if the Rat Man admits that the idea had occurred to him that if his father died he might be wealthy enough to marry his “fine lady,” once he had had this thought, he had wished that his father would not leave him
anything at all. After his father’s death the thought recurred. (Actually the Rat Man let his mother take charge of his inheritance, but Freud does not comment on this.) The Rat Man cannot understand his thoughts since he has never wished his father’s death, only feared it. Freud now presents the theory that the anxiety corresponds to a wish that is now repressed, that is to say, a death wish directed against his father. But the Rat Man still does not want to believe this, since he “loved his father more than anyone else in the world.”

The Rat Man had been his father’s best friend and his father had been his. Of course, he loved his “lady” very much but not sensually as he had in his childhood. His sensual impulses had been much stronger in childhood than during puberty. Freud thinks that his hostility to his father is clearly in the category of sensual desire. His father had interfered
with his sexual desires. “It was not until he was once
more seized with intense erotic desires that his
hostility reappeared again owing to the revival of the
old situation,” that is, when as an adult he felt sexual
desire he re-experienced the same fear of his father
that he had had as a child. Freud is now so convinced
of this that he interprets every thought and idea that
does not fit into his picture as a resistance on the part
of the Rat Man, and he therefore breaks off a train of
thought concerning the Rat Man’s ambivalence
toward women and his sexuality.

Freud pushes his theory of a death wish against
the father. This is easy to go along with because of
the way the basic data are presented. But Freud’s
theory of the father complex seems to blind him to
other aspects of the material, besides which, as we
will see, Freud edits his notes so that they support his
premise. It is as if Sigmund Freud assumes that his
patient has an aversion to his theories, which is why he has to try to prove them. Consequently he ends up in a power struggle with the Rat Man; this is just what the latter expects and probably wishes since it is in line with his obsessive neurotic behavior.

During the seventh (and last) of the sessions, where we have an exhaustive report from Freud, the Rat Man chooses to continue his struggle. He denies that Freud’s interpretations are correct, but according to Freud that only supports his interpretation. According to his theory, denial is the same as unconsciously speaking for what one does not want to acknowledge, and so the Rat Man can scarcely object any longer; whatever he does is a confirmation of the theory and Freud reminds him that “He must never lose sight of the fact that a treatment like ours proceeded to the accompaniment of a constant resistance; I should be repeatedly reminding him of
this fact” (1909b, p. 184). The Rat Man continues to talk about his jealousy and how his vindictiveness had driven him into coming to blows with his younger brother (he tried to injure his eye), asking self-reproachfully how he could do such a thing. Freud says, “I took the opportunity of urging my case.” Freud stubbornly maintains that he can not exclude the possibility that something similar has happened vis-á-vis his father. The Rat Man objects that he can relate other vindictive actions as well, toward the lady he admired so much. During the ensuing conversation Freud explains that these reprehensible impulses originated from his childhood years, but the Rat Man doubts that all his evil impulses have originated from there. Freud “promise [s] to prove it to him in the course of the treatment.” The glove is in the ring.
Freud concludes this way: “This is as much of the present case history as I am able to report in a detailed and consecutive manner. It coincides roughly with the expository portion of the treatment; this lasted in all for more than eleven months”4 (1909b, p. 186).

“Amazing, but He Masturbated at that Point”

For Freud, infantile sexuality with its accompanying fear of his father’s punishment is the principal element in the Rat Man’s unconscious conflicts. Freud therefore focuses exclusively on the father’s role as the cause of the disturbance in Little Ernst’s sexual desires. That being so, the result is that the boy, and later the adult, unconsciously wishes to get his father out of the way. These forbidden thoughts, which he does not want to acknowledge, create anxiety and terror. As the case history proceeds, Freud expands his theoretical reasoning,
making use of the clinical material as an illustration and evidence of the significance of the father complex. This complex will become the foundation stone in Freud’s theoretical model, serving as a base both for his understanding of the Rat Man’s obsessional neurosis and the organization of his material, something which thereby also becomes a guiding principle in his interpretation method. The intimate and divided relation to his mother and the “lady” (“he can relate other vindictive actions as well, towards the lady”) plays the part of an extra on Freud’s stage.

By examining the differences between the edited version and Freud’s working notes, we can come closer to understanding what he bases his interpretations on. Let us look at an example from the working notes. On October 11, 1907, he writes: “Resistance, because I requested him yesterday to
bring a photograph of the lady with him—i.e. to give up his reticence about her. Conflict as to whether he should abandon the treatment or surrender his secrets” (1909b, p. 260). Here we get an idea of how importunate and involved Freud was, something I shall return to.

The next day the Rat Man begins cheerfully to tell of how he kissed the servant girl but had come to his senses and fled into his room. Something nasty always spoiled his fine and happy moments. Afterwards he gets into the subject of masturbation. He began to masturbate after his father death, when he was 21, because he had heard of it. Afterwards he was always very much ashamed. He “swore on his blessed soul to give it up.” A few years later his lady’s grandmother died and he wanted to join her. On that occasion his mother exclaimed: “On my soul, you shall not go!” The similarity of this oath
struck him, and he reproached himself with bringing the salvation of his mother’s soul into danger. He told himself not to be more cowardly on his own account than on other people’s and, if he persisted in his intention of going to join the lady, to begin to masturbate again” (1909b, p. 262).

The Rat Man began to masturbate when his father died, and he resumes when he wants to defy his jealous mother. There is a connection between his mother and masturbation, just as we saw when he ran to her with a complaint about his erect penis, as if he were asking permission. Now masturbation has been transformed into a means of separating himself from his dependence on his mother. He takes the liberty of gratifying himself without asking permission. Later on during the same session, the Rat Man says that once when he was reading Goethe’s Warheit und Dichtung (Truth and Poetry)—Freud transposes the
words of the title), he masturbated at the same time as he was reading how Goethe “had freed himself in a burst of tenderness from the effects of a curse which a mistress had pronounced on whoever should kiss his lips…. and how he broke his bonds and kissed his love joyfully again and again.” And, Freud writes “he masturbated at this point, as he told me with amazement” (p. 262). Here, undeniably, one gets the impression that Freud is revealing something of his own inner reservations. It is obvious that Freud did not realize that the crucial thing about masturbation, and what was so sexually exciting in the situation for the Rat Man, was the fact that he identified himself with Goethe and broke all his bonds to the jealous woman (his mother) who had pronounced the curse.

During the same session, the Rat Man speaks about his view of love and women, how he carefully makes a distinction between relations conducted only
for the sake of intercourse and those that have to do with love. He avoids intercourse with a woman he dearly loves, and by so doing reveals the splitting in his image of women, the result of a train of thought that is repeated on several occasions. At this point Freud (1909b) concludes the session with the following entry in his notes: “I could not restrain myself here from constructing the material at our disposal into an event: how before the age of six he had been in the habit of masturbating and how his father had forbidden it, using as a threat the phrase ‘it would be the death of you’ and perhaps also threatening to cut off his penis” (p. 263). Once again Freud breaks off a train of associations pertaining to the split in the Rat Man’s attitude to women and sexuality. What were Freud’s reasons for not being able to “restrain himself’ from advancing his
interpretations, causing him to ignore the Rat Man’s conflicts about women?

Not until 2 weeks later does the Rat Man introduce his father into the masturbation question, when he tells how he used to open the door to the hall, convinced that his father was standing outside. He was afraid of what his father would say about his masturbation habit if he was still alive. And after another two months, December 27, he continues his masturbation theme:

He told me that during the Spring of 1903 he had been slack at his studies. He drew up a timetable, but only worked in the evening till twelve or one o’clock. He read for hours then but took in none of it. At this point he interpolated a recollection that in 1900 he had taken an oath never to masturbate again—the only one he remembers. At this time, however, he used ... to turn on a great deal of light in the hall and closet, take off all his clothes and look at himself in front of the looking-glass. He felt some concern
as to whether his penis was too small, and during these performances he had some degree of erection, which reassured him. He also sometimes put a mirror between his legs. Moreover he used at that time to have an illusion that someone was knocking at the front door. He thought it was his father trying to get into the flat. [1909b, p. 302-303]

Observe that the time, between twelve and one, is the hour when his father died. Freud does not note this. Freud interprets the masturbation scene as defiance of the father, but the Rat Man admits only that it has a connection to a dim childhood memory. Let us now see how Freud edited the masturbation theme in the case history: “Our present patient’s behavior in the matter of masturbation was most remarkable. He did not practise it during puberty…. On the other hand, an impulsion towards masturbatory activities came over him in his twenty-first year, shortly after his father’s death” (1909b, p. 203).
Then follows the scene with Goethe and the jealous woman, and after this the masturbation scene at the mirror. The reconstruction that the father might have rebuked him when he was little did not come until afterwards. As we see, Freud has changed the chronological order by basing his construction from October 12 on data that according to his working notes did not appear until October 27 and December 27 (See Mahony 1986, pp. 72-74). In that way Freud achieves his ends: to consider the father the predominant reason for the Rat Man’s masturbation habit. Were there other motives? One of his aims might have been to give his presentation a better literary quality, at the same time making the construction more logical and comprehensible.

The significance of women, however, is conspicuous by its absence. Later psychoanalytical research directs our attention to the importance of
masturbation in the separation of a boy from the early mother object. This, of course, can not have been applicable to Freud at that time, but still Freud’s editing gives the impression that both he and his patient had a common interest in avoiding the woman’s (mother’s) significance. As I see it, the Rat Man, by his masturbation habit, expresses the extent of his dependence on an early mother figure of whom he was deathly afraid. He needed his father to be able to separate himself from the dominating mother; the death of his father actualized this conflict, as a consequence of which masturbation came to represent his ability to gratify himself outside his mother’s control.

Irreconcilable Ideas, which Dwell Side by Side Undisturbed

The Rat Man masturbates during the hour of the night when his father died and he himself had
overslept, side by side with his opening the door to let his father in. Within this scene there is an unconscious narrative in which masturbation stands for his longing for the man and his wish that his father will turn up as a shield against an unendurable inner conflict; at the same time the denial of his father’s death becomes an important element. The account is also a confirmation of the splitting in the Rat Man we have noted. His father is alive and comes into the room at the same hour of the day as he died. The Rat Man is as convinced that he is alive, evidenced by his actions, as he is convinced that he is dead. These beliefs do not interfere with each other but run parallel in his psyche without their being perceived as in opposition—this as distinguished from such painful feelings as doubt and ambivalence.

Freud’s strong faith in his complex of infantile conflicts and a death wish against the father takes on
the character of genetic history, which excludes the influence of other experiences. They are subordinate to the core complex, and the mother disappears from the case history. But she is alive in his working notes, and there it is evident that he both observed and did not observe her importance—two ideas, which dwell undisturbed side by side. It is as if she has become too intrusive for the two gentlemen, who seem to wish to strike her out of their consciousness. Instead a homosexual, sadistic father figure emerges, but there at the back lurks in her turn an invasive mother figure. Today we can only guess what Freud’s reasons were for by-passing the Rat Man’s divided and painful relationship to the woman, his mother.

But the significance of this early mother figure is worked through in silence by Freud, and perhaps the Rat Man’s experiences contribute to the later formation of Freud’s theory. I refer to the experience
Ernst had when as a little boy he asked to creep under his governesses’ nightgowns and touch their genitals, an incident which must have been very shocking. His discovery that Fräulein Rudolf lacked a penis must have been deeply traumatic, arousing castration anxiety. In little Ernst’s fantasy the threat his father may have made might have meant that he himself could lose his own. Everyone evidently does not have a penis; some have been deprived of it. A way out was to deny what he had felt. Fräulein Rudolf certainly has a penis or…? Might the consequence of his denial have been that he became obsessed by seeing naked girls in order to check on how things really were? And was it because he had such anxiety that he would lose it that his own penis constantly called attention to itself?

One may speculate further over what happens in the boy’s fantasy when he is not able to avoid the
perception that there is no penis. He can, nevertheless, continue to deny that his mother does not have one. Must he then create a mother who has everything? For behind his mother’s deficiency lurks the phantom of the absent mother. This is why the two irreconcilable ideas, that she both has and does not have a penis, dwell undisturbed side by side. Since reality is much too overwhelming, one takes refuge in the idea that it is possible to have everything. According to Freud, such an illusion opens the door to fetishism and the theory of the splitting of the ego mentioned earlier (Freud 1927b, 1938a), the same process we saw in reference to the Rat Man’s denial of his father’s death.

No doubt the governesses represented his mother for the Rat Man; their seductions must have seemed like a real castration since he was too little and for that reason clumsy. The governesses’ scorn surely
contributed further to his hatred of women—a hate which had to be concealed because it was forbidden and dangerous since it above all concerned his mother and his fiancée. Yet it was exposed time and time again during the analysis. The Rat Man’s ambivalence and indifference to his “lady” was evident, but neither Freud nor he himself seemed to realize the scope of his aggressivity. At the first meeting with the Rat Man, Freud reports his “fears that something might happen to two people of whom he was very fond—his father and a lady whom he admired.” But in the notes the passage runs, “He says that he also suffers from an impulse to want to injure the adored lady, an impulse which is usually smothered in her presence but which emerges when she is not there. But he always felt good when he was at a distance from her—she lives in Vienna” (Hawelka 1974, p. 1). In the edited version Freud has
toned down the sadistic impulses directed toward the woman and once again pulled out the father’s role.

When the Rat Man saw that the lady was treating him condescendingly, he remembers that he thought “she is a whore.” Freud makes the association that this also applied to his mother. Hatred for his lady breaks through when the Rat Man feels abandoned or insulted. Separation anxiety, inconsistency, and doubt of her and his own love run like a red thread through the narrative, all of it serving as a defense against hate. When the “lady” went to visit her grandmother while the Rat Man was studying for an exam, he was struck by the compulsive idea of cutting his throat with a razor, after which the idea occurred to him that he should “go there and kill the old lady.”

It is clear that here, too, this turns on a displacement where the “lady” also stands for his mother, the object of doubt and alternation between
love/dependency and hate/separation. The Rat Man is squeezed between his fear of being abandoned by the early mother, a death threat, and his fear of the violent father’s castration threat. Taking refuge with Father Freud is tantamount to submission, that is, consent to anal rape. Afterwards it can be seen that Freud began to realize this, but he still did not have the theoretical concepts he needed. Freud’s blindness to observations that today would rouse our interest is caused not only by the place of women in Freud’s unconscious but also by the cultural atmosphere of his day, so difficult for us to imagine. The importance of the father’s role in his child’s psychic development was as obvious then as the mother’s is today. But only a year after the analysis of the Rat Man, Freud is discussing men’s tendency to disparage women and dividing up his image of women into whore and madonna (Freud 1910c, 1912a).
“He Was Hungry and Was Fed”

Both the Rat Man’s and Freud’s families were of Jewish origin and emigrated from the same tract in Galicia. They had settled in Vienna several decades earlier. There were remarkable similarities in their backgrounds. As small children both had gone through the trauma of a sibling’s death and both had a younger brother and several sisters as well as a domineering mother. Clearly the Rat Man knew about Freud and his family, but Freud, too, must have known about the Rat Man’s family. This may have been why Freud insisted on seeing the photograph and even finding out the name of the Rat Man’s “lady,” who was also the Rat Man’s cousin. He protested stubbornly against providing them, and Freud interpreted this as a resistance against being honest and as an eruption of fear in relation to him. But it can just as well be seen as an sign of Freud’s
completely private curiosity. When the Rat Man at last revealed the name of his lady, Gisela Adler, Freud put three exclamation points after it!!! The love of Freud’s youth was named Gisela Fluss and he had taken over the apartment on Berggasse from a friend, Viktor Adler (not related to Gisela), a prominent politician in the Vienna of that time (Mahony 1986).

The question is: How many of these feelings, which we might call counter-transferences, was Freud aware of? Counter-transference is a part of every analysis and the analyst must therefore reflect on his own unconscious if the counter-transference is to be an essential tool. Otherwise there is a risk that the analyst will inadvertently act it out, to the detriment of the analysis. Several analysts who have studied the interplay between Freud and his patient consider that the overheated contact between them caused a rupture in the frame and that Freud did not note the hidden
messages which the Rat Man was communicating to him (Gottlieb 1989).

If the intensive exchange between Freud and his patient is to be the object of study, the working notes will prove the more productive. In the published version, Freud naturally tones down his own person. Some of the following episodes can be found both in the notes and in the case history, but it is only in the notes that one can follow how one episode succeeds the other. When Freud edited the notes, it was not the communication between the two of them he wanted to throw light on but the Rat Man’s unconscious. Freud made no secret of the fact that he felt great sympathy for the Rat Man. During the fifth session he notes: “In this connection I said a word or two upon the good opinion I had formed of him, and this gave him visible pleasure” (Hawelka 1974, p. 21). Soon their relation intensifies and with that becomes more
ambivalent. The Rat Man has to distance himself at the same time as his intensity forces out fantasies and word plays that are more and more extreme. He comments on Freud’s person and family members: “After a struggle ... he surrendered the first of his ideas. A naked female bottom, with nits (larvae of lice) in the hair.” An image that gradually, with great resistance, leads to Freud’s daughter, Anna, and his mother. “He had a picture of one of the deputy judges, a dirty fellow. He imagined him naked and a woman was practising ‘minette’ [fellatio] with him. Again my daughter!” (Hawelka 1974, p. 61).

At the next session Freud notes that the Rat Man “became depressed when I brought him back to the subject.” Next comes a dream:

A fresh transference:—My mother was dead. He was anxious to offer his condolences, but was afraid that in doing so an impertinent laugh might break out as had repeatedly happened
before in the case of a death. He preferred, therefore, to leave a card on me with “p.c.” [pour condoler, “my condolences”] written on it; and this turned into a “p.f.” [pour féliciter, wishing you joy]. [Hawelka 1974, p. 63]

It is as if the Rat Man wants to say, “Herr Professor, you and I have something in common.” He is sending the message that he has unconsciously perceived Freud’s unconscious relation to his mother. Freud’s comment on the Rat Man’s dream testifies to his vindictiveness:

“Hasn’t it ever occurred to you that if your mother died you would be freed from all conflicts, since you would be able to marry?”

“You are taking revenge on me,” he said. ‘You are forcing me into this, because you want to revenge yourself on me.” [Hawelka 1974, pp. 63-64]

He agreed that his walking about the room while he was making these confessions was because he was afraid of being beaten by me.... Moreover, he kept hitting himself while he was making these admissions which he still found so
difficult. [Freud 1909b, pp. 283—284, Hawelka 1974, p. 64. The italics mark Freud’s underlinings in his working notes]

Freud observes the Rat Man’s behavior and emphasizes his fear of being beaten by him, but on the other hand he does not analyze its importance between them. Gottlieb (1989) says that the Rat Man never thought of Freud’s consulting room as a secure place and that the Rat Man’s evident fear that Freud was going to attack him physically was based on the Rat Man’s idea that Freud’s brother was the notorious Budapest murderer, Leopold Freud. On the following day, after the above quotation, Freud writes in his working notes:

Next session was filled with the most frightful transferences, which he found the most tremendous difficulty in reporting. My mother was standing in despair while all her children were being hanged.... He knew, he said, that a great misfortune had once befallen my family: a brother of mine, who was a waiter, had
committed a murder in Budapest and been executed for it. I asked him with a laugh how he knew that, whereupon his whole affect collapsed. [Freud 1909b, pp. 284-285, Hawelka 1974, pp. 65-66]

We will never know if it really was Leopold Freud the Rat Man meant. Freud’s laugh breaks the tension and with that all the associations and fantasies that may have lain behind the idea that Freud’s brother was a murderer disappear. But it is easy to suspect that the Rat Man’s thought may have occurred to him as an answer to Freud’s “cruelty” in the earlier quotation. Even the thoughts that Freud’s laugh may have aroused slip away. Here we see how a counter-transference reaction on the part of the analyst becomes a surrender to his own feelings and an infringement of the frame that makes all associations vanish into thin air.
Gottlieb says that the laugh is a reaction on Freud’s part that arises from his own unconscious conflicts from specific historical events enacted when Sigmund Freud was 10 years old. He is alluding to the fact that Freud’s uncle was convicted as a counterfeiter, an event reported assiduously, with anti-Semitic overtones, in the Vienna press. There were hints that even Freud’s half brothers, who lived in Manchester, were involved. Gottlieb brings up this fact to show that the Rat Man’s fantasies about Freud’s criminality and his response to them are not only a matter of the Rat Man’s projections.

The next scene also confirms that there were powerful forces at work between Freud and the Rat Man. December 27 is the session during which the Rat Man tells of the nightly masturbation scene, how he looks at his penis in the mirror between his legs and thinks that it is too small. The working notes the
next day begin with: “He was hungry and was fed.” Presumably Freud invites his young protege to a meal, probably before the analysis session. Freud makes no further comment on this, but judging from the working notes, the Rat Man accepts. A week later he concludes the session with the fantasy that:

Between two women—my wife and my mother—a herring was stretched, extending from the anus of one to that of the other. A girl cut it in two, upon which the two pieces fell away (as though peeled off).

All he could say at first was that he disliked herrings intensely; when he was fed recently he had been given a herring and left it untouched. The girl was one he had seen on the stairs and had taken to be my twelve-year-old daughter. [Freud 1909b, pp. 307- BOS, Hawelka 1974, p. 96]

Here the Rat Man alludes once again to a woman’s (girl’s) hidden penis. He seems also to want to say to Freud: You can stuff your herrings up wife’s and your
mother’s ass—suggesting a homosexual seduction. In another context the Rat Man explicitly states that Freud is hoping to have him as son-in-law because he would be a good match. Here also there is a strong mother transference that Freud underlines by feeding him like a controlling mother. Or even a “captain” who would like to press a rat on him?

From this interplay it is clear that the Rat Man approached Freud in a naive, almost shameless manner, and that his sexualized word plays were a symptom intended both to shield him from intimacy and give him gratification. It seems as if the analytical relation became too personal and could not develop at a reasonable pace. This naturally reflected the needs of both parties and went on in secret. Freud certainly did not perceive the mutual wishes, either the Rat Man’s or his own. Instead these withheld wishes brought about some of what we today would
call Freud’s breaches of the analytic frame. After the occasion of the meal, there was a continuous stream of material inspired by Freud’s action, but the relation seems to have been too passionate. Perhaps this is why Freud refrains from analyzing the Rat Man’s comments. There are also several other incidents where Freud’s counter-transference is brought to light and where his method of running the analysis can be called into question. What made Freud invite the Rat Man into his private life? Was this an unconscious acting out because Freud was afraid that their relation would break down? Several of these episodes are not included in the edited version.

But as Lipton (1977) and others point out, such events may be seen as a sign of Freud’s spirited, humanistic attitude. Lipton charges modern psychoanalysis with having turned technique into a goal in itself, turning the analyst into a robot. Freud
probably assumed that certain manifestations of his personality were outside the realm of psychoanalysis. There was a tacit agreement about what belonged to the psychoanalytical frame and what fell outside of it. In addition, for Freud there was probably no contradiction between the neutrality of the frame and the personal. Once again the problem may be that we can not imagine what Freud’s cultural frame of reference looked like, much less make it comprehensible for us.

Still, much of Freud’s technique ran directly counter to his own technical instructions. He knew that restraint, that is, the necessity to frustrate the patient’s needs, was a prerequisite for the development of the analytical process. Freud thought he had to persuade and convince the Rat Man, and he seems not to have paid any attention to the consequences his transgressions might have. In one
of the last of his working notes, Freud writes: “He intimated that his friend Guthmann’s comments on the treatment might get him to give it up.” And in a letter to Karl Abraham the same year, Freud writes: “It has often been my experience that just those cases in which I took an excessively personal interest failed, perhaps just because of the intensity of feeling” (Mahony 1986, pp. 93-94).

**Transference as an Obstacle to Understanding**

Thus the Rat Man and Freud from the very beginning were involved in an intensive interplay, where Freud’s unconscious motives and conflicts also came to contribute to the fact that his interventions at times overstepped the boundaries of the psychoanalytical space. But naturally the focus was on the Rat Man’s unconscious wishes, his neurosis, with Freud as a “co-actor.”
The Rat Man first had to “run” to Mother to ask for permission before he could make a decision to begin analysis (just as with his “penis”). By doing this he showed his readiness to submit to Freud (the mother). When Freud then emphasized the fundamental rule for the Rat Man, this inevitably became an attack on the latter’s integrity and even now one gets a presentiment of the power struggle that is brewing. Freud does not yet know that the power play is one of the cardinal signs of the obsessive neurotic.

The Rat Man responded with an attitude at once challenging and subservient, which “seduces” Freud into being even more intrusive and hortative. In this respect the rat scene is illuminating. The Rat Man stands up and puts his arms in front of his face as if he were afraid of being beaten. He paused in his narrative to defend himself and Freud filled in “into
his anus.” The Rat Man’s way of speaking with pauses, hesitations, doubts, and ambiguities tempted Freud to interrupt, become intrusive.

The longer the analysis proceeds, the more evident is the Rat Man’s open challenge, arrogance, and hostility to Freud. He here reveals both his fear of being “attacked” and his wish for it. In other words, it is obvious that the Rat Man’s dread of being beaten arises out of his fear of his own impulses, that is, wanting both to submit to his analyst, to be anally penetrated, and passively to benefit from his potency. As a defence against this, he sets up a resistance to Freud.

By his transference the Rat Man exhibits his confused sex identity. He alternates between seeing Freud as a frightening man and a despised woman. “Also play on my name: ‘Freudenhau-ädchen’ [girls belonging to a House of Joy, i.e., prostitutes].”
In fantasies about anal intercourse, a similar confusion emerges, where he is lying on his back on Freud’s daughter “copulating with her by means of the stool hanging from his anus.” Whereupon another fantasy follows: if he won the first prize in the lottery he would marry his cousin and spit in Freud’s face.

Freud notes further that rat’s tail means penis, and Ernst often pulls his mother’s braid, now rather thin, calling it a rat’s tail. The Rat Man goes on:

When he was a child, while his mother was in bed once, she happened to move about carelessly and showed him her behind; and he had the thought that marriage consisted in people showing each other their bottoms. In the course of homosexual games with his brother he was horrified once when, while they were romping together in bed, his brother’s penis came into contact with his anus ... A large number of further associations, transferences, etc. ... also some hostile transferences to me. [1909b, p. 313, Hawelka 1974, p. 103]
Once again the female penis turns up. Whom does he want to be penetrated by? Whom is he terrified of? Is it the phallic, domineering mother or the violent father? His masochistic identification with his mother seems to be part of his effort to couple with his father, and Freud becomes the object of his longing. And Freud responds affirmatively to his wishes by his kindly attitude and his specific invitations. A more correct view of Freud’s interpretation that the Rat Man has a deeply rooted wish to kill his father might be that he is hiding his deep longing—his homosexual tendency. Freud seems to avoid entering more deeply into and analyzing the hostility to his person, giving it instead the interpretation that in the transference the Rat Man is repeating his fear and his hate of his father, who was so impulsive that the Rat Man never knew when he was going to attack.
Because his father’s violence and physical advances provided too powerful a stimulus, erotic wishes were aroused (Shengold 1967), leading to his identification with the woman (the mother) as he perceived her, and this in its turn aroused a latent homosexuality. But homosexuality must evoke dread and revolt, since it is forbidden and brings with it the risk of strengthening a submission that is tantamount to castration. The predominant transference fantasy, to couple with Freud, to incorporate his penis anally, is thus tantamount to being beaten or raped by him. This is why the Rat Man has to stand up, walk around the room, and shield his face. He calls Freud “Herr Captain,” an oppressor against whom he has to rebel in order to protect his masculine identity.

The little boy is trapped in a pregenital instinct gratification, since the threat of castration for the Rat Man meant that he was squeezed between a powerful,
archaic mother and a father figure no less frightening. He makes this dilemma clear at the start when he describes the following: “I fingered her genitals and the lower part of her body which struck me as very queer…. After this I was left with a burning and tormenting curiosity to see the female body.” The Rat Man associates this episode with running to his mother, that is, that he has given up the separation efforts of the growing boy for the benefit of his obsession with looking, of penetrating the female body by his gaze, taking possession of it. Looking becomes synonymous with controlling, a sadistic desire. The Rat Man’s need to seduce Freud becomes an aspect of the numerous manifestations of anal sadistic pleasure that are described during the analysis. This is discussed by Grunberger (1966) and Shengold (1967, 1971), among others. Freud takes up this instinct in “The Disposition to Obsessional
Neurosis” (1913a), where he works out his theory of the obsessive neurotic’s fixation on erotic anal sadism.

We can thus establish that the Rat Man’s ambivalence permeates his relation to Freud in many and varied ways and that Freud often takes for granted that this transference is of a paternal nature. But at the same time one is struck by how the Rat Man both asks for help for his suffering from Freud (the mother) and simultaneously denies any such need. He confides in Freud just as openly and trustingly as he did when he ran to his mother and complained about his erection. But by so doing he spread his inner being out in plain view, an invitation to psychic rape. (“I see in this the beginning of my illness.”) It was as if he was unconsciously delivering the message: “May I go my own way?” but Freud was not able to receive it since he himself had
unelaborated conflicts and was tied to his mother. Did Freud feel unconscious guilt for this limitation of his and was this what drove him to invite the Rat Man to a meal? Freud expresses this side of the transference much more openly in the working notes. We may feel the dawning of insight on Freud’s part into the importance of the early mother, but this knowledge has not yet matured enough to be described theoretically.

Freud’s view of transference at this time was a factor in his helplessness. He was inclined to regard transference as an obstacle, something the patient took to when early painful memories threatened to come to the surface. By making use of transference and looking backward, Freud availed himself of the intensely emotional atmosphere in the room “here and now” only as a reflection of earlier situations, for example in relation to the father, reconstructing the
Rat Man’s reactions to himself in terms of childhood events. Freud’s interest was directed toward retrieving memories rather than toward working through the transference in the room. His attention was not on what the Rat Man wanted of him or how his own conduct related to the Rat Man’s previous experiences; for Freud what happened between them reflected only the past. Freud had still not realized the importance of letting his own person come into focus in order to probe more deeply into both aspects of the transference, the current and the past, and out of that discern what the analyst had contributed.

**Submitting to the Fundamental Rule**

We can discern how Freud is wrestling with his own shortcomings as he gropes his way along in what is for him still unexplored territory. We can see his exceptional ability to draw theoretical conclusions and develop the psychoanalytical method, even if he
has still not integrated these discoveries into his own technique. This also applied to his own interpretation of the relation between free associations and the fundamental rule, where he seems to have been influenced by the power struggle between himself and his patient.

As we noted, Freud introduced the fourth session by pointing out to the reader that “the true technique of psychoanalysis requires the physician to suppress his curiosity and leaves the patient complete freedom in choosing the order in which topics shall succeed each other during the treatment.” This was an idea he also took up at the meeting of the Psychoanalytical Association on October 30, and November 7, 1907. His colleagues in Vienna met regularly to discuss the scientific progress of psychoanalysis. At these two meetings Freud presented the initial stages of his interesting case to his colleagues. According to the
minutes he stated: “The technique of psychoanalysis has changed. Nowadays the analyst no longer goes in search of that material which is interesting to him but leaves the patient to develop his ideas and thoughts in their natural course” (Federn 1948, p. 15). Did Freud live up to this ideal? Patrick Mahony (1986) comments on this quote by saying that the treatment of the Rat Man shows that Freud “still had not mastered the technical requirements to facilitate free association” (p. 91).

Freud’s original discovery was that psychoanalysis is a “talking cure,” that the very process of putting words to all the thoughts and ideas that come up, so-called free association, is curative. Freud formulated his fundamental rule to describe to the patient what the condition for the analytical process was. The goal ought to be to help the patient find his own words, become one with his language, to
gain entrance to and explore the boundaries of the conscious. The analyst was not to fill his patient’s inner being with his own constructions because that would be tantamount to suggestion. In *The Interpretation of Dreams* Freud emphasizes his departure from earlier traditions of interpretation by pointing out that what is essential is not the dream interpreter’s associations but what the dreamer thinks about in connection with a certain dream element. The interpretation should make it easier for the patient to associate further when displeasure and other feelings place obstacles in the way.

It can be said that in the analysis with the Rat Man, Freud was reminded of his original observation that the patient should be given space to discover his own unconscious thoughts and put them into words. And in all fairness it must be said that the Rat Man did get a lot of space. But if he took too much he
collided with Freud’s own need to test his theories. As has emerged, part of the Rat Man’s problem was that it was vitally necessary for him to take up the cudgels for his autonomy, and he did not agree with Freud’s theoretical constructions (for example, the father complex and masturbation); instead they both staged a tug of war.

My impression is that Freud played his part in this battle since he was guided more by his wish to confirm his theory than by the Rat Man’s analytical material. It as if Freud assumes that all scepticism is synonymous with resistance and that the patient spontaneously feels an aversion to his theories. Roy Schafer (1992) says that Freud needed his concept and stayed locked in it because the “resistance” to his ideas he encountered from the medical establishment drove him into a defensive position. To some extent
his creative work came to a standstill under the influence of a definite negative counter-transference.

To Freud, the Rat Man’s doubts were automatically the expression of resistance to the unconscious, which as a matter of fact they may have been, but how could the Rat Man have phrased his objection? A yes would mean an adaptation to Freud’s ideas, a no was resistance. His feeling that Freud was imposing himself on him as if it were Freud’s thoughts that counted made him deprecating. This is an indication of Freud’s resistance to realizing that his theory may have prevented him from seeing that the material might not support his interpretations. Freud emphasizes to the Rat Man that “he must never lose sight of the fact that a treatment like ours proceeded to the accompaniment of a constant resistance; I should be repeatedly reminding him of this fact.”
It is not enough to reach unconscious meanings, but the analyst has to interpret in order to draw the patient’s attention to what he does not want to discover. By definition, the patient is unconscious precisely because his insight is too painful and full of conflict. But in Freud’s hands the interpretation tool becomes an obstacle to the Rat Man’s free associations and disrupts the analytical process. And Freud appears to overestimate the influence of interpretation on the unconscious. He still did not have sufficient confidence in the patient’s own words, and he had still not realized the importance of allowing the patient to work through his own discoveries over a long period of time. In a letter to a contemporary, Karl Abraham, Freud writes that when he has understood symptomatic behavior in himself, it ceases (Mahony 1986). Undeniably this idea is based on an omnipotent expectation. The idea that an
accurate interpretation of the unconscious conflict induces the patient to change may give the impression that the analyst is in possession of a magic instrument.

When Freud formulates his fundamental rule, he calls the Rat Man’s attention to his presence, arousing a strong reaction. Because of its appeal to associate freely, the fundamental rule becomes a paradox, built into the psychoanalytical method. It provokes the obsessively neurotic Rat Man, on the one hand because it is controlling, causing defiance, and on the other hand because it implies a directive to let go of his logical reasoning, which considering his fear of his inner forces must be threatening. Because of this the fundamental rule came into conflict with the free flowing attentiveness that both parties should have been aiming for. Instead it must have appeared to the Rat Man that the fundamental rule was beyond all
negotiation, and at that moment Freud became instead a representative of the divine law to which the Rat Man had to submit. And he also identified with the oppressor, revealed by his slip of the tongue, “Herr Captain.” Freud became the authority, and if the Rat Man tried to free himself from his identification with his oppressor by opposing the inflexibility of the fundamental rule, it would be tantamount to breaking the law.

The Rat in the Anus and His Vision of the World

At the risk of distorting Freud’s many-faceted theorizing about the origin of obsessive neurosis, I must say I find that the Rat Man’s inability to shield his integrity from infringement, from outside as well as inside, runs like a red thread through the entire case. The conflicts involving integrity and inner autonomy are what bind his various symptoms together. The rat, which penetrates his anus and
overwhelms his inner world of thoughts, symbolizes violation. This finds expression in his linguistic and emotional ravings and in his ambiguity, which to a great extent adds to the problems Freud has in organizing the material. The Rat Man showers Freud with a multitude of associations, especially concerning the symbolic meanings of the rat. Many have maintained that his confusing richness of linguistic associations should be included as a part of the Rat Man’s symptomology and that these associations almost neutralize Freud’s analytical potency (Marcus 1984).

The Rat Man really makes use of the rat. From having been an account of fear of anal rape and his own vindictive impulses, the story of the rat gets so many vacillating meanings that it completely slips out of Freud’s control. Freud notes, “More rat-stories; but, as he admitted in the end, he had only collected
them in order to evade the transference phantasies ...”

The Rat Man seems sometimes to be making fun of Freud and sometimes to be so terrified that he hides behind his florid associations.

If one follows Freud’s clinical material and his theoretical constructions, the Rat Man’s own theory, “my parents knew my thoughts,” fits in better with Freud’s theory than what one is able to read from Freud’s notes. The Rat Man believed that his thoughts were being revealed without his noticing it, that he had said things out loud without hearing them himself. Mahony (1986) supposes that the Rat Man had overheard his parents’ coition and it is unmistakably a matter of sexual fantasies. But the Rat Man seems to be more inclined to be afraid of being seen through than of having listened to something forbidden. The terror of losing control— the rat invasion—becomes a metaphor for an inadequate
shield against impulses which may be exposed both to himself and the world around him. He continually creates new defense maneuvers—rituals and compulsive thoughts aimed at checking the sexual and aggressive impulses threatening to inundate his fantasy life. Freud and the Rat Man, without doubt, together embody the inability to mount a defense against overstimulation and infringement.

Being exposed to rats invading the rectum means that neither defecation nor what comes in through the body orifices can be maneuvered. One loses control of one’s boundaries, tantamount to psychic disintegration or death. The Rat Man fought with all the means at his disposal to defend himself by his way of conversing and reporting with pauses, hesitations, and linguistic gaps. He made his language incoherent with the intention of bursting the chain of associations and keeping thought and feeling separate
from each other. Traumatic experiences are robbed of their emotional coloring and thought connections are broken. The affect that should be linked to the thought remains unconscious. For this reason neither the Rat Man nor Freud can understand what impulses lie behind the fantasies and actions. This psychic course of events, typical for obsessional neurotics, will be described by Freud a few years later by the term *isolating*. Instead of repression, making himself unconscious of the content of his thoughts, the obsessive neurotic turns to isolating—a strategy for psychic survival.

The Rat Man thinks he is able to control his thoughts with the aid of isolating (and other strategies), and this leads to the illusion that thoughts can control impulses, an over-estimation of the power of thought. This defence is reflected in the Rat Man’s concept of the omnipotence of thought, which he
Incessantly alludes to, but this brings with it the uncertainty such an concept creates about the borderline between thought and action. He made up his own prayers, recited “so quickly that nothing could slip into [them].” He is endowed with prophetic dreams. “He imagines that he is killing Dr. Schl. with his wish and that he was going to save his life. He really thinks that he has twice saved his cousin’s life by wishing.” In his unconscious, his wish fantasies can bring about anything—for example, his sister’s death, or the suicide of a young seamstress whose invitation he turned down when he was 20 years old. He had the power to grant or refuse love.

Since the Rat Man is convinced of the magical power of his thoughts, he has to devote all his energy to nullifying the disastrous consequences his fantasies may have. The function of the compulsive rituals is to try via magic to manage his unpredictable, dangerous
impulses and to control what he has projected into reality. This way of thinking is part of the anal phase in the small child, a period in life when he is fighting for his autonomy and testing the limits of his body, when he has to learn to master if and when he will let go of his excrement. The Rat Man has got stuck in the conflicts that are characteristic of this phase of development and is consequently strongly preoccupied with the anal theme, including smells, defecation, and so on.

The Rat Man exercises control over his inner forces by cutting the connections between feeling and thought. As the emotional coloring of words is peeled off, he can no longer understand what forces are on the rampage within himself. He is therefore full of doubt about what he really feels and thinks. The unconscious rage and sadism arouses a guilt, the origin of which it is not possible for him to find. His
painful doubts are therefore mixed with self-censure. Neither can the Rat Man understand why he sees himself as a criminal. The only signals he receives of the inner struggle between hate and love raging within him are doubt and anxiety. Obsessive neurosis is thus an effort to gain ascendancy over hate by the divide and conquer method. Here the various forms of compulsive actions—his way of speaking, the hesitation, the compulsion to continuously ask questions, and so on—have at the same time the unconscious aim of tormenting and exercising control over members of the immediate environment. In this way his sadistic wishes find an outlet that is directed against his mother, his fiancée, and Freud, a connection between anal sadism and obsessive neurosis that Freud describes but has still not made universally applicable (Grunberger 1966).
The Rat Man knew that his way of thinking was irrational, and he nullified the connections between his trains of thought so as not to be able to track down the forbidden origin. But he was unconscious of his aim, which was to gratify his forbidden and unconscious impulses without he himself or those around him noticing it. These strategies limit to a great extent his inner freedom to think and fantasize, a restriction that grows and grows. At the same rate his freedom of action diminishes. To maintain the boundaries he must be very careful to be in control of everything so that impulse and thought are kept isolated from each other, for otherwise all kinds of things may be mixed together, an infection both attractive and appalling. Brushing against certain things or stepping on the cracks in the sidewalk may cause a terrible accident, perhaps to someone close and beloved. The magic is a shelter only if certain
instructions are followed. The Rat Man’s fear of being infected symbolizes his fragile integrity, something he develops in relation to women. “If I touch her I don’t know what may happen.” Dangerous and contagious things flow in and out. If he comes close to Mother or the governess, he risks being humiliated or devoured. Intimacy is dangerous. In the absence of caresses his desire to see naked girls takes over, a shield against infection and a method of sadistic control. The regulations are not innocent; they allow the impulse itself to be hidden and gratified at the same time. This is why compulsive rituals can be interpreted and understood as unconscious messages.

“The Precipitating Cause of the Illness”

There have been many speculations about how seriously disturbed the Rat Man really was and to what extent his pathology contributed to the
contradictory impression he gave. In any case we can be certain that Freud had difficulty reconciling theory and treatment in the case of the Rat Man. According to Freud, the Rat Man had a constitutional predisposition to strong sadistic and sexual instincts that he had difficulty controlling as a child and that led him into insurmountable conflicts with those around him: his father forced him to repress such instincts and his pathological development was the result. According to Freud, this pathology was matched by special unconscious and conscious experiences which colored the patient’s history and mode of action. Infantile neurosis is the prerequisite for the formation of symptoms, and in time outside events that are a reminder of the original complex can trigger symptoms of aggression and obsession. This causes Freud to occupy himself with tracing separate episodes to explain why the symptoms came on. The
episode that is “the precipitating cause,” with the import of a Trauma with a capital T, sets in motion a chain of inner processes in the Rat Man. Previous events take on the function of requisite conditions and etiological factors. This is reflected in Freud’s preoccupation with the Rat Man’s childhood. Theory says that neurosis dissolves when early traumatic experiences become conscious. Trauma was the trigger, that is, there is an unexpressed idea that certain predetermined conditions may cause specific symptoms. Here Freud brings with him the remains of his trauma theory and this guides his interpretations.

On the other hand, Freud writes in his case history that obsessional ideas “have an appearance of being either without motive or without meaning, just as dreams have. The first problem is how to give them a sense ... so as to make them comprehensible.”
Freud’s ideal was to allow ideas and associations to evolve and by so doing present a picture of unconscious conflicts, which in their turn could stimulate the analyst’s interpretations. A fundamental idea for Freud was that the symptom is a compromise between two incompatible and unconscious intentions. It may be an impulse that, if gratified, will be in conflict with conscience, to give one example. Seeing the symptom as an unconscious message, a story of how the patient has interpreted what has happened to him, is a different approach than looking for “events which precipitated the disease.” I think that both of these somewhat divergent sets of ideas may have been responsible for Freud’s being at a loss. He writes in another context that a symptom can never be understood by concentrating on individual external factors, for in psychic reality these may succeed each other endlessly.
But under the heading “The Precipitating Cause of the Illness,” Freud is looking for causes which will explain the Rat Man’s illness. In this hunt for the cause that has evoked the symptoms, Freud is searching for an external event, as if at that moment he has “forgotten” that a symptom has a plurality of determining factors and is created by inner dynamic conflicts. He therefore gets lost in the searching. It is not only the story of the rat torture that is the triggering factor. One time it is the father’s death, another the aunt’s death or Gisela’s rejection. But according to Freud the symptoms also function as an escape into illness. In his effort to find explanations, he switches from one cause to another and assigns similar weight to separate events. For Ernst his aunt’s death and his mother’s marriage plans were each the cause of his symptoms of illness.
But, says Freud on another occasion, actually it was the Rat Man’s longing for children which was the “cause.” Now Freud is talking about the lady’s sterility as a factor that triggers the illness. He does not, however, take up the underlying idea that she is not good enough for the Rat Man. For my part, I can imagine that his decision to marry a sterile woman was a way of sterilizing his mother. There must not be any more children (rats=children=siblings). Freud does not discuss to what extent this is an externalization of the Rat Man’s own feeling of inadequacy, but he states in his notes that the Rat Man “quite unsuspectingly . . . told . . . [him] that one of his testes was undescended, though his potency is very good” (“cryptorchism,” which may lead to sterility if it is double-sided). As I see it, this malformation almost certainly contributed to the Rat
Man’s doubt of his own adequacy as far as both potency and fertility were concerned.

**The Case of the Rat Man is an Example of a Psychoanalytic Process**

Freud’s own notes show that during this short but intensive analysis the Rat Man got a glimpse of a great many of his unconscious conflicts. To my mind the Rat Man is incontestably the one of Freud’s case that is the clearest example of a psychoanalytical process. One is struck by the intensity and the intractability in the interplay between the parties, and the atmosphere appears to have been very free. In spite of objections it can be established that Freud succeeded in creating a work climate where “neurosis gets the courage to express itself” (Sjögren 1989).

Did Freud’s needs get the upper hand? If this was the case, did the Rat Man notice it? The case is full of questions we will never get answers to. Even though
Freud was guided by his own theories, he was nevertheless open to the unpleasantness the child Ernst experienced in connection with his sexuality and his father’s punishments. Freud ties together the rat symbols and brings out their many implications, and the Rat Man perceives Freud’s willingness to see and understand. Freud’s clinical sensitivity and his ability to extract the essentials are even more remarkable considering the abundance of the material and the chaos inherent in it, as well as the brevity of the analysis. As I have tried to point out, the case of the Rat Man is marred by defects both in the clinical management and the theoretical base. This is, of course, not surprising considering that the analysis occurred so early in the history of psychoanalysis. It becomes all the more noteworthy that Freud succeeds in utilizing his own shortcomings to produce new theoretical and clinical constructions that are
innovative and productive; in this respect the case of the Rat Man does not differ from Freud’s other cases.

Was the Rat Man completely restored and free from his obsessive neurosis? We do not know, but considering the psychoanalytical process described by Freud, the answer is only probably yes. On the other hand, the Rat Man was liberated from obsessive ideas about the rat torture and he achieved considerable inner freedom. We know, too, that Freud kept himself informed of how things were going for the Rat Man. While the analysis was going on he began his professional career in the law. Some years later he married his “lady.” After that there is no information. But in a footnote, written in 1923 and added to later publications of the case, Freud writes:

The patient’s mental health was restored to him by the analysis which I have reported upon in these pages. Like so many other young men of
value and promise, he perished in the Great War.
[1909b, p. 249]

Notes

1. *Notes upon a Case of Obsessional Neurosis* was first published in German in 1909 and has become known under the title “The Rat Man.” The Swedish edition (1992) contains both Freud’s original case history and his working notes edited by E. Hawelka (1974) which is the only bibliographically complete edition of Freud’s case histories.

2. In *Freud and the Ratman* (1986) P. Mahony has presented an extremely thorough piece of research, where he provides the identities of the various persons concerned. I use these authentic names if they are important to the understanding of the case history. Freud himself was careful not to reveal their identity.

3. It is only this interview and the following seven sessions which Freud reports on extensively. They comprise more than a fourth of the edited case history. In his investigation P. Mahony has come to the conclusion that the working notes report more or less regular sessions from October 1 to January 20. After this, Freud saw Ernst Lanzer at irregular intervals until April. Thus the analysis was between 3 to 6 months long rather than the 11 months Freud maintained. All quotes are from the *Standard Edition* unless stated otherwise.
4. The presentation corresponds to the first eight sessions, including the interview. Measured by today’s standard the whole analysis was very short but we must bear in mind that a normal analysis today is conducted 4 times a week, while Freud analyzed 6 days a week and had longer sessions. This must have created a more intense atmosphere.
Senatspräsident Schreber, or Reading Insanity

Lars Sjögren

There is a paradox in talking about the “Schreber case.” In psychoanalysis, the term case history means an account of a meeting between a psychoanalyst and an analysand, but Paul Schreber never set foot in Berggasse 19 where Freud had his practice. There is no evidence that he was ever in Vienna. Neither is there any evidence that Freud knew anything about Schreber before the summer of 1910 when he read Schreber’s book. Schreber, in his turn, was a very well-read man but made no references to Freud’s works. In 1911 Freud published his paper,
“Psychoanalytische Bemerkungen über einen autobiographisch beschriebenen Fall von Paranoia” [“Psycho-analytic Notes on an Autobiographical Account of a Case of Paranoia (Dementia Paranoïdès)"], hereafter called “Notes.” At that time he did not know that Schreber had died shortly before this in a mental hospital in Dosen outside Leipzig.

“Wer kennt schon den Dr Schreber?” (“Who has ever heard of this Dr. Schreber?”) ran a headline in a Leipzig newspaper in 1884. The Dr. Schreber I came to know, and the one Freud knew, is a book, Denkwürdigkeiten eines Nervenkrankes (Memoirs of my Nervous Illness)—hereafter called Memoirs—first published in 1903. Freud read his Schreber in the summer of 1910 during a classical culture trip to Sicily. He was not one to idle away his free time.

How can a book be a case if a case history relates a meeting between two people? An interesting
question. If we examine the Freud cases presented in the book you are just now reading, you will find that they deal with his own patients. Freud was personally acquainted with Little Hans, whose analysis he only supervised. But Schreber—how can he be a “case”? Schreber was a book to Freud, and with this in mind we ought to put his “Notes” into the same category as his paper on Leonardo da Vinci (1910b), based on Giorgio Vasari’s biography, as his paper on Dostoyevsky’s *Brothers Karamazov* (1928), or his study of the author Wilhelm Jensen’s novel *Gradiva* (1907).

We can speculate over the order of these things, but that is the way it is and therefore I write this contribution to an anthology comprised of Freud’s cases. By so doing I do not escape the question: Can a book be a case? Or can a “case,” an analysand, be
seen as a text? Do psychoanalysts and literary critics have related occupations?

**The Reader as Co-Author**

In Chapter 10 of the book, *Retelling a Life*, the analyst Roy Schafer (1992) addresses this problem under the heading ‘The Sense of an Answer.” It is an excellent article just because it does not give clear answers to the questions about the interpretation of the text and the patient. On the contrary, it asks a whole string of questions. Some of the answers may seem obvious and even extreme, but I know Roy Schafer well enough—as a text, not as a person— to know that this attitude is part of his method of provoking thought, his own and others’. He knows that there are no definitive answers. In his presentation, he emphasizes what he considers to be similarities between psychoanalysis and literary interpretation. He points out that the psychoanalyst is
occupied with a kind of text, the analysand’s verbal testimony—and hardly anything else. He writes that there are times when a patient protests against the situation by becoming healthy. So far, so good. But what can be said about his idea that a text does not come to life until it has been interpreted? By this, Schafer does not mean specifically psychoanalytical interpretation. He says that fiction has no predetermined text. The determination starts with the reading, which is always interpretative. The reader becomes a co-author of the text. Fiction begins in this meeting, which has a shifting content from case to case. Another thing good texts have in common is that they impart to the reader a remedial perspective on reality; this gives them a therapeutic function. By the very act of writing the author informs us that via language we can intervene in our lives and thus influence them. Language in itself is an instrument
for change, writing in itself a compensatory act. Participating in this act in a capacity as co-authoring reader is liberating, both for the reader and for the text. Here there is a parallel to the psychoanalytical meeting. I also see these ideas of Schafer’s as a completely new aspect of the concept of catharsis.

A psychoanalytical meeting is arranged between two people in such a way that they have some chance to gain an insight into the unconscious and bring some—small, to be sure—part of it into consciousness. The chief instrument for this task is transference, the projection of unconscious fantasies, the analysand’s and the analyst’s. The analysand is encouraged to express his fantasies as freely as possible. The analyst is assumed to be able to keep his fantasies under control at the same time as he tries to use them in the service of understanding. Two contributions on the part of the analyst appear to be
indispensable if the analytical situation is to be maintained: that he puts himself at the disposal of the other’s transference fantasies and stimulates their verbalization, and that he tries to make his own transference fantasies conscious without verbalizing them to the other in their original version. This is not a matter of hush-hush but of respect for the analytical mandate.

Freud’s initial reaction to the transference phenomenon was to see it as a disturbing factor. By enduring the “disturbing” transference and examining it more closely, Freud in his characteristic way developed the disturbing element into a core instrument for the work of psychoanalytical understanding. This became a practical and theoretical goal for succeeding generations of analysts.
If, then, the interplay of mutual transference is the heart of psychoanalytical work, what happens when the “patient” is a book, as Schreber was for Freud? Nothing prevents the psychoanalyst from developing and working through his own fantasies as a response to the contact. Again, so far, so good—stimulating the reader’s imagination can be seen as every author’s intention. Freud’s transferences to his texts transformed into “cases” are in themselves a chapter to be investigated, especially because he himself did not dig deeper into the question. Through the obscurity, one can discern the common spheres in which Freud’s unconscious creates figures in the company of Little Hans, of the Rat Man, of the Wolf Man. Inspired by this point of view, I intend later in my presentation to speculate about some aspects of Schreber’s Memoirs where Freud meets himself via a figure, Schreber, who has taken the step from science
and poetry to paranoia. Our most interesting doubles are not identical to us in every detail!

But the unadulterated text, whose creator is not present in person, that which according to Roy Schafer comes to life when it is interpreted—can it accommodate a transference? Can it be the patient (from the Latin *patiens*, the sufferer, but also one who copes, endures, and is patient and thus possesses brotherly love — all these the virtues of love according to St. Paul)? In other words, does the text carry with it an unconscious that can cause trouble?

Well, a text is partly a product of a lot of fantasizing and this fantasizing is a product of the author’s accumulated experiences. If our words are allowed to retain the roots leading into our inner selves (and heaven knows the noisy daily media is constantly scraping away, squealing, at these roots), their meanings for us are condensed as years go by. In
this way the author’s transference is present in the

text. What distinguishes reading from the

psychoanalytical situation is that the psychoanalyst

offers himself as a transference object for the one

present in the room and then tries to understand what

the transference is accomplishing within himself and

between him and the other forbearer. Besides this,

from his vantage point he tries to give reports on the

course of events. We are dealing with two people in

the same room, two subjects who together have each

other as objects. But can I reasonably say that a

literary text has me, the reader, as an object and that

it, the text, is the subject? No matter how lively the

text, the paper and the print are and remain things.

What I nevertheless do dare to state is that every

author writes with an imagined reader in view, even if

he denies it. Usually this is a matter of an inner

receiver, a condensation composed of the author’s
experiences, longing and fear, love and hate. Transference comes in here, transference to this inner receiver. A rough draft of aesthetics with a psychoanalytical foundation may consist of an effort to understand the influence a work has on me as a reader, starting from my response to the condensed transference that has been passed on to me during the reading. Then the richness of the condensation of the inner receiver, active in the minds of authors like Dante and Shakespeare while they were writing, would be a starting point for understanding how they were able to touch so many readers so deeply.

In the case of Schreber there is no doubt about who was the intended main receiver of his *Memoirs*. It was no one less than God.
Schreber and God the Father

With that we are back with Schreber and with God—a rather special God, as we shall see. The two are one—or rather, it might be said of Schreber’s Memoirs, they deal with his struggle to be one with God and with his fearful torments along the way.

Let us move from God the Father to Paul Schreber’s earthly father, not an insignificant person in this context. Daniel Gottlieb Schreber was born in Leipzig in 1808—the year of Fichte’s “Address to the German Nation,” held in Berlin during the French occupation; of Goethe’s Faust, of Kleist’s Penthesilea. He was a prominent doctor, famous throughout the German-speaking world, author of a series of works on medical gymnastics and child raising. The Schreber associations that flourish today in Germany are, however, occupied not with health gymnastics but with garden plots. Those of you readers who devote your happy leisure time hours to
such projects should be aware that the source of your
creation was Daniel Gottlieb Schreber. Think what
you will of him—and his posthumous reputation
covers the whole scale from affection to hate—he
was an extremely enthusiastic man.

He had five children. Christened Daniel Paul, the
son who was to occupy Freud’s thoughts, was born in
1841. The story of his illness, the source of the rich
literature about him, began in 1884. Daniel Paul
Schreber, at that time a court judge in Chemnitz in
Saxony, stood for parliament that year as a candidate
of the National Liberal party. It was on that occasion
that the newspaper asked the question I have already
cited about who Dr. Schreber really was. In 1866,
when Schreber was 24 years of age, Saxony had been
invaded by Bismarck’s troops and became part of the
North German Confederation, which in time became
the German Empire, which in time became the Third
Reich, the 12-year millennium, which in turn became what it is today, a great power making a comeback, which we watch perhaps admiringly or fearfully.

Bismarck is not an insignificant person in Schreber’s story. Schreber’s Memoirs, his madness, is triggered by his longing to be united with the father figure and his terror of such a union, and it continues to revolve around that theme. The father figure may be God, the sun, or his doctor, Dr. Flechsig. This is the core of his drama and this is what above all captured Freud’s interest. Freud was fascinated by a man’s relation to his father; indeed, his view of it was revolutionary. Herein lay his greatness, but also his limitation, since the mother figure in Freud’s thinking is constantly eclipsed by the father’s enormous shadow. Our understanding of women often has to be distilled out of statements that originally concerned men.
If the father Schreber was authoritarian and pushy, sometimes capricious, and intolerant of opposition—and there is a great deal of evidence that he was, even if some researchers have smeared his reputation too much—then, for Germany, Bismarck was a father with similar characteristics. The goal of the National Liberal party had once been to be the spokesman for a liberal middle class that Germany did not have, to our misfortune and its own. Logically enough, the party little by little evolved into supporting the union of the Empire on conditions set by Bismarck and Prussia. In view of the ambivalence that can be discerned in the history of the party, it is understandable that Daniel Paul chose it to be his forum. In his madness, his longing to be one with God was constantly at war with his effort to achieve independence. His conflict becomes so powerful that
union with God became possible only through torture, laceration, and humiliation.

Schreber lost the election to the Social Democratic candidate. This was the start of his first psychotic breakdown. He was invaded by hypochondriacal fantasies so serious that he had to be admitted to the university clinic at Leipzig, where the above-mentioned Dr. Flechtsig was the chief medical officer. After 6 months Schreber was considered cured. He and his wife expressed their profound gratitude to Dr. Flechtsig.

In June 1893 Schreber was appointed Presiding Judge of the Court of Appeals in the capital of the country of Saxony, Dresden. This occurred during a period when the whole of the German legal system was being remodelled and made uniform; the previous Saxonist law was to be reshaped and become a part of German parliamentary law. When
one reads Schreber’s *Memoirs* and becomes acquainted with his insanity, one sees that the question of authority and autonomy comes up again and again; his hallucinations are constantly concerned with the attempt by outside powers to invade his body and overpower his reason. As the genius he was, Schreber had received his appointment at a relatively early age. In spite of his presidency he was the youngest member of the court administration. The father question was a tangible issue in his life.

**Paranoia as Breakthrough and Breakdown**

Schreber now broke down for a second time. Together with people like Rebecca West in Ibsen’s *Rosmersholm*, perhaps he belonged to the species Freud characterized as “those who are wrecked by success.”
This time it was more serious: when Schreber was again admitted under the care of Dr. Flechsig, he was already developing a paranoid imagination. He was given the diagnosis dementia paranoides. Six months later he was moved from the university clinic in Leipzig to the mental hospital Sonnenstein. That name is not uninteresting considering what significance the sun was to have in Schreber’s vision of the world. He remained in Sonnenstein until 1902 and it was there that he wrote his Memoirs. The book was published in 1903 and was primarily intended as a plea for the defense by a person who regarded himself, perhaps rightly, as exposed to forensic psychiatric injustice. The defense plea was effective. The compulsory commitment was revoked.

Schreber was now living as a free man, reunited with his adopted daughter, who had taken the place of the no fewer than six children his wife had lost
through miscarriage. These miscarriages offer a special perspective on Schreber’s hallucinatory world, which is crowded with small figures in the process of performing what Schreber calls “miracles.” These consist mainly of the small figures trying to invade or destroy his body. Are these the lost children demanding their lives and avenging their losses? This detail—it certainly is more than a detail!—may also help us to understand a fundamental argument in his writing: God shall impregnate him and he shall give birth to a saviour of the world. The unfruitful shall be compensated beyond all measure.

So he lived, well adjusted on the surface, under the surface insane, in just the way characteristic of certain paranoid individuals who develop a system of ideas side by side with ordinary everyday life. Often this “parallel reason” is woven around a drama of a persecutor who must be ensnared and rendered
harmless. The discrepancy between surface and content points up the interesting relation between creativity and paranoia. They have structural similarities, which often meet within the same person.

Our strain of paranoia sharpens our attentiveness, forcing us to weave the coherence of “parallel reason” over the gap where the persecutor can be expected to come into view and thus escape the threat of ignorance. Sometimes art or science is the result of the weaving. Each of us has his own personal persecutor. Yet they are all related. The fabric of art and science is woven again and again. The pattern varies; the warp is the same. The extensive, tangible paranoid system seldom gives the observer a liberating experience of the kind Roy Schafer is talking about when he sees the act of reading as a therapeutic experience; meeting a work of fiction is participating in a linguistically reparative action. As
opposed to fiction, the paranoid system is a terminal station where nothing happens except that, at best, the psychotic thinker gets a moment’s peace.

Now, not only was Schreber diagnosed a paranoid but the term *dementia paranoides* was also used. *Dementia* is linked to dementia praecox, the name for schizophrenia at that time, a mental state characterized less by the paranoid’s outwardly directed search for the enemy than by a scorched earth tactic after a retreat of defeated troops. The constructions a very psychotic person builds up in order to re-populate his scorched world can be difficult to understand even as paraphrases of our common reality. They are so extremely private that they run the risk of fortifying loneliness by populating it. It is conceivable that Schreber’s diagnosis went too far. His book is bizarre but it was
not written by a person who has totally fragmented and coded his world.

On the contrary, in his Memoirs Schreber produced a massive piece of work for his own self-understanding and cure. Without this achievement he might not have gotten his years of freedom. But his freedom was not stable enough to withstand the disasters that struck him four years after his discharge. In May 1907 his 92-year-old mother died; in November his wife had a stroke followed by aphasia. Fourteen days later Schreber was again admitted to the mental hospital where he remained until his death in 1911. The notes in his hospital journal describe him as hallucinating and difficult to reach. His memoirs may have continued, but we will probably never know anything of them.
Schreber’s Theories and Freud’s

Schreber introduces his *Memoirs* by stating that the human soul is located in the nerves of the body. There are several sorts of nerves, among them those he calls “the nerves of understanding.” Schreber is always ready to invent words when it is necessary—a quality he shared with Freud. Every nerve of understanding taken by itself is supposed to contain the person’s entire mental individuality. He is thus moving within the “part for the whole” perspective we know from many traditions of ideas, the same that was embraced by Wilhelm Fliess and others during the period of his and Freud’s shared scientific passion when psychoanalysis was born.

When Schreber develops these ideas, “nerve” proves to be simply a synonym for “soul” or “spirit.” So God consists not of a body but only of nerves. The nerves have the capacity to be transformed into every object in the created world. In this capacity of theirs
they are called “rays.” The divine creator’s source of power lies in these transformed rays.

This thinking has obvious similarities to Freud’s libido theory, the foundation stone of his metapsychology. The libido is a transformable energy; it has its “vicissitudes,” to use Freud’s own expression. His first comprehensive presentation of his ideas, his first metapsychological experiment, was the so-called “Project” of 1895 (Masson 1985), rather close in time to Schreber’s Memoirs and also a part of Freud’s correspondence with Fliess. In this paper Freud uses purely neurophysiological language. Later he changed to other theoretical models, using three spatial formulations like “id / ego / superego” throughout. ‘The subconscious” is a phrase Freud abandoned, but he had a sketch made of “the psychic apparatus” in which “the unconscious” is placed under “the conscious.” We find spatiality in Schreber,
too; his hallucinations throughout deal with bodies, space, and movement. Freud strove to construct a metapsychology that would replace metaphysics. Schreber constructed a metaphysics that was to explain what he had been subjected to. Both of them sought their form within the natural science of the time. A crucial difference is that Freud saw his models as provisional, assigned the task of helping thought to move on, while the paranoid Schreber thought he was witnessing absolute certainty, the terminal station of thought. The difference has to do with their degrees of anxiety and containing capacity. Freud’s disquiet was enough to drive him on but not great enough so that he had to lock it in. Schreber’s anxiety was unendurable, requiring unshakable frames in the form of a firmly built cosmology, an attempt at terminal storage.
According to Schreber the sun through its rays is one of God’s most important instruments for reaching human beings. Well, these might be the words of a psalm. But—and this is many times more interesting—on the first pages of the first chapter of his book Schreber informs us right away that “die Sonne seit Jahren in menschlichen Worten mit mir spricht” (“For several years the sun has been speaking to me in human accents”); here lies the borderline between psalmistry and insanity, for he means altogether literally what he is saying. Didn’t St. Francis do the same thing? Didn’t Our Lord appear before Moses as pillars of cloud and fire that spoke to him? There is a crucial difference. Francis wanted to send a joyous message, which he felt concerned us all. Moses gave Israel’s people a mission that ultimately affected all mankind. Certainly Schreber also had a mission, but he was so occupied by his own person that the
literalness in what he was saying constantly threatens to wrap the message around himself. The messages from Moses and St. Francis broaden our horizons. When we study Schreber’s message, we share his cell. It provides insights, is at times shamefully entertaining, but it does not lead to liberation.

In this transition from nerve rays to speech we find another interesting parallel to Freud’s idea construction—the observation is mine and not Freud’s. Until the end of his life Freud continued his construction of a metapsychology that used biological, topographical, and mechanical models. But the most important instrument in psychoanalysis is dialogue and consequently language. In the theoretical model the superego is somewhere at the top (like the sun and the primitive god!), but what it does in practice is speak— forbidding, encouraging, threatening, appealing, loving, hating.
God/the Sun speaks incessantly to Schreber, mostly in a sardonic, contemptuous, patronizing tone. He talks what Schreber calls *Grundsprache*, a somewhat old-fashioned German, which is semantically related to Big Brother’s Newspeak in Orwell’s *1984* (“War is peace,” etc.). God says “reward” when he means “punishment,” “poison” instead of “food,” ‘juice” instead of “poison,” and so on. One reason for this confusion is the ongoing conspiracy against Schreber from his chief medical officer, Dr. Flechsig. Flechsig performs as nerve, ray, and soul. In time, after Schreber imagines that his physician has died, he is seen as one of those “flüchtig hingemachte Männer” (“cursorily improvised men”) with whom Schreber populated his world after a disaster had emptied it of all life.
Schreber’s world is crowded with such improvised figures performing “miracles.” According to the semantics of basic language this word, too, must be understood as its opposite. Schreber’s body was subjected to all kinds of attack: decomposition, evisceration, suffocating spasms, and, especially, what he calls “soul division.” The well-read Schreber may have encountered this expression in August Strindberg, who in 1887 published an essay with that title in his book *Vivisection*—his prime example is Rebecca West, the same Ibsen character who fascinated Freud. Initially the one seeking to bring about Schreber’s soul murder is Flechsig. He does this by himself appropriating the rays intended for Schreber. In order to do this he has to start an almost vampire-like relationship with his patient. He uses the latter’s intellectual capacity only to let Schreber lie ("liegen lassen"), a recurring and extremely anxiety-
ridden concept of Schreber’s. While carrying out his depredations, Flechsig is driven by the Faustian motive of achieving immortality.

If one uses a thought process that was not included in Freud’s arsenal but was in Melanie Klein’s, this hallucinatory vampire relation may be seen as a form of jealous projective identification and reintrojection, which can only be understood as having its origin in the earliest relation to the mother. This whole dimension, however, is missing from Freud’s reading of Schreber.

At the beginning of the Memoirs God is portrayed as an inglorious figure—in his language, in his views, and in his attitude to human beings. He is infinitely distant and unable to enjoy the company of living beings. He understands only corpses. This is why Schreber tries to sit stock still for hours at a time. Nevertheless, at the start God tries to shield him from
Flechsig’s conspiracies. When Flechsig’s soul at some point breeds by sub-dividing in such quantities that it covers the whole sky like a net, preventing God’s rays from reaching Schreber, God carries out a raid, destroying them so that only one of Flechsig’s souls remains.

For Schreber longs for a union with God. The unpleasant realization that dawns on him, however, is that if he is to reach his goal he must give up his masculinity through a castration (the German word, Entmannung, has other meanings difficult to translate) performed by Flechsig.

The Grandiose Solution

Gradually Schreber begins to work out a solution to his terrible dilemma. By accepting his Entmannung and becoming a woman, he can receive God’s rays and become pregnant with a new and better species to
populate the earth after the disaster that has already wiped out all living things and replaced them with *flüchtig hingemachte Männer*.

One can say—and that is approximately what Freud does, though in other words—that Schreber tries to establish a “pure” paranoia with the help of a functioning split between the persecutor Flechsig and the good God. This split fails. The separated parties approach each other, and God is infected, primitivized, degenerating into the same wickedness as Flechsig, an evil spectacle with a large measure of foolishness. When you read Schreber’s presentation of the Lord, the Most High, you ask yourself whether it is God who is mocking Schreber or the reverse. Through this unholy mixture of good and evil, Schreber winds up in the psychotic bewilderment we call schizophrenia, where the good and evil objects are paired, becoming monstrously bizarre. In this
confusion the threat of castration or loss of identity become almost too much. “Almost,” since Schreber, by affirming his femininity, succeeds in making himself so attractive to God’s rays that they are attracted to him in great numbers. God becomes powerless, drained of energy!

He thus becomes not only the bearer of the Messiah, but he also makes the Father powerless. Many women will recognize this debatable method of winning double points. For the despairing Schreber this was a way out of the dilemma. He accepts his “Entmannung” and transforms the negative classification “non-man” into the positive classification “woman.” In this way he idealizes femininity and triumphs over God the Father.
The Inevitable Homosexuality and Its Fate

Now I have pointed out that Sigmund Freud is not Melanie Klein, in other words that he was a man and not a woman who could beget certain kinds of ideas about Schreber. It is time to move on to what Freud actually had to say about Schreber.

Freud focuses on the two main elements in Schreber’s psychotic world: his transformation into a woman and his role as God’s favorite. He sees it as his duty to show that these two elements hang together. He establishes that Flechsig and, later, God will take on the role of persecutor in Schreber’s hallucinatory world. At first he tries to present this paranoid relation in a simple formula: “The hated persecutor was once loved and respected.” In order to understand the origin of this idea in Schreber’s case, we would have to have more information about his family’s background. Freud regrets that Schreber’s family had obviously censored those passages in the
Memoirs in which he openly comments on his family relationships.

Nevertheless, it is clear to Freud that the purpose of the persecution delusion is to motivate the paranoid’s own emotional swings from love to hate. After his first breakdown, characterized by hypochondria and cured after 6 months with Flechsig, Schreber was full of gratitude to his physician. The second and much more serious breakdown was preceded by a dream in which Schreber saw himself as a woman in a state of constant sensual pleasure. Freud interprets the dream as a sexualized longing for the good father figure Flechsig.

This longing is frightening because of its homosexual bias; therefore, Schreber’s second period of illness, the one described in his book, is marked both by his homosexual longing and by his struggle against it. Its main theme is the fantasy of being a
woman and being sexually abused, ultimately by God. As we have seen, Schreber nullifies the narcissistic outrage his “Entmannung” implies by transforming it into a triumph. In omnipotent communion with God, Schreber succeeds in becoming reconciled with his persecutor.

The third chapter of Freud’s “Notes” is called “On the Mechanism of Paranoia” and is an attempt at a general understanding of paranoia. Freud is of the opinion that its core is an unacceptable homosexual desire. The most important cause of this homosexual desire is more universal than is paranoia itself, because it is naturally related to the normal, very early stage in our development that Freud calls the narcissistic. As infants we make ourselves, or parts of ourselves, into objects of our libidinous requirements. The narcissistic structure is homosexual by definition since it is borne by a libido, directed to ourselves, to a
person of the same sex. When we start out, we are all in this homosexual relationship. When we go on past the narcissistic state, this homosexuality meets different fates.

**Three Ways Out of the Primal Narcissism**

Three years later in his article on narcissism, Freud (1914d) went more deeply into these ideas. Now much later, during the last few decades, the question of healthy and unhealthy narcissism has been the focus of psychoanalytical thought. In his book on Schreber’s book, Freud confines himself to considering three forms of development:

1. Homosexuality is sublimated to a faculty for close contact with people of the same sex.
2. The development of manifest homosexuality.
3. Various forms of blocking threatening homosexual impulses.
If we start from men, which Freud always does when he is not expressly speaking of women, the homosexual impulse may be briefly expressed this way: “I love him.” If the paths to sublimation or manifest homosexuality are closed, the impulse may seem so threatening that it must be blocked. Freud notes some ways by which it can be warded off. One of them is paranoia; that was Schreber’s way. I will return to that shortly. Another way is erotic mania, which transforms the key sentence above into “I don’t love him but her.” Don Juan’s seduction compulsion, his pedantic cataloguing, may be interpreted as an unremitting, demonstrative control of a homosexual impulse: “Look at how many women I have captured—one thousand and three in Spain alone! Who could suggest that I have homosexual desires?”

Another way is pathological jealousy, which manipulates the key sentence this way: “I don’t love
him; she does.” The homosexual interest is now concealed behind a curtain of aggressivity aimed at the supposed rival. Behind the curtain of hate and suspicion, the erotic contact with the man to whom the jealous one feels his illicit attraction is unconsciously cultivated. The pleasing attraction is secretly fueled by the jealous one’s intensive commitment and attention. Still another way out is megalomania, which can also be detected in Schreber. The dangerously charged sentence “I love him” is denied and rejected, replaced by “I love no one but myself.” The amount of libido directed toward one’s own self becomes overpowering. The result is excessive self-esteem.

**Striving for Self-Cure**

The paranoid way out of the dilemma presents us with a more complex timetable. The key sentence with its homosexual threat was, as we remember, “I
love him.” In the paranoid process the next stage is prescribed by the defence mechanism we call reaction formation: “I don’t love him; I hate him.” This phrasing in its turn becomes problematical and goes through an additional transformation via a new defence, projection: “It is not I who hates him, it is he who hates me.” So Freud has provided a basic sketch not only for the dynamics of paranoid psychosis but also for our ordinary paranoia, including the ethnic.

We can interpret the initial change to hate as one of several possible ways of hiding the forbidden sentence “I love him.” But how are we to understand the projection “It is not I who hates, it is he”? Freud thought of the father as the original object of Schreber’s love. Dr. Flechsig entered this previously prepared space in Schreber’s inner world, the beloved father’s place. Freud regarded both the father and Dr. Flechsig as having been good figures originally. It can
be difficult to have to hate someone who has served one well; this is one of the complications in the series of paranoid changes Freud uncovers, which I have described above—it ranges from “I love him” to “I hate him because he is persecuting me,” with all its connecting links. Thus in Freud’s thinking there is the implication that anyone who takes the paranoid path in his unconscious regards it as easier to endure the conflict of ambivalence and the constant presence of persecution than to endure a homosexual longing, which includes a castration threat. Now “easy” is not at all a word to use in this context. Reading Schreber’s book provides its cheerful moments but on the whole it is a tour through circles of an inferno.

According to Freud the specific for paranoia is the change via projection: “It is not I who hates him, it is he who hates me.” But when at end of the third section of his book on Schreber’s book, Freud seeks
to go more deeply into his view of the central mechanism of paranoia—projection—the result is poor. Freud promises to return to the subject in a later paper. He never published a paper on projection. It is very probable that he wrote one in 1915 when he authored twelve metapsychological papers during one of his creative sweeps. Most of these, however, he rejected himself.

Lacking deeper insights into projective blocking, he tries to understand paranoia from his well-known concept of “repression.” This had been the guiding light for his understanding of hysteria, but it was of little help to him in his exploration of paranoia. For this reason I will not go into detail about this aspect of Freud’s reasoning in his “Notes.” I will content myself with giving an account of the extremely productive interpretation he achieves when, from his experience with the dynamic element in “the return of
the repressed” in neurosis, he demonstrates that the psychotic illusion also contains an effort at self-cure. The basic sequence in psychosis, according to Freud, may be arranged in this way: when the psychotic experiences pain in his contact with the world, he sets in motion a drastic withdrawal of his libido. The result of this is that the world is emptied, and the psychotic is faced with a catastrophic void. We all live in conflict between the price of closeness and the price of loneliness. For the psychotic this conflict is a matter of life and death.

Faced by the new threat, which has arisen when he withdrew his libido, the threat of total abandonment, the psychotic seeks to re-populate the empty world with the constructions of his own we call hallucinations: he tries to build a world on his own terms. In his book Schreber gives poignant examples of how he tries to repopulate this cleansed
world. When his wife fails to arrive at a planned visit to the mental hospital, the pain drives him to annihilate her in his mind. Since she can not be trusted, she may not exist any more. In the vacuum after her, he places one of his “flüchtig hingemachte Männer.” This figure is Schreber’s own creation so it is reliable. But because it is a part of himself, it is still another sign of his consuming loneliness. Thus is built the psychotic circle of omnipotent cleansing, hallucinatory peopling of the deserted country, and increased loneliness.

In defiance of his fragile theoretical assumption—the mechanism of repression—Freud propounds a revolutionary idea that changes the direction of the common views of psychosis. Freud regards hallucinations, illusions, and the almost incomprehensible actions linked to them—everything usually seen as the illness itself—as an effort toward
healing, toward self-cure. There is an ominous foreboding about these efforts because the psychotic continues to feel the tension between annihilation and megalomanic control. In psychoanalysis we have adopted this way of looking at things, and after Freud it has become deeper and more complicated. Out of this train of thought the essential question was born: What happens when a hallucinatory mental life, which is an attempt at self-cure through the establishment of a world of one’s own, however peculiar it may be, is suppressed by medication? The question is all the more topical the more those who hold an exclusively biological point of view in psychiatry come to recapture temporarily lost ground. It is an issue that ought to go on being of concern. Very much a topic current today, but it was already resident in the interpretation Sigmund Freud was able
to develop when in 1910 he met Paul Daniel Schreber’s “cursorily improvised” world.

**Annotated Bibliography**

There is an extensive literature on Daniel Paul Schreber’s life and work, on his father’s life and work, and on Freud’s analysis of his work. Here I will touch on only a quantitatively small portion of it; the most important of the part I am familiar with. For those who wish to go still deeper into the subject, I recommend the current and extraordinarily detailed reference list in the book by Zvi Lothane I comment on below.

The origin of it all is the book Daniel Paul Schreber published in 1903 and whose complete title is; *Denkwürdigkeiten eines Nervenkrankes nebst Nachträge und einem Anhang über die Frage: “Unter welchen Voraussetzungen darf eine für
geisteskrank erachtete Person gegen ihren erklärtren
Willen in eine Heilanstalt festgehalten werden.” The
English translation, Memoirs of My Nervous Illness,
was most recently published by Harvard University

This remarkable document might have
disappeared into oblivion if it had not been brought to
the attention of the world by Sigmund Freud who, in
1911, published Psychoanalytische Bemerkungen
über einen autobiographisch beschriebenen Fall von
Paranoia (Dementia paranoides).

The discussion of the “Schreber Case” was
revived from a completely different angle than
Freud’s when the psychoanalyst William Niederland
began in the 1950s to publish a series of articles that
were collected in 1974 in The Schreber Case:
Psychoanalytic Profile of a Paranoid Personality. (A
new enlarged edition was published in 1984.)
Niederland had taken the trouble to read Father Schreber’s books on child raising, orthopedic gymnastics, and his special blend of the two: the use of apparatuses to make the child sit and lie straight, not to masturbate, and so on. In Niederland’s version, the image of Father Schreber is of a constantly interfering, sadistically controlling, simultaneously seductive figure, well calculated to creating in his son the fear, longing, bewilderment, and highly private systems that are the marks of paranoia. Niederland thinks he is able to see the father’s orthopedic and gymnastics apparatuses—reproduced in his book—turning up as instruments of torture in Daniel Paul’s hallucinatory world. His version of the background to Schreber’s paranoia was to be the model for succeeding authors, including myself when I wrote my book *Sigmund Freud: Mannen och verket* (Sigmund Freud: The Man and his Work).
William Niederland himself was in no way a participant in the anti-psychiatric movement of the 1960s and 1970s and its ideological links to the youth revolution then in progress. But his data and his conclusions fit into the pattern of the strong protest of the time against a society that created illness, a society in which the family was the core. Several writers took up the family Schreber as a shocking example of an environment that can create psychosis. The greatest impact was delivered by Morton Schatzman in his book *Soul Murder*, published in 1973. Schatzman follows to the limit the thesis that Father Schreber was the instigator of his son’s psychosis, criticizing Freud for excluding that aspect. Another of his goals was to contribute to the critical examination of the child-raising ideology of that time, which he finds lacking in Freud’s presentation. He has been criticized for exploiting Niederland’s
data. A modern defence of Schatzman may be found in a book published in 1980 by the Dutch sociologist Han Israëls. It was published in English in 1988 under the title *Schreber: Father and Son*. I will not go into more detail about Israël’s book since I do not think it adds anything substantial to the discussion of Schreber.

On the other hand, it would be a mistake to ignore the most recent and up to now the most comprehensive and well-documented contribution to Schreber literature, Zvi Lothane’s *In Defence of Schreber: Soul Murder and Psychiatry*, from 1992. Lothane is a psychoanalyst and professor of psychiatry in New York. For his 500-page book he has read not only most of the primary and secondary material on the subject but has also gone to sources such as Father Schreber’s collected works, all the published articles of both Schreber’s physicians,
Flechsig and Weber, Schreber’s hospital journals, and so on. His book is indispensable for anyone who wants to go more deeply into the subject, but the reader runs the risk of getting lost in details, which from time to time conceal the main thesis Lothane is presenting and which the reader gets an inkling of as soon as he reads the title.

Lothane’s defence applies to both Father Schreber and his son. His research has not provided him with sufficient evidence to support his theories about the illness-producing father. He sees Moritz Schreber as a victim of a myth. It is consequently evident that he is hard on Schatzman but is considerably more gentle in his criticism of Niederland, although it was he who provided all of the basic data on the image of Moritz Schreber as a sadistic domestic tyrant. Neither does Lothane have any hard words to say about Freud, although his next defence, concerning Daniel Paul
Schreber, seeks to undermine both the basis for Freud’s reasoning—that Schreber was a paranoid psychotic—and Freud’s conclusion—that Schreber’s condition had its roots in repressed homosexuality. Lothane reasons as though he wants to exonerate Freud from an accusation, which may mean that he has not understood Freud’s view of homosexual desires as a general phenomenon that get their specificity from the individual’s way of dealing with them.

On the basis of his exhaustive research, Lothane sees in Schreber a man who is painfully engrossed by his love, his losses, and his legitimate striving for redress. Instead of a primal psychotic, Lothane sees a seriously depressive, masochistic person who is being subject to actual persecution and soul murder, not by his father, for that can not be proved, but by his physicians, by his wife, and by his mother, for this
can be seen in the hospital journal as well as in other places. Schreber’s paranoid tendency, which brought about his diagnosis, developed secondarily (according to Lothane) as an understandable reaction to the treatment he had to undergo when he was involuntarily interned in a mental hospital. Schreber was a victim of psychiatric assault, and his book is a defence paper written by a professional lawyer.

But do not the Memoirs bear the mark of a lunatic’s work? Lothane leaves open the question of to what extent Schreber in his book is setting forth an arranged insanity. Schreber may have been more the master in his own house than is indicated by a reading of his book, which is psychoanalytically sophisticated but naive from the point of view of literary criticism. In any case Lothane seems convinced that an attitude other than that of those around him could have helped Schreber more, though
when he makes this statement he seems to be assuming a combination of anti-depressive medication and psychotherapy that simply did not exist at that time.

A favorable interpretation on my part of the fact that Freud is spared the criticism that logically should follow Lothane’s change of Schreber’s diagnosis might sound like this: Lothane wants first and foremost to point to the diagnosis of paranoia as an instrument of the psychiatric tyranny Schreber was subjected to. But Freud was not involved in that tyranny; he was not involved at all with Schreber as a person. He analyzed a text and that text is paranoid, whether it is produced by consciously metaphorical writing or by a genuine delusion. Consciously metaphorical writing must also have its origins in genuine layers of the author’s unconscious if it is really to meet a receiver. If his text conveys insanity,
it does so in contact with the author’s genuinely insane sides. If one accepts this train of thought, it is possible to see a text as a perfectly valid starting point for analyses of the type Freud carried out from Schreber’s *Memoirs*. The text is psychoanalyzed but not its author—in the way it is done in a certain type of psychobiographies, rightly criticized—for the perfectly obvious reason that the analyst has access to the whole text but not on that account to the whole author. Naturally the analyst does not have access to the “whole analysand,” even if they meet for many years. That the outcome of the text analysis may—and ought—to be questioned is another matter.

Zvi Lothane does not present this line of reasoning, and it may not be his. On the other hand, it is mine, and it is linked to one of the main themes in my Schreber article: the question of the requirements for psychoanalyzing a text.
Where the Horsetails Grow as High as Palms: The Case of the Wolf Man

Andrzej Werbart

Part I

“I am the Most Famous Case”

Ladies and gentlemen! Honored audience! We are gathered here tonight to study together what is the most famous and perhaps most instructive of Freud’s cases in the history of psychoanalysis, the analysis of Sergej Konstantinovich Pankejev, who went down in history under the sobriquet “The Wolf Man.” We have a difficult task before us. What has brought us
together is our common interest in the case. I will, however, disappoint you and only partially satisfy your curiosity. Certainly in this case history we find some of the core ideas of psychoanalysis. But they are difficult notions, sometimes even obscure. Today, as in 1918, when Freud published his essay *From the History of an Infantile Neurosis*, they stir up criticism and opposition. We will follow Freud’s detective work. At the resolution of a good detective story all the pieces of the puzzle should fall into place and all the questions should be answered. But a mystery tale that leaves no room for new questions and attempts at individual guesses is flat, thereby leaving us untouched. Freud’s account of the Wolf Man case
will hold us spellbound because of its elegance and its unpredictable twists and turns. Life goes on from the point at which every detective story ends. In the case of the Wolf Man the preliminary investigation lasts for his entire life on earth, and even afterwards.

“I am the most famous case. So he must observe me to the very last moment,” said the Wolf Man in one of the interviews with him in the 1970s (Obholzer 1982, p. 175).

Now this is more than a detective story; we will also get a glimpse into an archaeological excavation. The case of the Wolf Man has many strata: Freud’s
original account of his first and second analysis of Pankejev; Freud’s later commentaries; Brunswick’s continuation of the analysis and her own account of it; Freud’s and Brunswick’s discussions together of the case, traces of which I believe I have found in a document written in 1940; the Wolf Man’s accounts at various periods of time; and his own life as the embodiment of a myth of himself as Freud’s most famous patient. The Wolf Man is surely the world’s best documented analysand. We do not suffer from a lack of sources; if anything there is a superabundance of source materials, which taken together add up to an almost seventy year follow-up of the case. Several analysts went on treating or interviewing Pankejev up to his death in 1979: after two analyses with Freud he was twice in analysis with Brunswick. Muriel Gardiner (1971) maintained contact with him for a half century. The number of psychoanalytical articles
on and references to the case is incalculable. The material unpublished to date is even more impressive. In 1955 the psychoanalyst Frederick S. Weil did a Rorschach test, which according to the Wolf Man himself, confirmed the diagnosis of obsessional-compulsive neurosis (Gardiner 1971, p. 363, Obholzer 1982, p. 155). Kurt Eissler, during his tenure as director of The Freud Archives, made tape recorded interviews daily for one month every year for 15 years. Pankejev himself supplied several depositions and kept up an extensive correspondence with a number of famous analysts. In a series of interviews, a young journalist, Karin Obholzer, got the Wolf Man practically to repudiate psychoanalysis. At the same time, perhaps unintentionally, she has documented how the Wolf Man’s neurosis lasted his whole life, especially in his financial activities and in his relations to women and to authority. Finally, we
have my own attempt to compile an intelligible and interesting selection out of these riches. These different layers lie on top of each other and form sediments that were laid down at different periods in Pankejev’s life, in Freud’s development and that of psychoanalysis, in the dramatic course of events in world history. Every new stratum is a re-interpretation of the earlier ones. You can with reason object: Is it not the avowed specialty of psychoanalysis to study such deposits, to distinguish different strata from each other, to date them, to reconstruct the hidden course of events? Certainly this archaeological activity is the everyday occupation of the analyst in his dialogue with the analysand. When there is an attempt at popularization, however, the problem is that questions multiply and everything may get muddled. What if the explanation of the case was wrong? What
if the crime was committed by someone else? Or if it was another crime that was committed? In the end we are forced into flagrant over-simplifications in order to preserve something of the original clarity of the case.

My intention is not to present a new discussion of the case, still one more re-interpretation, or to present sensational new revelations. Efforts of that kind have been made by many before me who were perhaps better suited to the task. But they have all come up against the same difficulty—even if both the analyst and the analysand were alive, the unique pair who once met in analysis no longer exist. The only thing I can do here is to give a general, if selective, orientation to the case. To tell the truth, it is exactly this limitation that makes it possible for us, so many of us, to gather in a group to look at the most intimate of secrets, the secrets of the psychoanalytical
consulting room and the bedroom. We would never have come here today if we did not have the same latent desire to witness, without being involved, parents in an intensive, incomprehensible, seductive, frightening embrace—what Freud calls the primal scene. Neither would we have come here today if we had not been able to sublimate this desire, move it to a higher level of human culture.

What I am interested in here is to provide through the “Case of the Wolf Man” an orientation to some of the pivotal themes of psychoanalysis as they were formulated by Freud: the importance of childhood sexuality; childhood neurosis as a first version of later neurosis in adult life; the primal scene and primal fantasies, that is, the inner, psychic consequences for the child of witnessing his parents’ coitus or fantasizing it. The case also provided clinical confirmation of the ideas about our psychic bisexual
nature formulated by Freud at an early stage in cooperation with his friend Fliess: primary feminine impulses played a determining part in the development of the Wolf Man’s neurosis (Strachey, Editor’s note, in Freud 17, p. 6). Moreover this case history is an application of Freud’s basic ideas about the nature of psychic reality and of psychoanalytical knowledge, together with the possibilities and limitations of the psychoanalytical cure. As time goes by, it turns into a starting point for further development. The case of the Wolf Man was perhaps the psychoanalytical treatment from which Freud learned most, especially from his mistakes, shortcomings, and doubts. To give one example: it is from his work with the Wolf Man that Freud (1914e) developed the idea of transference neurosis, the compulsion to repeat, and working through in his
The essay, “Remembering, Repeating and Working-Through.”

**The Person, the Myth, and the Psychoanalytic Construction**

The name “Wolf Man” has an archaic, almost mystic ring. It may make us think of the werewolf, of the idea that there is a wolf in every person, of the Latin proverb *homo homini lupus est.* But there was a simple reason why he got the name: his irrational fear of wolves and his famous wolf dream. Nevertheless we can not overlook our associations to the name. They say something—about the primordial, secret, dangerous side of each and every one of us. In one of his last notes, July 12, 1938, Freud writes: “With neurotics it is as though we were in a prehistoric landscape—for instance in the Jurassic. The great saurians are still running about; the horsetails grow as high as palms” (1938b, p. 299). Let us now descend
together to this landscape with Freud and the Wolf Man as guides. Is it at all possible for us to comprehend what we see there? What deeply buried emotions will we discover? What form of rationality do we have to have in order to understand, describe, explain what we will encounter?

Over the years a number of myths have grown up around the Wolf Man. Ernest Jones (1955, p. 308), Freud’s official biographer, describes the Wolf Man’s meeting with his future analyst at the beginning of February 1910: “[H]e initiated the first hour of treatment with an offer to have rectal intercourse with Freud and then to defaecate on his head.” In a footnote Jones refers to Freud’s letter to his colleague Sándor Ferenczi dated February 13, 1910. Closer inspection of this letter proves that Jones’s description was a distortion. Freud writes that the new patient “admitted the following transferences to
me after the first session: Jewish swindler, he would like to use me from behind and shit on my head” (Gay 1988, p. 306, Freud and Ferenczi 1993, p. 138).

Jones takes fantasy for reality, wish for action, anti-Semitism for psychopathology or perversion.

The Wolf Man is both a solid, named person, Sergej Konstantinovich Pankejev and a psychoanalytical construction from Freud’s and Brunswick’s case histories—and a myth. Pankejev gradually became the bearer of a psychoanalytical myth, trying to live up to his role as Freud’s most famous case. He even mixes the “case” up with himself as a living person. The last years of his life Pankejev was so identified with the Wolf Man that according to Obholzer, he answered the telephone with, “Wolf Man here.” This confusion with the Wolf Man may be considered a sign of his resistance to analysis, a resistance that during the final phase of his
life led him to repudiate psychoanalysis. The Wolf Man’s life story is also a modern drama of an individual’s fate in a Europe struck by a series of historic disasters and revolutionary changes, a drama of a person whose whole life was marked by stereotyped repetitions of early childhood experiences, what Freud called “life neurosis.” It is also a drama of the transformation of psychoanalytical knowledge from sensational discoveries to mass media dilution and trivialization.

Here I will first of all talk about the Wolf Man, trying to keep separate this psychoanalytical construction or model—this “mystical person,” a figure in the psychoanalytical narrative—and the living patient who was in analysis with Freud. The account of the Wolf Man may be seen as a substantiation, a version of another psychoanalytical story, that of the primal scene. In conclusion, I will
call attention to the father’s presence and the mother’s absence in this account, that is, the sum of what we in psychoanalysis call the pre-oedipal problem. This problem is embodied in another version of the primal fantasy: to be absent at parents’ coitus, to prevent their union, to keep them apart, and to fear castration not from the father’s side but from the mother’s.

**Sergej Konstantinovich Pankejev**

But let me begin with Sergej Konstantinovich Pankejev. He was born to one of the wealthiest landowners in southern Russia on Christmas Eve, 1885, according to the old Russian Julian calendar, or January 6, 1887, according to our Gregorian calendar. During his first years the family commuted between their estate on the banks of the Dnieper and their summer residence in Tyerni a few miles from there. Sergej and his 2½ -year-old sister Anna were brought
up by a series of nannies, governesses, tutors, and servants. His mother was a hypochondriacal, jealous, devout woman, clearly incapable of close contact with her children, but she did translations from English and painted. His father, a lawyer and a well known Western-oriented politician, a so-called zapadnik (as opposed to the Eastern-oriented, Slavophiles), active in the constitutional democratic party and publisher of a liberal monthly magazine Southern News, was manic-depressive and periodically spent several months at a time in various sanatoria. In his adult life, Pankejev took over his parents’ artistic and literary interests. The most important person of his childhood was his Nyanya, the nanny, a farm girl from the days of serfdom. She had been married in her youth; her son had died in infancy, and all of her love for the dead son had been transferred to Sergej. His sister Anna, a precocious,
gifted, lively girl, was to play an important role in his life.

Sergej came close to death from pneumonia at the age of 3 months, and contracted malaria when he was 1½ years old. A pivotal event in his childhood occurred when at the age of 3½, after his English governess, Miss Owen, arrived at the estate, he changed from a quiet, almost phlegmatic child into a nervous, irritable boy who had several serious tantrums. She was replaced by Fräulein Elizabeth, a Bulgarian, who used to read from the Brothers Grimm in the evenings. On the night before Christmas Eve, 1890, he dreamt the dream about wolves that gave him the name Wolf Man. When he was 5 the family moved to Odessa, a multinational metropolis with a mixed population of Russians, Ukrainians, Greeks, Georgians, Armenians, and Jews.
The new governess was French, Mademoiselle, who read to the children from French books.

Attention was called to Sergej’s difficulties when he became depressed at the age of 18 after having had gonorrhea. During the next few years he traveled around in great luxury through the double monarchy Austria-Hungary and Kaiser Wilhelm II’s Germany. He was often accompanied on these journeys by his personal physician and a servant. Traveling with his mother and sister, he first visited Berlin in the company of a young student of Swedish extraction, a certain Hasselblad. There he met Anton Hasselblad, a relative of the student’s and a professor of psychiatry. Diagnosing puberty neurosis, Dr. Hasselblad recommended a trip abroad. Sergej’s condition improved during a sojourn in Italy. A relapse occurred in 1906 after his sister unexpectedly committed suicide by ingesting mercury during a trip
to the Caucasus. Sergej, who had had “a very deep, personal, inner relationship [to Anna], and whom [he] had always considered as [his] only comrade,” sank into a state of the deepest depression, which often increased to “the intensity of physical pain” (Gardiner 1971, p. 25). This was followed by a compulsive brooding over whether he should begin to study at the faculty of law as he had originally planned or change to the natural sciences. He finally realized that his plans were related to his dead sister who had been interested in science, and he moved to the home of an uncle in St. Petersburg and began to study law. His shyness, his difficulties in making contact with people, his lack of enterprise, and his depression became worse and worse: ‘There was too crass a contrast between the pulsating life around me and the bottomless, unbridgeable gulf of emptiness within myself’ (Gardiner 1971, p. 43). On his father’s advice
he was examined by the distinguished neurologist, Professor Bechterev, who diagnosed neurasthenia and recommended hypnosis. During the first and only hypnotic seance they had together, Bechterev tried to suggest to Sergej that he persuade his father to give up his plans to build a hospital for mental disorders in Odessa to the memory of Anna and instead donate money to Bechterev’s planned neurological institute in St. Petersburg.

During the next few years Sergej visited a succession of sanatoria for nervous disorders and was treated by the foremost specialists of the day, Theodor Ziehen in Berlin, Emil Kraepelin in Munich, and others. Kraepelin had previously treated his father and diagnosed both as manic-depressive and suffering from “sickness of the will.”

At the treatment institute Neuwittelsbach near Munich where Sergej came at the Kraepelin’s
suggestion, he fell in love in 1908 with a nurse, Sister Therese (and I would like to emphasize *sister*), a divorced woman a few years older than he with a daughter named Else. What took place on this occasion was to be repeated during the rest of Pankejev’s life. He felt sometimes repelled, sometimes attracted by the woman, and a series of dramatic farewells and reunions began. Both his family and his physicians were strongly opposed to this relation. Pankejev repeatedly traveled the route between Odessa and Germany, tried to free himself from Therese, and found he could not live without her. Pankejev’s depression deepened after his father’s death in 1908, which probably was caused by an overdose of the sleeping potion Veronal. That summer he began painting on his own; in his later years this was his favorite hobby.
He was also treated for a time in Odessa by Dr. Leonid Drosnes, who had read an article about Freud by Dr. Moshe Wulff and had become interested in psychoanalysis, but he also mixed Freud up with the prominent Swiss psychotherapist, Paul Dubois, who tried to cure “imaginary invalids” by efforts of will and re-education. Drosnes told Pankejev that there was a certain Professor Freud in Vienna who had invented a miraculous method called psychoanalysis (Obholzer 1982, p. 30): “[H]e believes that some childhood experience, a trauma, is the cause of an illness. And if one remembers this event, one gets one’s health back. In five minutes.” After an unsuccessful attempt to carry on psychoanalysis Drosnes suggested that together they should take a trip around the world. His next suggestion was that he, Pankejev, should consult Freud personally in Vienna or Dubois in Bern. In January 1910 a party
consisting of Pankejev, Dr. Drosnes, and a young medical student, T., who came along to give Pankejev enemas and act as the third man in a Russian card game, arrived in Vienna—on the way to Bern. Freud had had a previous contact with Wulff in Odessa, who had received his psychoanalytical training in Berlin and who knew the Pankejev family well, and also with Dr. Osipov in Moscow. The Russian Psychoanalytical Society was founded in 1911 by Drosnes, who brought the Wolf Man to Freud, Osipov, and Wirubov.

Freud made a strong impression on Pankejev. What decided him against traveling on to Dubois was the fact that Freud had a positive attitude toward his relationship with Therese, which he regarded as a “breakthrough to the woman.” Furthermore he obviously succeeded in strengthening his patient’s wounded self-esteem, appealing to his self-love. In
My *Recollections of Sigmund Freud*, signed by the Wolf Man, we read the following:

When I told Freud about my doubts and brooding as a child, his opinion was that “only a child can think so logically.” And once, in this connection he spoke of a “thinker of the first rank,” which filled me with no little pride, since in my childhood I had suffered from competition with my sister, who was two and one half years older than I and far ahead of me. [Gardiner 1971, p. 139]

At Pankejev’s request, after several months of analysis, Freud gave him permission to visit Therese. But a couple of years passed until he tried to locate her. With the aid of a detective agency he found her in Munich, where she was the owner of a little boarding house she had bought for money he had sent her earlier. She was utterly worn out from her separation from him. Pankejev promised to marry her, and Therese accompanied him to Vienna. After
more than 4 years in analysis with Freud, Pankejev left Vienna for Odessa a couple of weeks after June 28, 1914, the day the shot in Sarajevo killed the Archduke Francis Ferdinand, kindling the spark that set off World War I. In spite of the outbreak of war, Therese managed to reach Odessa via Rumania and there the pair were married. For the next few years Pankejev tried to study law in Moscow, which at least from time to time freed Therese from the constant conflicts with her mother-in-law and the rest of the relatives.

The great historical events had little influence on Pankejev’s life. The first World War had up to now taken place far from Odessa, but the fall of the Czar in March and the October Revolution in 1917 led to armed conflicts in the city. In the spring of 1918 German and Austrian troops marched into Odessa. Pankejev followed after his wife Therese who had
gone to her seriously ill daughter in Munich. When he left the city Odessa was in the hands of the English and French. A few days after his departure the city was occupied by the Red Army. On the way to Munich he visited Freud in Vienna. Freud gave him a signed copy of a volume of collected essays that included the newly published case history “From the History of an Infantile Neurosis.” Freud recommended a short renewed analysis for “a piece of the transference which had not hitherto been overcome” (Freud 1918, p. 122). A few months later he began his second analysis with Freud. It lasted for 4 months, from November 1919 until February 1920. The symptom picture was dominated by a type of hysterical constipation from which he had previously suffered. The Wolf Man was now more or less destitute. “My reanalysis in 1919 took place not at my request, but at the wish of Professor Freud
himself. When I explained to him that I could not pay for the treatment, he expressed his readiness to analyze me without remuneration,” he writes in a 1970 letter in answer to Gardiner’s questions (Gardiner 1971, p. 142n). This analysis was later followed by an analysis with Ruth Mack Brunswick, which, except for a few long intermissions, went on from 1926 to 1938. In 1927, in Brunswick’s waiting room, he met another of her analysands, Muriel Gardiner, who later became one of the Wolf Man’s students of Russian language. She followed the trail of his fate in several publications, among them the book, *The Wolf-Man, by the Wolf-Man* (Gardiner 1971).

Pankejev could not return to the Soviet Union since he had missed his chance to save his fortune during the civil war. Destitute and stateless, he succeeded in finding employment in an insurance
company, where he stayed up to his retirement in 1950 in an environment not too different from Kafka’s. Once again the great events of world history seemed to pass him by. In connection with *Anschluss*, Hitler’s march into Austria on March 11, 1938, by taking some risks, he saved tax documents of the *Psychoanalytischer Verlag* from falling into the hand of the Nazis (Obholzer 1982, p. 157). A few days later his wife, Therese, committed suicide by turning on the gas jets, which he believed had to do with Hitler. Therese left a message for her husband, one line of which read, “Marry a decent woman and go to Sister” (Obholzer, p. 110). ‘The question kept hammering away in my mind: How could Therese do this to me?’ the Wolf Man later recalled (Gardiner, p. 122).

Gardiner, an American citizen, helped him to get a Nansen passport for stateless people and a visa so
that he could travel to Paris and London to seek help from his former analyst, Brunswick, then a refugee from Vienna on his way to the United States. This arrangement would not have been possible without assistance from Marie Bonaparte, the princess of Denmark and Greece. She was one of the people whose intervention saved Freud, some members of his immediate family, and a number of psychoanalysts of Jewish birth from the Holocaust. Freud, who previously had not wanted to leave Vienna, gave in with the comment, “After the destruction of the temple in Jerusalem by Titus, Rabbi Jochanan ben Sakkai asked for permission to open a school at Jabneh for the study of the Torah. We are going to do the same” (Jones 1957, p. 236). Freud died in London on September 23, 1939, after Max Schur had given him a morphine injection. Four of his siblings were gassed to death in concentration
camps: his sisters Rosa, Marie, Adolfine, and Pauline, who did not receive permits to leave Austria. Pankejev’s own life story thus mingles with the winds of psychoanalysis and world history.

Pankejev visited Brunswick every day for a period of 6 weeks, first in Paris and later in London. Back in Vienna, he had arranged things so that his mother, who was living in Prague, could share an apartment with him and fill the void left by Therese’s death. They lived together for the years up to her death in 1953. He was very close to his mother, and in his letters to Gardiner (1971) he always spoke of “we,” meaning by that his mother and himself (p. 335).

The Wolf Man told Gardiner that both Freud and others had been surprised that the change from living in unparalleled riches to enormous poverty had meant so little to him. He explained (p. 346): ‘This was
because it was simply something that happened to me…. I was not responsible for it. I did not have to worry whether I had done something wrong; I did not have to feel guilty. We Russians are like that.” (He could just as well have said “we obsessionals.”) In an addendum to the case history written in 1923, Freud (1918) makes this comment about the Wolf Man’s state of mind after the analysis and World War I: “Since then the patient has felt normal and has behaved unexceptionably, in spite of the war having robbed him of his home, his possessions, and all his family relationships. It may be that his very misery, by gratifying his sense of guilt, contributed to the consolidation of his recovery” (p. 122). This seems also to have been repeated during World War II. Gardiner (1971) observes that at the end of the war the Wolf Man was in relatively good physical health, and his mental state seemed to have been improved
by the hardships of the war years, in spite of the fact that he and his mother almost died of hunger (p. 315).

During the Allied occupation of Vienna, in the summer of 1951, Pankejev managed to stray from the American sector into the Soviet sector and was arrested as he was painting a landscape (Gardiner 1971, p. 326, Obholzer 1982, pp. 160ff.). This parapraxis occurred on the anniversary of his sister’s suicide (Mahony 1984, p. 17). He was suspected of being a spy and was interrogated. This triggered a temporary paranoid reaction; he felt that he was under observation and was being shadowed, and against his better judgment he could not rid himself of an irrational idea that he was guilty of espionage. Painting was his favorite recreation and his greatest joy, though this did not at all mean that this pastime was free of conflict for him. For long periods he suffered from a contracture of his right hand that
made it impossible for him to practice his art and avail himself of the only channel for sublimation that was accessible to him. For him painting seems to have been a sexualized occupation, that is, a way to continue observing his parents’ union in the primal scene. In a letter to Gardiner (1971) he wrote, “Nothing…can be of greater value to a young person than a love of nature and understanding of natural science, particularly animals. Animals played a large part in my childhood also. In my case they were wolves” (p. 316).

**Freud as Detective**

The 23-year-old man who went down in history as the Wolf Man began his analysis with Freud in January 1910. It was initiated in a clinic in Vienna where the Wolf Man was at first staying. He was then, according to the oft-told version, so handicapped by his anxiety and his phobias, so unfit for life, that he
even needed help to get dressed. In a letter to Ferenczi, Freud wrote, “As a consequence of your impressive exhortation to allow myself some rest, I have taken on a new patient from Odessa, a very rich Russian with compulsive feelings” (Freud and Ferenczi 1993, p. 133, Gay 1988, p. 304). The analysis then continued in Freud’s consulting room at Berggasse 19, three work rooms crammed with antique figurines, objects from excavations, and archeological literature. Sometimes this address has been compared with another, a fictional address, 221B Baker Street. From a literary standpoint, Sherlock Holmes’ accounts of the crimes he solved is scarcely superior to Freud’s case histories. For both of them it proves to be the seemingly insignificant things, details overlooked by others, which eventually betray an unexpected, hidden connection. In both cases the history develops along a spiral running from
provisional hypotheses through false clues to new hypotheses, until all the details fall into place to form a whole. In 1952 the Wolf Man looks back on his time with Freud:

Once we happened to speak of Conan Doyle and his creation, Sherlock Holmes. I had thought that Freud would have no use for this type of light reading matter, and was surprised to find that this was not at all the case and that Freud had read this author attentively. The fact that circumstantial evidence is useful in psychoanalysis when reconstructing a childhood history may explain Freud’s interest in this type of literature. [Gardiner 1971, p. 146]

The Wolf Man, well acquainted with literature, further points out that Sherlock Holmes’s spiritual father was Edgar Allan Poe’s Monsieur Dupin. He does not omit mention of Marie Bonaparte’s psychoanalytical study of Poe, emphasizing that Dupin was endowed by his creator with an unerring “analytical gift” of “arriving at the most extraordinary
conclusions by means of exact observation of human behavior and weighing all the circumstances” (1971, p. 146f).

**Some Peculiarities of the Case**

The first analysis with Freud lasted for 4 years and 4 months, which was a long time in those years. Probably the Wolf Man’s analysis is the longest one Freud ever carried out. The case was reported by Freud in his essay “From the History of an Infantile Neurosis,” written in the autumn of 1914 from notes made during the course of the analysis and not published until 1918. Despite the patient’s explicit request, Freud refrained from giving a complete report of the patient’s illness in his adult years, his treatment, and his recovery. His case history concerns an infantile neurosis that was not analyzed while it was actually in progress, but two decades later. One of the purposes of Freud’s case history was to collect
clinical arguments for his polemic with Jung and Adler, who denied the importance of child sexuality in the formation of neuroses. Another of his goals was related to psychoanalytical research: a study of a single case, done “in depth,” could give us all information about the human psyche’s driving forces —“if we were only in a position to make everything out,” Freud declares (1918, p. 10). The reason that the Wolf Man’s case was so interesting to psychoanalytical research was the same that caused Freud to wait 4 years to make his investigation public: “Many details, however, seemed to me myself to be so extraordinary and incredible that I felt some hesitation in asking other people to believe them” (1918, p. 12). Detective stories often begin this way. Toward the end of his account Freud writes: ‘The description of such early phases and of such deep
strata of mental life has been a task which has never before been attacked” (1918, p. 104).

Another peculiarity that distinguishes this analysis is that Freud made use of such an un-analytic intervention as to resort to “the heroic measure of fixing a time-limit” (1937a, p. 217), that is, setting a date for the termination of the treatment. If the psychoanalytical process is to develop and have an influence, the analyst needs to refrain from short-term therapeutic ambitions. But what should be done when the patient shows signs of what we today call a negative therapeutic reaction? For a long time the Wolf Man was entrenched behind an attitude of obliging apathy. Every time something was cleared up, the patient responded by a worsening of the symptoms that had just been clarified. Freud, who often compared psychoanalysis with a chess game, prepared his move carefully. He waited until the Wolf
Man’s attachment to him was so strong that it could counterbalance his reluctance to take up an independent existence, and then he played the one factor against the other (1918, p. 11). He fixed the date for the end of the treatment for the summer holiday, 1914, regardless of how far the analysis had advanced by that time. When the patient finally realized that Freud was serious, he gave up his fixation to his illness. In a disproportionately short time the analysis provided all the material necessary to clear up his inhibitions and remove his symptoms. When the time came for “the heroic measure of fixing a time limit” to be put into effect, Freud considered the Wolf Man cured.

According to the Wolf Man, Freud told him that a present in connection with the last session might make feelings of gratitude less strong. The Wolf Man gave him an antique Egyptian statue of a princess.
Freud also said that one can be well after analysis, but that one must want to become well. “It’s like a ticket one buys. The ticket gives one the possibility to travel. But I am not obliged to travel. It depends on me, on my decision” (Obholzer 1982, pp. 42ff; the same description is given by the Wolf Man in Gardiner 1971, p. 148).

**The First Presentation of the Case**

The case history begins with the character change that began when the boy was 3½ years old, and his parents were away on a summer holiday. Up to then the Wolf Man had been a good-natured, accommodating, quiet child. It was often said of him that he should have been the girl and his elder sister the boy. When his parents returned to the estate they found him transformed: he had become discontented, irritable, and violent. At the slightest offence he could scream like a savage. He tormented both animals and
humans, and was in general demanding and provocotive. His frightening and sexually exciting masturbation fantasies included punishments by blows on his penis. His mother ascribed the transformation to the influence of the new English governess, but according to Freud the aggressivity was a reaction to castration anxiety. It was actually a form of masochistic provocation aimed at evoking a punishment consisting of being beaten on his bottom. He longed to be beaten by his father and tried to bring on corporal punishment by screaming and exhibiting generally insufferable behavior.

A new change occurred with the wolf dream on the night before Christmas Eve, 1890, his fourth birthday. The sadism toward animals decreased, and he developed an animal phobia centering around wolves, but also small animals like butterflies, which he had formerly tortured. He was terrified and
disgusted by beetles and caterpillars, even though he still tortured beetles and cut caterpillars into pieces. If he saw a horse being beaten he began to scream, but on other occasions enjoyed beating horses himself.

The next phase in the boy’s development started when he was 4½ years old, and both his mother and Nyanya began his religious education. His earlier animal phobia was now replaced by a compulsive piety. Before he went to bed he was compelled to say the “Our Father,” make the Sign of the Cross, and kiss all the icons hanging in the room. The Wolf Man, born on Christmas Eve, identified with Jesus’ suffering. He puzzled over whether Jesus had a bottom and had to defecate, who his father was, and how a father could let his son be crucified. He smuggled with compulsive ideas like “God-swine,” “God-shit,” and developed compulsive rituals during which he inhaled or exhaled deeply when he made
the Sign of the Cross so as to take in or throw out the Holy Spirit. His Nyanya had earlier been accustomed to saying that he was his father’s boy and his sister his mother’s little girl, which made him very happy. But gradually the boy noticed that his father favored his sister more and more. Fear of his father replaced his earlier feeling of being his father’s chosen son.

Shortly before his fifth birthday the Wolf Man had a hallucinatory experience. When he told Freud about it, he was firmly convinced that he had already talked about it. He believed he had cut off his little finger with a pocket knife he had received as a present, and he saw it hanging on by only a strip of skin. When Freud (1918) describes this, he asks in parentheses: Was it the right hand or the left? (p. 85).

This period of compulsive piety came to an end upon the arrival of his first male tutor, Alexander Dick, of Dutch extraction, when he was between the
ages of 8 and 10. Thanks to Alexander Dick’s successor, the Austrian Herr Riedel, the Wolf Man became interested in the military. Through his friendship with his new teachers and his newly awakened interest in the masculine world, he was able to find a channel for sublimating his previous conflictual love for his father. In his teens he liked big-bottomed servant girls. He also made an advance toward his sister, trying to put into action his fantasy of undressing her, but was rebuffed. From his fifteenth year he was able to hide his passive homosexual desires behind intensive sexual relations with servant girls and a better type of prostitutes.

When at 18 he was infected by gonorrhea, his castration anxiety was activated, and his repressed homosexuality returned, accompanied by a paralyzing passivity—and so his adult neurosis made its debut. In interviews with Obholzer (1982, pp. 28-
29) the Wolf Man said that earlier in his life he had also had bad luck with his penis. When he was 8 years old, he was bitten by a tick, and his male member reddened and swelled; a servant removed the tick “in some way.” At the age of 15 there were new problems with itching, reddening, and swelling. His father said it must be gonorrhea but it turned out to be a harmless infection.

After presenting the case to us, Freud (1918) formulates “the riddles for which the analysis had to find a solution. What was the origin of the sudden change in the boy’s character? What was the significance of his phobia and of his perversities? How did he arrive at his obsessive piety? And how are all these phenomena interrelated?” (p. 17). These questions will soon prove to be only preliminary. As with every preliminary investigation, new and unexpected questions turn up during the course of the
task. The case we are to solve will be about something completely different than we thought. A masterful story teller, Freud can keep us in suspense all way to the last footnote on the last page of the story.

The Preliminary Solution of the Riddle: Seduction and Its Immediate Sequels

The culprit in the case of the boy’s transformation seemed to be the English governess, Miss Owen. High strung and quarrelsome, she drank and was involved in repeated conflicts with the boy’s beloved Nyanya. But there was something that did not add up. A number of the patient’s memories might be interpreted as signs that the governess had made castration threats to him, and that this had fateful consequences: his character change and abnormal development. It is not at all dangerous to give the patient constructions of this kind, even if they should
prove to be inaccurate, Freud assures us. This first hypothetical interpretation resulted in a series of dreams, seemingly centering around the same theme, that is, aggressive acts against the governess and his sister, and severe punishments for them. Was the construction correct? Repetitions of these dreams and their vague nature, which was not affected by the analysis as it continued, was according to Freud evidence that they were not genuine memories but rather pubertal fantasies of childhood, which now emerged in the form of dreams. But where then did these teen-age fantasies come from?

The explanation came when the patient began to remember how his sister, more than 2 years older than he, tried to seduce him. He was then 3 years and 3 months old. His first memory was fairly innocent. The children were on the toilet when his sister suggested, “Let’s show our bottoms.” Later another
scene came to light with more details as to time and place. They were playing on the floor when she took hold of his penis and began playing with it. At the same time she told him that Nyanya did the same thing with all kinds of people, for example, that she used to stand the gardener on his head and then take hold of his genitals. The scenes with his sister occurred repeatedly, and the credibility of these memories was confirmed by a cousin who was 10 years older. In these memories the boy was the one seduced. This laid the foundation for his predominant passive sexual goal: to have his penis touched. But in the boy’s teen-age fantasies it was, on the contrary, he who was aggressive, trying to undress his sister and being punished for his advances. The fantasies had an important function, that is, to transform into its opposite the passive role he had really played with his sister. Here Freud (1918) takes a leap that is
characteristic of his style, a jump from the most private to the general, from the intimate secrets of the individual to the political scene: ‘These fantasies, therefore, corresponded exactly to the legends by means of which a nation that has become great and proud tries to conceal the insignificance and failure of its beginnings” (p. 20).

Now we have come to the second hypothetical answer: It is not the English governess but the sister who has had been of crucial importance in the change in the boy’s character. His sister was a boyish, headstrong, over-endowed girl who gradually developed signs of incipient schizophrenia and committed suicide when she was in her twenties. In the boy’s mind, his sister, with her inconsiderate superiority, won the competition for his father’s favor. From then on, all the women he fell in love with were both socially and intellectually inferior to
him, often prostitutes. As the Wolf Man, toward the end of his life, told Obholzer, they had to be not sisters, and preferably should accept payment. The patient told Freud that he did not feel the least grief after his sister’s suicide. A few months later, however, he journeyed to the same sections of the Caucasus and burst into tears on Lermontov’s grave (Halpert 1980). Lermontov, one of Russia’s greatest poets (of Scottish descent, with the family name Leermond), was shot in a duel at the same age Anna was when she took her life.

After his seduction by his sister, the boy made an effort to seduce someone himself in order to satisfy his passive desire to be touched on the penis. His choice fell on his beloved Nyanya, who according to his sister’s tales had done such incredible things with the gardener. He began playing with his penis in her presence but was rebuffed and heard that children
who did this got wounds in that place. Shortly thereafter he stopped masturbating. His first advances to women ended with retreat and the threat of castration. The boy soon started the sexual inquiries that led Freud to call him “a thinker of the first rank.”

He watched his sister and her friend when they were urinating. He denied the confirmation he received of the “wound” Nyanya had frightened him with and persuaded himself that he had seen the girls’ “front bottom.” The discovery, or rather the rediscovery, of sex differences aroused fears that there was a chance of losing his penis. He found new allusions to castration everywhere but he refused to believe in this possibility.

The change in his character may now be described as a retreat. The boy’s sexual life, in which genital interests were beginning to be predominant, gave way to external obstacles and was thrown back
to an earlier, anal-sadistic organization. This retained its dominant position for the rest of the Wolf Man’s life, decades after the analysis with Freud. The boy enjoyed torturing both animals and humans, especially his Nyanya, previously so beloved. At the earlier stage he had tried to emulate his father, seeking sexual gratification with women. After Nyanya’s castration threat his father become the object of the boy’s passive sexual desires and he identified with his mother. The passive attitude toward women was replaced by a passive attitude toward men. The boy’s fits of rage after his parents’ homecoming had a masochistic goal: he was trying to get his father to punish and beat him. His screaming fits were simply an effort at seduction. Here Freud (1918) cautions us, as parents and teachers, to bear this typical state of affairs in mind: naughty children hope to be punished so as to be released from their
guilt feelings and at the same time satisfy their masochistic sexual desires (p. 28). The Wolf Man’s struggle between hetero- and homosexual feelings, between identification with his father’s masculinity and identification with the woman his father might love—all this was discernible in his obsessional neurosis and in his confusion about God.

The Wolf Man and the Primal Scene

Nevertheless, the case is far from solved. How did the boy’s phobia come about between the time of his character change and the time of the obsessional neurosis? We find the answer in the dream the boy had on the night before Christmas Eve, his fourth birthday. The boy awoke from his dream full of anxiety. But the dream proves also to contain answers to questions we up to now could not even ask. Except for Freud’s own so-called “Irma-dream,” this is one of the most famous dreams in psychoanalysis:
I dreamed that it was night and that I was lying in my bed. (My bed stood with its foot towards the window; in front of the window there was a row of old walnut trees. I know it was winter when I had the dream, and night-time.) Suddenly the window opened of its own accord, and I was terrified to see that some white wolves were sitting on the big walnut tree in front of the window. There were six or seven of them. The wolves were quite white, and looked more like foxes or sheep-dogs, for they had big tails like foxes and they had their ears pricked like dogs when they pay attention to something. In great terror, evidently of being eaten up by the wolves, I screamed and woke up. [p. 29]

One of the patient’s reflections about the dream 20 years later involved his sister, who used to frighten him with an illustration from a story book. A threatening wolf is standing on his rear legs ready to eat up Little Red Riding Hood. Freud commented that the illustration can not possibly come from the story of “Little Red Riding Hood” but must come from another, that of ‘The Wolf and the Seven Little
Goats.” The wolf only ate up six of the little goats, for the seventh hid in a clock case. From this comes the vagueness about whether there were six or seven wolves in the dream. The wolves in the tree reminded him of the tailor who pulled off the tail of a wolf. The tree was a Christmas tree and the wolves on both sides a double set of Christmas presents. But why are there only five wolves on the drawing he enclosed with his account? (See Figure 7-1.)

What made the strongest impression on the patient was that the wolves were completely quiet and motionless, with their attention riveted on him. The dream left behind a lasting sense of reality. The sense of reality indicates that it refers to an occurrence that really took place and was not just imagined. We asked how the boy’s anxiety and phobia came about, but we really got an answer to a question we had not at all asked. Up to this point
Freud is able to reconstruct the following fragment: “A real occurrence — dating from a very early period— looking — immobility — sexual problems — castration — his father—something terrible” (p. 34).

What remains is to fill in the gaps (Lücken) between these fragments. From the first to the last of his writings, Freud keeps coming back to this simple idea, which is unexpectedly profound: both our knowledge of the unconscious and our knowledge of the real are possible only through our hypothetical efforts to fill in the gaps in what is at hand and taken for granted. When detective Freud ties together all the clues and solves the case, he writes: “I have now reached the point at which I must abandon the support I have hitherto had from the course of the analysis. I am afraid it will also be the point at which the reader’s belief will abandon me” (p. 36). I share this fear. It took Freud more than 4 years of analysis
to arrive at the “translation” of the dream that I have here reconstructed from his text. “It is always a strict law of dream interpretation that an explanation must be found for every detail,” Freud claims.

I had been asleep. Suddenly I woke up of my own accord and opened my eyes. It was a warm summer day at five o’clock in the afternoon. With strained attention I saw my parents’ violent movements in intercourse. They were half undressed, in white underclothing, my mother on all fours and my father leaning over her from behind. I saw my father’s penis disappear, re-emerge and disappear again between my mother’s legs. It is only now that I understand both this cavity and the disappearance of the penis; as this confirms the results of my later sexual inquiries, I admit what I refused to believe in for such a long time: “Castration really exists.” Sometimes I still refuse to believe in it and then I conclude that my father was performing anal coitus. It was an act of violence but my mother’s face expressed enjoyment. I do not know who did what with whom, who castrated whom. But they did it three times. I became excited in a way I did not identify and
was not able to deal with. This excitement felt strongest in the anus. At last I interrupted my parents’ union by emptying my bowels, which gave me a reason to scream. This “gift” to my parents two and a half years before I dreamed the dream is associated with my actual wish that night, “the night before Christmas,” to receive a double set of presents when I woke up. Under the decorated Christmas tree I hoped to find both birthday gifts and Christmas presents. It is also the child I would like to give my father.

Monumental detective work resulted in the reconstruction\(^2\) not only of the primal scene but also of all the details around it. The boy was then 1½ years old and suffering from malaria. The attacks usually came on at five o’clock in the afternoon, the time of day when the depressions in his later life usually culminated. The patient also drew five wolves on his picture of the dream, although he mentioned that there were six or seven. He had slept in his crib in his parents’ room and awakened, probably because of his rising temperature. It was a warm summer day
and his parents were half undressed, explaining the white color in the dream. The boy was a witness to a coitus from the rear repeated three times in half an hour. Three times was the patient’s own spontaneous association. The father’s upright and the mother’s bent over, animal-like position reminded him of the picture from the story book of a wolf standing upright that his sister used to frighten him with. The wolf he feared was undoubtedly his father.

Among the desires that gave rise to the dream, the most powerful was that of a woman anally accepting proof of his father’s love. This desire was so strong that it re-awakened a repressed memory of having witnessed his parents’ coitus 2½ years previously, and in the dream this in its turn made the boy understand the price of being sexually gratified by his father. The result was anxiety and terror at the prospect of the fulfillment of this wish. This led to the
fear of being eaten up by the wolf. It is possible even earlier to find clues in the boy’s refusal to eat and in his cannibalistic fantasies. In the patient’s lifelong constipation, the anus remained the overcharged source of forbidden and frightening homosexual enjoyment. All of his life the required condition for intercourse was that the woman took the same position as the mother in the primal scene. The boy’s animal fantasies were his way of dealing with the threat of castration from his father, which accompanied his now advanced passive homosexual tendency. “It is only at this point, I think, that we can regard the anxiety dream of this four-year-old boy as being exhaustively explained” (p. 42). But he adds later: The exposure to the primal scene subjected the boy to a massive overstimulation and he answered by emptying his bowels and screaming. In this action he unites two opposing tendencies: he is castrated, and
he gives his father a child. Not a single detail in the dream and not a single detail in the reconstruction may be left to chance. In our hidden psychic lives there are no coincidences.

In an addendum to his discussion of the case, written before publication and 4 years after the original paper, and in a footnote, Freud also tests (pp. 60, 62) alternative reconstructions of the primal scene. He experiments with placing it earlier, to the age of 6 months, or later, just before the boy’s fourth birthday. We get no definite answer and have to be satisfied with the formula X+6, but probably one and a half. The discussion of the question of whether the primal scene was at all a real occurrence or only a later fantasy is concluded with the provisional judgment *non liquet* (it is not clear). But it does not affect the outcome. The primal scene activated by the dream acted as a new seduction, a new trauma.
Infantile Obsessional Neurosis

The focal point of the case history is the infantile neurosis, the boy’s obsessional neurosis after the period of his animal phobia, which lasted from $4\frac{1}{2}$ until he was in his tenth year. Except for compulsive acts consisting of praying, kissing pictures of saints, saying certain words, and so on, the infantile neurosis was characterized by “the little critic’s objections and doubts” (p. 62). He brooded over God the Father’s responsibility for all the evils and torments of the world; he wondered if Jesus also had a bottom and had to defecate. The boy’s breathing ceremonies had to do not only with “spiration” but were also a reminder of his parents’ intense breathing in the primal scene (in Russian dyshat means breathe and dusha soul, spirit). His earlier masturbation fantasies of punishments remained, and he fantasized compulsively about the seduction by his sister. The
intensive ambivalence toward his father that the boy evidenced in his obsessional neurosis is an underlying factor in all religions, Freud (1918, p. 65) states in a fresh leap from individual disturbance to the cultural heritage of mankind.

The crystallization of the obsessional neurosis did not result in the disappearance of all the other tendencies. Sadistic, masochistic, and phobic tendencies continued to exist side by side with the new compulsive ones. The picture becomes more and more complicated. The dream and the revival of the primal scene might have changed his masochistic attitude to his father to manifest homosexuality. But the dream did not bring about this advance and ended in anxiety—a clear sign of a failure of the boy’s effort to find a solution to the conflict. The threat of castration and his wounded masculinity, that is, the narcissistic factor, prevented homosexual
development, and he regressed still farther back, to the oral phase, with the fear of being eaten by the wolf as a consequence.

The obsessional neurotic symptoms disappeared when he was 10 years old. Under the influence of the new Austrian tutor he became enamored of the military life and daydreamed of uniforms, weapons, and horses. He was temporarily free from his passive attitude, and his development up to the time of the gonorrhea was rather normal. Throughout his life he retained a predilection for what was German and represented his father. But the infantile neurosis left serious, lasting traces. The “thinker of the first rank” and the “gifted critic” never found his way back to his previous acumen and thirst for knowledge. All through life his intellectual activity was restricted because of the curtailment of his sexual inquiries and homosexual tendencies, both of which contributed to
the obsessional neurosis. The anal fixation remained, showing up in the adult patient’s ambivalent relationship to money and in his chronic bowel problems and constipation. In the wolf dream the boy identified with his mother through the anus, and he developed the “anal theory” of coitus peculiar to all children. Emptying his bowels was to him both castration and childbirth, an act in which he both lost his penis and gave his father a child. Even if this seems like a contradiction of our everyday common sense, we must not forget that there are no logical inconsistencies in the unconscious. Nevertheless, the unconscious is not chaos but is guided by specific indispensabilities and is very rigorously structured. It was just this conformity to the law of the unconscious that made Freud include the “final squeeze” in his construction of the boy’s primal scene.
The Last Piece of the Puzzle—the *Grusha* Episode

It was not until the final phase of the analysis that the memory turned up that was the last piece of the puzzle and that led to what Freud himself called the “solution” of the case. Even at the very beginning of his analysis the patient told of how as a boy he hunted butterflies with large wings (*Schwalbenschwanz*, swallow-tail). When the butterfly landed on a flower, the boy was frightened and ran screaming from the place. In Russian a butterfly is *babushka*, and the same word usually means granny. Much later he associated the opening and closing of a butterfly’s wings with a woman spreading her legs so that they form a Roman numeral five, V. (Do you remember the five wolves on the drawing and Freud’s reconstruction of the primal scene—five o’clock?) One day he began to remember that he must have had a nanny before Nyanya’s time, and he believed that she had the same name as his mother. On a later
occasion the word *pear* occurred to him, *grusha* in Russian, with the same yellow stripes as on the wings of a butterfly. This was also the nanny’s name. It can be worth remembering that in the Wolf Man Freud had an analysand whose native tongue was not German. Just as in *The Interpretation of Dreams*, the linguistic connections are an important part of Freud’s detective work, as here: butterfly—babushka—granny—pear—*Grusha*.

The association to a Roman numeral five was explained when a new memory fragment emerged: Grusha on all fours on the floor with a pail beside her. This led to a reconstruction of an episode from the time when he was 2½, a reconstruction that this time could be confirmed by the patient. When from the rear the boy saw Grusha scrubbing the floor, he became so sexually excited that he urinated on the floor and she had, “no doubt jokingly,” told him that
boys who wet themselves get their penises cut off. Now we have the missing link between the primal scene and the Wolf Man’s love for girls of humble origin and for intercourse from the rear. Grusha was a mother to him, and her position on the floor reminded him of his mother’s position during the copulation scene. His urinating was a seduction effort, and Grusha replied with a threat of castration, as if she unconsciously understood what he meant. In the scene with Grusha, the boy was imitating his father, giving proof of an active masculine tendency. This is the active position from which the boy retired after the seduction by his sister and after the scene with Nyanya.

The last piece of the puzzle also includes a solution of an another riddle: The Wolf Man’s real identity. He dreamed about a man who pulled the wings off an *Espe*, he told Freud, explaining that he
meant an insect with yellow stripes that stings. That must be an allusion to the yellow-striped pear, *Grusha*, he thought. *Wespe*, wasp in German, Freud guessed, meaning that the Wolf Man, like many others, was using his language difficulties to hide his symptomatic acts. “But *Espe*, why, that’s myself, S. P.,” answered the Wolf Man (Sergej Pankejev). “*Espe* was, of course, a mutilated *Wespe*,” declared Freud (p. 94).

**The Solution of the Case**

The case history bears the tide “From the History of an Infantile Neurosis.” Freud leaves nothing to chance in this tide. The focus is on infantile neurosis. The solution of the case illustrates Freud’s main thesis in this essay: “I am ready to assert that every neurosis in an adult is built upon a neurosis which has occurred in his childhood but has not invariably been severe enough to strike the eye and be recognized as
such” (1918, p. 99). The analysis is not over nor the case solved until all the pieces have fallen into place and every detail has an explanation. But the connections are so complicated and the interacting factors so numerous and difficult to access that we always have to be satisfied with fragmentary information. This explains the limitation in the title: “From the History…” Behind the preposition “from,” the earliest phases and the deepest strata of the patient’s mental life are concealed. Infantile obsessional neurosis had an even earlier forerunner in the cannibalistic, oral phase, that is, in the boy’s antipathy for sex expressed in his refusal to eat during the period when he ate only sweets. Even this early, in connection with the analysis of the wolf dream, Freud (p. 32) established that the father used “affectionate abuse,” probably of the oft recurring type like “I’ll gobble you up.” The adult patient
repeated this actively in the transference. He threatened his analyst with ill-treatment, which Freud (pp. 106-107) interpreted as “an expression of affection,” that is, as a declaration of love. In this connection Freud notes typical traces of this early oral sexuality in our language usage—for example, we say that someone is “appetizing” or “sweet.”

We now have a clear picture of the Wolf Man’s childhood disturbance, from his refusal to eat through his wolf phobia to the compulsive piety with its complicated structure, including a predominant masochistic, repressed homosexual tendency. But why did his adult neurosis make its debut in connection with a gonorrhea infection when the patient was 18 years old? Here we have to take into consideration the contribution of his wounded self-love, of narcissism. In the final stages of the analysis the patient said that he—like Napoleon, but also
Freud—had been born with a caul, that is, parts of the fetus membrane covered his skull. He had as a result always thought of himself as a child of fortune whom no ill could befall. This conviction collapsed with the gonorrhea, with which he was infected by a prostitute named Matrona, a name with a clear motherly ring to it (p. 118): “He broke down after an organic affection of the genitals had revived his fear of castration, shattered his narcissism, and compelled him to abandon his hope of being personally favoured by destiny. He fell ill, therefore, as the result of a narcissistic ‘frustration.’”

An associative detour through the caul, the fetus membrane, which bursts; the fantasy of returning to the womb and rebirth through the anus; and more: child, excrement, constipation, and enemas lead Freud (pp. 100-101) to a translation of the patient’s own ideas about what might make him healthy:
“[O]nly on condition that he took the woman’s place and substituted himself for his mother, and thus let himself be sexually satisfied by his father and bore him a child—only on that condition would his illness leave him.... The primal scene had become transformed into the necessary condition for his recovery.” The solution of the case brings us back to the Wolf Man’s opening move during the first analysis session, when he fantasized taking Freud from behind and defecating on his head. In a modern translation, Freud’s line of reasoning might sound like this: In order to surmount his obsessional neurosis, depression, passivity, and masochism, the Wolf Man symbolically has to take in his father’s penis and the strength it can provide without fearing homosexuality and castration. Further, he has to accept his parents’ union in the primal scene without
trying to keep them apart and without feeling outraged by being left out.

This is what the Wolf Man refused to do with Freud. The result of his obstinate refusal has become a life neurosis. Through the whole of his adult life this man continued to battle the same childhood conflicts, developing new variants of old symptoms, even though they were no longer as invalidizing: constipation, demand for financial help from psychoanalysts/father representatives, charges against women for taking away his money, intensive ambivalence in all his relationships.

In his later work Freud returns innumerable times to the case of the Wolf Man, searching out gaps in the material, convinced as usual that it is only through gaps in what is already known that we can reach new knowledge. In “Analysis Terminable and Interminable” Freud discusses (1937a) the
possibilities of shortening the psychoanalytical treatment and describes how he resorted to “the heroic measure of fixing a time limit” with his Russian patient. His success seemed to be beyond question:

His resistances shrank up, and in these last months of his treatment he was able to reproduce all the memories and to discover all the connections which seemed necessary for understanding his early neurosis and mastering his present one. When he left me in the midsummer of 1914, with as little suspicion as the rest of us of what lay so shortly ahead, I believed that his cure was radical and permanent. [p. 217]

This was not the case, however, and Freud had reason to revise his judgment of the case repeatedly. Freud’s own verdict on the fixed term’s “heroic measure” was hard (1937a, p. 218). “But it cannot guarantee to accomplish the task completely. On the contrary, we may be sure that, while part of the
material will become accessible under the pressure of the threat, another part will be kept back and thus become buried, as it were, and lost to our therapeutic efforts.” When Freud wrote this his second analysis with the Wolf Man was behind him, carried out for a 4-month period in the winter of 1919-1920 for a “a part of the transference which had not been resolved.” He also was well acquainted with the two analyses his patient had undergone with his patient and pupil, Ruth Mack Brunswick.
Part II

Some Main Themes in Psychoanalysis

Carl Gustav Jung and Alfred Adler had criticized Freud’s view of the significance of infantile sexuality. According to Jung, the child has no sexuality, and alleged infantile sexuality is a product of Zurückphantasieren, a later fantasy projected backwards in time. Adler’s point of view was that the child’s early instinctive impulses are not sexual but are of an aggressive and egoistic nature. Freud denied neither the effects of retroactive fantasizing nor the role of hate in the experiences of the child, but he regarded these new interpretations of psychoanalysis as simplified versions that took a single aspect into consideration at the expense of all the others, which is “the easiest method of repelling the revolutionary and inconvenient advances of psycho-analysis.” Over
the years Freud’s warning is rather more than less up to date:

From a highly composite combination one part of the operative factors is singled out and proclaimed as the truth; and in its favour the other part, together with the whole combination, is then contradicted. If we look a little closer, to see which group of factors it is that has been given the preference, we shall find that it is the one that contains material already known from other sources or what can be most easily related to that material…. What is left over, however, and rejected as false, is precisely what is new in psycho-analysis and peculiar to it. [Freud 1918, p. 53]

Freud wrote of the case of the Wolf Man in order to gather clinical evidence in this controversy. His main point is that a neurosis in an adult always has its roots in early experiences of childhood, regardless of whether it deals with actual events or with fantasies, with constitutional factors, or environmental influences, and regardless of what distortions and
revisions of these infantile experiences have occurred later in life.

The Infantile Neurosis and the Phylogenetic Inheritance

The study of the Wolf Man illustrates the connection between early traumatic experiences, the later advanced infantile neurosis, and its new version in adult years. Typical are two periods when there are no visible signs of disturbance, which is preserved in a state of “deep-freeze”: one between the first reaction to trauma and the development of the infantile neurosis, and one between the infantile neurosis and the adult neurosis. Periods of visible illness, both in childhood and later, may be regarded as failed efforts at self-cure, as the ego’s attempt to assimilate the parts of the ego which were split off under the influence of the trauma (Freud 1939, pp. 77ff.).
In his later addendum to the case history, Freud reverts to his own public lectures, especially lecture XXIII. This lecture, which was held sometime in the winter of 1916-1917, deals with symptom formation and is based mainly on the case of the Wolf Man. This is a perfect example of the uninterrupted dialogue Freud carried on with himself through his writings, both those already completed and those planned. Even the composition of the original case history builds on references to earlier and later passages, Chinese boxes within each other (or perhaps rather the Russian babushka) where ever-deeper strata are revealed. All the inconsistencies and contradictions in Freud’s writing, ferreted out with a detective’s precision by Mahony (1984), really amount only to a picture of the complicated, often contradictory connections that in the unconscious link various fantasies from different epochs with each
other. The various stratifications form a clear pattern of separate layers broken now and then by ruptures where old and new are mixed together.

Now it is time to ask the eternal question: Are neuroses the inevitable consequence of a certain predisposition, or are they evoked by injurious traumatic experiences? I am sure that you yourselves can guess Freud’s (1916-1917) answer in Lecture xxii: “This dilemma seems to me no more sensible on the whole than another that I might put to you: Does a baby come about through being begotten by its father or conceived by its mother? Both determinants are equally indispensable, as you will justly reply” (p. 347). The predisposing factors and the early experiences form what Freud calls “complemental series.”

In the following lecture Freud (pp. 362-363) makes clear that the origin of neurosis can be found
in the interplay among three factors, that is, prehistoric experience, early fixations in childhood, and traumatic experiences and frustrations. The case of the Wolf Man may be regarded as an orchestration with variations on these simple musical themes. The Wolf Man’s libido is not only bound to his early sexual childhood experiences but also to prehistoric experiences that he shares with the whole human family. Freud, a great admirer of Darwin and his doctrine of the struggle for existence as the motor in evolution, here proves to be a follower of Lamarck’s hypothesis of heredity, that acquired characteristics can be inherited. Even as early as Freud’s time lamarckism was regarded as unscientific. In its studies of evolution in viruses, the microbiology of today reverts to Freud’s complemental series, the two complementary development mechanisms: selection of the strongest individuals and the ability to transfer
to the next generations characteristics that have arisen as the result of spontaneous mutations in DNA.

Why did Freud need this theory? His idea was that the development of the individual occurs against a phylogenetic background and is “at bottom heritages, abbreviated recapitulations of the development which all mankind has passed through from its primaeval days over long periods of time” (p. 354). The psychic content of primal fantasies may be inherited. Freud needed this theory of evolution to answer another pivotal question: Is it actual events or is it the child’s fantasies that lead to the formation of symptoms and neurosis? If you now forget or put between parentheses everything you know about the rather recent modern debate about incest and about Freud’s “betrayal of the truth,” you can surely reconstruct for yourselves Freud’s (p. 367) answer: “But neither of these things is the case: the position
can be shown to be that the childhood experiences constructed or remembered in analysis are sometimes indisputably false and sometimes equally certainly correct, and in most case compounded of truth and falsehood.” Even though it “will be a long time before he [the patient] can take in our proposal,” the solution is (p. 368) “that we should equate phantasy and reality and not bother to begin with whether the childhood experiences under examination are the one or the other.”

In the origin of neurosis, fantasies can play the same role in causing illness as real trauma: ‘The phantasies possess psychical as contrasted with material reality, and we gradually learn to understand that in the world of neuroses it is psychical reality which is the decisive kind’ (p. 368). Now not all fantasies are alike. What Freud is talking about is primal fantasies.
The Primal Scene and Primal Fantasies

Freud’s first formulation of the primal scene comes in the case of Katharina in *Studies on Hysteria* (Breuer and Freud 1895, pp. 125-134), in the correspondence with his friend Wilhelm Fliess (Masson 1985, pp. 238-242), in “The Interpretation of Dreams” (Freud 1900) and in the case of Dora (Freud 1905b), and then plays a leading role in the reconstruction of the Wolf Man’s infantile neurosis.

Freud’s detailed reconstruction of the primal scene in the Wolf Man is the most famous reconstruction in psychoanalysis. However, Freud described not only his finding but also his doubts and his uncertainty about several formulations. The reconstruction did not lead to the elimination of the Wolf Man’s forgetfulness of his childhood, but it did include such details as the seasons, the weather, the time, his parents’ clothes, the position of the
copulation, the child’s state. In his reconstruction of this event, which had occurred when the Wolf Man was 18 months old, Freud’s starting point was the nightmare about the wolves when he was 4, as it was told by the Wolf Man when he was 23 years old. Freud tried to place the primal scene even earlier, to the age of 6 months, but rejected this dating as impossible. He gave consideration to whether it might not be a matter of universal phylogenetically inherited memories, which thus would not require the concrete experience of really witnessing his parents’ coitus. He defended the legitimacy of the idea of primal fantasies founded on inherited memories at the same time as he, despite all his doubts, rejected primal fantasies as sufficient explanation for all the data he had gathered. He discussed the possibility that it concerned a case of retroactive trauma, so that the child understood the primal scene afterwards, in
connection with the wolf dream he had the night before Christmas Eve and his fourth birthday, and that the experience only acquired its traumatic consequences later on. In addition, he called attention to the role later fantasies may have played for the consequences of the primal scene for the Wolf Man. Both retrospective fantasizing and later impressions, for instance of copulating animals, may have contributed to the sexualization of the original event and to the concrete content of the child’s ideas about what really happened.

Freud (1914a, p. 207) gave the first written report of the Wolf Man in an essay about a moment that often recurs in an analysis where a patient for the first time remembers something and says at the same time: “Now I feel as though I had known it all the time. With this the work of the analysis has been completed.” Freud had never received this
confirmation from the Wolf Man and on that account the analytical assignment was never finished. Freud was so worried about the significance the primal scene had in the case history that he waited 4 years to publish the case. In a letter to Ferenczi, Freud wrote on November 9, 1914 that after finishing the case history he “was plunged into grave doubt.” This hitherto unpublished letter is quoted by Grubich-Simitis (1993, pp. 208-209). And in a footnote Freud (1918) explained: “I admit that this is the most delicate question in the whole domain of psychoanalysis. ... no doubt has troubled me more; no other uncertainty has been more decisive in holding me back from publishing my conclusions” (p. 103).

Freud’s own doubts about the credibility of the scene circled around three objections: that such a little child could perceive and remember such a complicated process in his unconscious; that it could
be possible for him, afterwards, at the age of 4, to make the earlier impression intelligible; and finally that psychoanalysis could bring the details of the scene into consciousness. He maintained that his doubts were founded on “a low estimate of the importance of early infantile impressions and an unwillingness to ascribe such enduring effects to them” (1918, p. 49) and he appealed to us, his readers, to concur only in a provisional belief in the reality of the scene. Even if he was completely convinced of the reality of the primal scene in the Wolf Man’s childhood, he stated in one passage that in his case it did not matter whether the primal scene was a fantasy or a concrete event.

In his work with other analysands Freud was later able to get the confirmation of the reconstruction of the primal scene which the Wolf Man had denied him. Princess Marie Bonaparte, who in 1938 made it
possible for the Wolf Man to meet his second analyst and who saved his first analyst’s life, began her analysis with Freud in 1925. After only a short period of time Freud declared that Marie must have been exposed to the primal scene. The five notebooks of diaries she brought to Vienna in January 1926 helped Freud to fill in the reconstruction with new, surprising details. The actors could only be Marie’s nanny Nounou and the stable boy Pascal; the scenes occurred repeatedly over a rather long period and included various forms of sexual activity. Freud further postulated that the little girl was drugged with opiates during these meetings. Back in Paris after 5 months of analysis, Marie Bonaparte looked up the stable boy Pascal, then 82 years old, who after a great deal of resistance confessed that he had had a secret love relation with the pretty nanny. The liaison began when Marie was 6 months old and lasted until she
was 3½. At the start they paid no attention to the child’s presence; later they drugged her with syrup containing opiates.³ Freud himself never referred to this case or used it as an argument.

Let me finally summarize Freud’s observations: Even a single exposure to parents’ coitus can be traumatic when the intensive sexual excitement in the child changes to anxiety. The overstimulation in this primal scene, the “too much” in the experience, becomes in the wolf dream “completely still.” In the actual situation the bewildered child wonders, “Who is doing what, why, and with whom?” The little child misunderstands sex differences, sexual relationships, conception, excitation, and violence, and in different versions these distortions may last until the end of life. Even a child who has never been exposed to the primal scene develops fantasies of his parents’ copulation. These fantasies belong to the
phylogenetic heritage of mankind, and in the psychic world work the same way as actual observations. Not only does the primal scene stir up anxiety but it also rouses the child’s curiosity about questions of birth, pregnancy, the origins of both child and parents. This curiosity may last throughout life, transformed to the desire to explore the world, and it can stimulate the child’s emotional development and intellectual activity. If it is frustrated it can lead to restraints on the ego function. As a boy, the Wolf Man tried to solve the riddle of the Sphinx, the mystery of sexuality, with his sister. In a letter to Gardiner (1971, p. 345), dated July 6, 1963, he says: “I remember very well how in my childhood I racked my brains over the problems of how children come into the world. My sister and I talked about it a great deal and even made a pact that whoever would be first to learn the solution of this riddle would immediately tell the
other.” It goes without saying that it was Anna who first hit on the solution, and it is equally obvious that she refused to share the secret with her little brother.

There are some primal types of events that almost always recur in childhood histories of neurotics: “observation of parental intercourse, seduction by an adult and threat of being castrated” (Freud 1916-1917, p. 369, cf. Freud 1918, p. 97). The repertoire of the unconscious is extremely limited and monotonous. Freud (1916—1917, p. 369) continues: “It would be a mistake to suppose that they are never characterized by material reality; on the contrary, this is often established incontestably....” But at the same time these phenomena belong to our phylogenetic heritage: “In them the individual reaches beyond his own experience into primaeval experience at points where his own experience has been too rudimentary. …[C]hildren in their fantasies are simply filling in the
gaps in individual truth with prehistoric truth” (Freud 1916-1917, p. 371, cf. 1918, p. 97). The child appropriates experience inherited from his parents when his own experience is insufficient. Observe here that it is just through gaps in individual knowledge or experience that knowledge about the unconscious and our archaic inheritance can be reached. For Freud psychoanalysis is an archeology of the soul and must search out suitable burial places, gaps, and holes in the present in order to reveal, reconstruct, or perhaps construct the hidden past. Yet a too exact and detailed memory of the primal scene indicates that it is about later fantasies, which have arisen during the years of puberty.

Regardless of the question of its material reality in each separate case, the primal scene can also be regarded as a primal fantasy, relatively independent of the circumstances that give it its specific form in
every person, and in that way a psychic happening resembling the Oedipus complex. Freud’s fundamental idea is that the psyche is structured from primal fantasies, that is, that they become psychic structures or schedules that later determine the design of other unconscious and preconscious fantasies, ideas, and ways of relating to others. Primal fantasies of seduction in childhood, the threat of castration, and the witnessing of parents’ sexual union are thus not only traumatic but also have the function of organizers.

In recent times it has been pointed out by André Green (1983) and others that the essential aspect of the primal scene is not that one has witnessed it, but on the contrary that it took place in one’s absence. In analysis fantasies often come up about the forbidden place where the analyst is sitting—the place one is not allowed to look at—fantasies about spying on the
analyst’s sexual activities. In the imaginary worlds of both the mother and the child, the father is present from the start, that is, *between* the mother and the child. In the fancied vision of a hypothetical primal scene, the father and mother are united and the child does not participate; he is outside. Being excluded from the parents’ union is the narcissistic component in the primal scene; it is a necessary phase in the child’s relations to his first love objects, the mother and the father.

**Afterwardness:**

There is a hidden theoretical concept in Freud’s writings, a concept that is never included in the usual conceptual apparatus and that has not received any real definition, but it occupied Freud from the pre-analytic period up until his final work. It is also a concept that was of vital importance for his understanding of the case of the Wolf Man.
Our experiences, impressions, and memory traces are revised on later occasions in order to fit in with later experiences and insights. At least three occurrences are required if what we have been present at is to be apprehended and receive a psychic meaning. Without this, early sexual traumas have no psychic content (Masson 1985, pp. 207ff.) and are rather holes in the psychic reality. It is only afterwards that a psychic conflict can arise out of the original trauma. Neurosis is a sign of an area where this process has come to a standstill. Why at least three occurrences, and as Freud writes in 1896, probably more? In order to understand our situation today we must associate what is current with the past we remember and the earlier past from which we do not have accessible memories. In the case of the Wolf Man we can understand the neurosis of his adult years from his infantile neurosis, and that in its turn
from an earlier experience of the primal scene, which did not take on its special meaning until afterward in a nightmare. Freud (1918) explains in a footnote the principle of Nachträglichkeit, “afterwardness,” this way: “At the age of one and a half the child receives an impression to which he is unable to react adequately; he is only able to understand it and to be moved by it when the impression is revived in him at the age of four; and only twenty years later, during the analysis, is he able to grasp with his conscious mental processes what was then going on in him” (p. 45).

In other words, the understanding of current and earlier experiences requires reconstruction work. But is it reconstruction or construction? Discovery or invention? Are we finding the truth or building up new myths? What about archeology? Reconstructions of Troy, of Knossos, or of Swedish Birka—are these
our myths about the people of the past or do they give us the true picture of their dwelling places? As in every detective story, we are always dealing with circumstantial evidence. Sometimes the clues are sufficient for a conviction bordering on certainty; sometimes the reconstruction proves to be false; sometimes several items are questionable. The important point is that we have no other possibility. It is on this treacherous sea that it is necessary for us to sail.

In this context Freud (1920) calls attention to the asymmetry of time. In a case history on female homosexuality, he points out how easy it is for us to understand afterwards a patient’s development from his current condition if we only follow the line of the analysis, and how impossible it is to determine in advance which of the interacting factors will be
crucial for future development. Adherents of preventive measures meet in Freud a humble skeptic.

**Construction and Reconstruction**

Ladies and gentlemen! Let us take still another detour. Even if it is beginning to be tiresome we have no other alternative but to move back and forth this way, exposing ourselves, too, to consequences of afterwardness. In other words, what are we doing when we try to find at least two previous registrations besides the one now current? What is conviction and what is spurious faith? What is the search for truth and what is myth building? In his interviews with Obholzer (1982) the Wolf Man has pointed out that there are two Russian words for truth: *pravda*, in the everyday and more concrete sense, and *istina*, for the truth that lies behind appearances in a more profound sense (p. 7). The Wolf Man’s primal scene in Freud’s history is not *pravda*, not a recollection that might
emerge after a period of analysis aimed at uncovering, but istina, a construction: “All that I mean to say is this: scenes, like this one in my present patient’s case … are as a rule not reproduced as recollections, but have to be divined—constructed—gradually and laboriously from an aggregate of indications” (Freud 1918, p. 51). In Freud’s writings from different periods two metaphors for this painstaking work recur. The first deals with the diggings of the archeologist and the other, seemingly its opposite, with the detective’s filling in of gaps.

Two years before his death, Freud published an essay on Constructions in Analysis. Freud, who was especially interested in archeology and was an enthusiastic collector of antique objects, here compares the reconstructions of the psychoanalyst and the archeologist from preserved and distorted traces of the past. Common to them both are a
multitude of difficulties and sources of error. The analyst, however, works under better conditions (Freud 1937b): “All of the essentials are preserved; even things that seem completely forgotten are present somehow and somewhere, and have merely been buried and made inaccessible to the subject. Indeed, it may, as we know, be doubted whether any psychical structure can really be the victim of total destruction. It depends only upon analytic technique whether we shall succeed in bringing what is concealed completely to light” (p. 260).

But you might justifiably ask, Why this digging? Why reconstruct out of the ruins of the past? Ever since his work with hysterical patients, Freud had been convinced that the neurotic “suffers from reminiscences.” It is only when we can integrate original traumatic experiences into our psychic reality, only when afterwards they get a psychic
sense, that we can free ourselves from the tyranny of the repetition compulsion. In his first public lecture in the United States in September 1909, Freud (1910a) speaks of the gaps that are the excavation sites of the psychoanalyst: “Wherever there is a symptom there is also an amnesia, a gap in the memory, and filling up this gap implies the removal of the conditions which led to the production of the symptom” (p. 20). A great many of what we call interpretations are really the fragments of completed constructions that are reported to the analysand. An occasional mistake in this work is as inevitable as it is harmless, Freud maintains. When there is an appropriate opportunity, when we can make a better construction, we have to confess the mistake to the patient and correct it. Neither a yes nor a no on the part of the analysand can help us to decide the correctness of the construction: a no can be an expression of resistance,
a yes of a hypocritically agreeable attitude. The only confirmation we can expect is that at best the analysand responds with new material that is in accord with the construction or can contribute to the gap being filled in more completely. According to Freud, the risk that by doing this we influence our patients by suggestion is considerably exaggerated.

Now you are surely asking by what right I, following in Freud’s footsteps, compare reconstructions and constructions, the excavation of the hidden with a new story that fills in gaps in the earlier versions? Is a new myth as therapeutically effective as the truth? When for various reasons we do not succeed in getting the patient to recall what he has repressed, we can still achieve for him a sure conviction of the truth of the construction, and therapeutically this accomplishes the same thing as the retrieval of memory, Freud declares (1937b). The
delusions of the patient seem to be counterparts of the analyst’s constructions. Madness is not only a method, as Shakespeare has Polonius express it in *Hamlet*, but there is also a portion of *historic truth* in the psychotic’s hallucinations. In the acknowledgment of the core of truth in the psychotic’s delusions or the neurotic's anxiety state, we may find a common ground on which the therapeutic work can develop (1937b): “That work would consist in liberating the fragment of historical truth from its distortions and its attachments to the actual present day and in leading it back to the point in the past to which it belongs” (p. 268). This method of finding the historic truth behind all the distortions in the material reality we would call deconstruction today. For Freud it was the core of the concept “analysis.” It was not only in the case of the Wolf Man that Freud used this procedure; he used it as well
on historical figures, as in “the case of Leonardo da Vinci” or “the case of Moses.”

In one of his last works, Freud writes that the constructions we present to our patients fill up the gaps in their perceptions. This creates double inscriptions: our conscious reconstruction and the original unconscious state. As we continue, our effort is to get the two inscriptions to tally, that is, to make the unconscious conscious. Freud (1940, p. 162) continues: in men this can be achieved through speech. We live in the language that delimits and makes possible contact with the unsayable. The verbal narrative plays a pivotal role in the analytic cure.

**Fact and Fiction in the Case of the Wolf Man**

Johann Wolfgang von Goethe gave his book *From my Life* (1811—1816) the famous subtitle *Dichtung*
und Wahrheit (Fiction and Truth). The case he describes is, as in all autobiographical literature, his own. The history of the Wolf Man culminates in the reconstruction of the primal scene, with all the details in the situation in which an 18-month-old boy witnesses his parents’ coitus. This reconstruction, however, never led to the patient’s recollection of the scene. Is Freud’s case history a scientific investigation in which hypotheses are formulated and put through an empirical testing, or are we dealing with a literary genre, a fiction, a story—narrative? The case of the Wolf Man makes acute a number of theoretical and philosophical questions that are crucial for psychoanalysis as a science, not only a therapy form. What is the nature of psychoanalytic facts? How does one make psychoanalytical observations? How are they used to build up a systematic body of knowledge? How can
psychoanalysis be scientific? What is the object of study in psychoanalysis: Traumatic events in life or unconscious ideas, fantasies, and wishes? How does one move from clinical observation to theory formation? How can psychoanalytical hypotheses and theories be tested? What is the truth content in Freud’s reconstruction or construction of the Wolf Man’s primal scene? Is it fictional truth or historic fact? Freud himself never had any doubts on this point: even if it dealt with unconscious fantasies that afterward reshaped early, incomprehensible childhood experiences, these experiences nevertheless had a real historic base, if not in the individual’s history, then in mankind’s.

Habermas (1968) and Ricoeur (1974), neither of them analysts, question the possibility of an objective observation in psychoanalysis because the observation is created in the unique dialogue. There
are no facts, only various interpretations of the story that has been told. Schafer (1983), who concurs in this point of view, wonders: How can we then choose between better and worse narratives of the same history? Spence (1982, 1987) speaks of constructions of patterns, meaning that it is actual intentions and experiences that influence our perception of the past. As for Jung, for him there are no early experiences or ideas that prospectively exercise influence on our present and future lives. Instead there are constantly new versions of old stories. In the name of consistency, the case of the Wolf Man becomes a beautiful, fascinating, coherent narrative created in the unique dialogue between Sigmund Freud and Sergej Konstantinovich Pankejev. Freud’s own position here was, as it so often was, more complicated and ambiguous than this.
The first version of Freud’s well-known work in the field of the history of religion, *Moses and Monotheism* (1939) had the title *The Man Moses, an Historical Novel*. Freud regarded this work as an historical construction built up from the hypothetical point of departure: “If Moses had been an Egyptian ...” It was not unusual for Freud to start from an uncertain, even questionable assumption, in order to follow its most extreme consequences. At the same time Freud was always on his guard against philosophical speculation, metaphysical if you will, well aware of the attraction circumstantial speculation had for him. He wanted to think of himself as a scientist studying specific human phenomena, the unconscious, which he regarded as in itself a part of nature. Our ego is developmentally rooted in the body’s ego, that is, in the experience of the body, and instinct has two sides, a biological base
and an unconscious psychological meaning. Even Freud’s obscure lamarckism and the theory of phylogenetically inherited primal fantasies have the same function; they form a link that ties together our biological and our psychical existence. The story of the primal scene is not a literary fiction. Regardless of the question of actual events or fantasies, the primal scene has a psychic meaning and it is a deep, archaic structure in the Wolf Man, in the unconscious of all of us, a structure that determines the formation of our later fantasies and experiences. The primal scene, castration, seduction in childhood, and even the oedipal triangle are the archaic basic patterns that determine whether later trauma and experiences can take on a psychic meaning.

For Freud the analysis with the Wolf Man was an empirical test of this basic thesis on a concrete, individual case. Freud (1918) thought it was
meaningless to carry on a discussion with those who thought of the result of psychoanalysis as a fabrication: “The whale and the polar bear, it has been said, cannot wage war on each other, for since each is confined to his own element they cannot meet” (p. 48). But the theoretical opposition as well, among people who take their stand on the ground of psychoanalysis and who think they are justified in drawing other conclusions from the same material, is as a rule unproductive. The realities of the particular case are the best test of the validity of a theory:

No sooner has one begun to depart from the material on which one ought to be relying, than one runs the risk of becoming intoxicated with one’s own assertions and, in the end, of supporting opinions which any observation would have contradicted. For this reason it seems to me to be incomparably more useful to combat dissentient interpretations by testing them upon particular cases and problems. [Freud 1918, p. 48]
No theory can be tested without observation. And without a theory no observation is possible; we do not even know what we should look for or how we should interpret what we find. There is theory at both ends, at the beginning and the end of our investigation. The situation of the psychoanalyst here is no different from that of the modern physicist. What we psychoanalysts can contribute to scientific theory, however, is our unique psychoanalytical perspective on man’s quest for knowledge and our theory construction. The Wolf Man told how in his childhood he racked his brains over the problem of how children come into the world and how he made a pact with his sister that whoever would be first to learn the solution of this riddle would immediately tell the other (Gardiner 1971). The Wolf Man’s infantile theories of sexuality led Freud to call him “a thinker of the first rank.” Psychoanalysis has revealed
the close link between the sexual inquiries of a child and scientific theory formation. This inevitably applies also to psychoanalytical research. Like a child, the psychoanalyst believes that he is in possession of a fundamental, hidden secret. Like sexual theories developed by children, psychoanalytical theories take the risk of trying to find the “great solutions” (Pontalis 1981). When a fragment of knowledge is regarded as “the whole truth” the result is “pure poetry.”
Part III

Back to the Case: The Analysis with Brunswick

Let us return to the case of the Wolf Man. At the time of the Wolf Man’s second analysis with Freud in the winter of 1919-1920, when the Wolf Man lost his entire fortune, Freud organized a collection to raise funds for the benefit of his patient. This collection was repeated every year for a six-year period. The Wolf Man used the money to pay his wife’s hospital bills and to send her to the country. His claims on Freud grew with each passing year; in all his financial affairs he behaved dishonestly. This constellation of demands for money, concealment of his assets, payment to a woman who made greater and greater demands, was to be repeated monotonously from the period after World War I until his death in 1979.
At the beginning of the 1920s the Wolf Man’s character underwent a change, which, according to the account of his second analyst, Brunswick (1971), was reminiscent of the previous character alteration in his childhood. He became stingy and sadistic toward others and showed signs of a masochistic need for punishment. In the autumn of 1923 he became paranoid. A contributing factor was that he found out about Freud’s life-threatening cancer of the gums, and he reacted strongly to Freud’s altered appearance after the first mouth operation. When the Wolf Man’s mother came to Vienna that same year he noticed a black wart on her nose. It was not long until he began to imagine how it would be if he got a similar one. Two weeks after his mother had left, he discovered a little pimple. This triggered a long chain of visits to doctors and treatment of experiments, of suspicion of doctors and charges of malpractice.
Other links connect his symptoms with his sister’s preoccupation with her red nose and with gonorrhea and threat of castration. As a child, his sister imagined that she had a red nose, and brother and sister developed a secret language to communicate with each other about the state of her nose, using “red nose” spelled backward, esonder (Obholzer 1982, p. 80). The same doctor who treated him for gonorrhea had previously prescribed salves for sores on his nose.

In the autumn of 1926 the Wolf Man looked Freud up again, this time with blossoming paranoid symptoms. He was deeply depressed and repeated the complaint that was the kernel of his identification with his mother, “I can’t go on living like this any more.” Freud referred the Wolf Man to one of his students and analysands, Ruth Mack Brunswick. This
cost-free analysis now proceeded under Freud’s supervision from October 1926 until February 1927.

Brunswick (1971) was of the opinion that the forced termination of the analysis with Freud had left the Wolf Man with unanalyzed fantasies and feelings in relation to Freud. She modestly called her report of her first analysis with the Wolf Man “A Supplement to Freud’s ‘History of an Infantile Neurosis.’” There she denied that new memories or interpretations had occurred during her treatment. She had put the main stress on remnants of a passive homosexual father transference to Freud. The Wolf Man developed an advanced hypochondria, which Brunswick attributed to his identification with his mother. Brunswick got in touch with Dr. Wulff from Odessa, well acquainted with the Pankejev family and himself a psychoanalyst, whose views on animal phobias were cited by Freud (1913b, p. 128) in Totem and Taboo.
Dr. Wulff explained the Wolf Man’s situation (Brunswick 1971, p. 301): “He no longer plays the mother, he is the mother, down to the last detail.” His persecutory ideas revolved around grandiose thoughts of himself as Freud’s closest collaborator and around a physician who had operated on a sebaceous gland in his nose. He considered his gifts from Freud as his right and as a sign of a father’s love for his son. He was convinced that he had a special, close, friendly relationship with Freud, at the same time charging that it was Freud’s fault that he had lost all his money because Freud advised him, in 1919, not to go back to Russia. Brunswick wrote that she had made “a concentrated attempt to undermine the patient’s idea of himself as the favorite son” (p. 284). Her perseverance in the task of getting the Wolf Man to realize that he was not Freud’s favorite patient must have had a special significance for the two of them,
both Freud’s analysands, and might have been interpreted by the Wolf Man as evidence that Freud favored his sister, as his father had done earlier.

After a period of murderous fantasies and death wishes against both of his analysts, reconciliation appeared in a new version of the wolf dream, this time no longer an anxiety dream. ‘The sun shines through the trees … The patient regards particularly the branches of a certain tree, admiring the way in which they are intertwined. He cannot understand why he has not yet painted this landscape” (Brunswick 1971, p. 291). The Wolf Man now seems to be able to accept his parents’ sexual embrace, overcome his fear of being castrated, and give up his grandiose ideas.

In a later comment Brunswick writes that after five months’ analysis the Wolf Man “was well and relatively productive in a small bureaucratic
capacity” (p. 263). Two years later, in 1929, he returned for a resumption of the analysis because of potency problems in a sudden, stormy love affair that was broken off and resumed several times. The analysis, which with some interruptions lasted until 1938, produced new material on the complicated relationship between the Wolf Man and his preschizophrenic sister.

The Father’s Presence and the Wolf Man’s Paranoia

We all remember that when the Wolf Man left Vienna a few days after the shot in Sarajevo, Freud considered his cure “radical and permanent.” In his further evaluation of the case he wrote in 1937 that time had forced him to qualify this judgment somewhat. Freud (1937a) described the patient’s recurring attacks of illness as “pieces of the patient’s childhood history,” “residual portions of the
transference,” with a clear paranoid character, “pieces of the patient’s childhood history which … now came away … like sutures after an operation, or small fragments of necrotic bone” (p. 218).

Sutures after an operation or fragments of necrotic bone … What did they consist of? In 1926 Otto Rank declared that the wolf dream was not a childhood dream but had emerged only in a later phase of the analysis with Freud and referred to six photographs of the members of the Psychoanalytic Committee that hung on the wall in Freud’s consulting room. It later turned out that at the actual time there were only three there, of Ferenczi, Jones, and Rank himself (Jones 1957, p. 80). Not wanting to leave room for doubt on this point, Freud sent a letter in June 1926 to the Wolf Man with further questions about the wolf dream. The answer, dated June 6, 1926, was unequivocal. The Wolf Man was
completely certain that he had had the dream as a little boy and that the memory of the dream had tormented him throughout his entire childhood. He added a couple of new recollections that dealt with castration, and ended his letter: “I should be very glad if this information is of use to you” (Gardiner 1971, p. 277n.).

Eight days after his reply to Freud the Wolf Man falls into a state of “bottomless despair.” In a letter to the Freud Archive in June 1957 the Wolf Man comments on his answer to Freud’s question, posed exactly 31 years earlier, and he wonders: “Or, could the outbreak of my ‘paranoia’ have had any connection with Professor Freud’s questions?” (Gardiner 1971, p. 278). There is a certain mixture of respect and indirect accusation in this wording, which roused my curiosity. From Max Schur, Freud’s family doctor and analyst colleague, comes one more puzzle
piece, illustrating how real events might afterwards have activated not only the Wolf Man’s willingness to please but also his concealed aggressivity against Freud. Schur (according to Mack 1969, p. 219) established that the Wolf Man’s psychotic illusions about the sore on his nose began when Freud had undergone another operation for cancer of the gums, an operation that started an endless series of surgical procedures and new gum prostheses. At that time, in addition, the Wolf Man’s wife, Therese, with whom he had an extremely ambivalent relationship, was going through a period of hypochondriacal experiences.

Is it possible for us to find a forerunner of the Wolf Man’s paranoia in his childhood symptoms? Let us return to the period when he was between 3½ and 4 years of age, that is, the character alteration period up to the anxiety dream—in other words the period
Freud describes as a regression to anal sadism and as a precursor of the obsessional neurosis. It is the Wolf Man’s homosexual and masochistic desires toward his father that seem to be significant for the paranoia that the Wolf Man developed in 1926 against Freud and other father figures, the dentists and skin specialists he so regularly visited.

Freud (1918) made this comment on the character change: “By bringing his naughtiness forward he was trying to force punishments and beatings out of his father, and in that way to obtain from him the masochistic sexual satisfaction that he desired” (p. 28). Can you see parallels to the Wolf Man’s analysis with Freud? Naughtiness has become “the treatment inhibiting itself ... as a result of its—partial—success” (1937a, p. 217), what we today call negative therapeutic reaction. His father’s punishment and the masochistic sexual satisfaction he wanted from him
has become “the heroic measure of fixing a time-limit.” Throughout his life the Wolf Man recreated this pattern, the groundwork for which was laid at the age of 3½.

After the wolf dream, the boy’s fear of being eaten up by wolves expressed both his feminine desires toward his father and his castration anxiety. Brunswick’s analysis of the Wolf Man focused on hypochondriacal delusions about a scratch on his nose as an expression of castration anxiety. It is the combination of homosexual desires and intense castration anxiety that is the link to the Wolf Man’s subsequent paranoia. The Wolf Man told Freud about this wish fantasy of his father, with the change from passive to active desires, at his first visit to Berggasse 19 at the beginning of February 1910 when he confessed to Freud that he would like to penetrate him, the Jewish swindler, from behind and defecate
on his head. Bound up with this matter is the fact that at that time the Wolf Man was suffering from chronic constipation. Freud had observed the Wolf Man’s emotional ambivalence toward his father and the significance that the gratification of passive masochistic desires had had in the analysis of the Wolf Man and in his life.

I would like to maintain that “residual portions of the transference,” “sutures after an operation,” and “fragments of necrotic bone” referred to the Wolf Man’s passive, masochistic wish to please Freud, and his concealed hostility. The “heroic measure of fixing a time-limit” may have been interpreted by the Wolf Man as a sadistic action on Freud’s part, which gratified the Wolf Man’s desire to be beaten. As “Freud’s most famous case” the Wolf Man could in later life live out his compulsive thoughts from his childhood neurosis about Jesus, God’s castrated son.
When in 1926 Freud asked his former patient in a letter about the details and the time of the wolf dream, the Wolf Man adopted a submissive attitude, doing everything he could to confirm Freud’s reconstruction. Later he suspected himself that the letter had something to do with his paranoia. When his repression no longer sufficed, the Wolf Man divided up his ego into two parts, which simultaneously took contradictory attitudes toward Freud. One part eagerly and uncritically confirmed Freud’s previous reconstruction; the other felt itself persecuted by him. In interviews with Obholzer (1982, pp. 31ff.), the Wolf Man initially told of his uncritical attitude to Freud, whom he declared a genius:

Well, actually, I worshiped him. That’s because of Father. Father disappointed me because he preferred Sister. So the relationship to Father wasn’t good. Homosexual or not, I was very attached to Father and would have liked him to
spend time with me and to introduce me to management. And then my father died and I had no father at all and came to Freud. And Freud said, ‘You were lucky that your father died, otherwise you would never have become well.’

And he continues telling of his blasphemous thoughts and how he insulted God. He thinks he has adopted psychoanalysis as a religion. On one occasion he says: ‘The neurotic doesn’t kill the other person but becomes ill and cannot bear it’ (p. 141). In Obholzer, the Wolf Man finds another person he wants to please, and his unrestrained repudiation of psychoanalysis and Freud becomes evident.

**Pankejev’s Later Destiny**

Let us now leave the Wolf Man’s intense, contradictory feelings toward his father and direct our attention to his relations to women. After his wife’s death his affairs with women followed the pattern established during his childhood by the influence of
his sister and by his attraction to servant and farm girls on the estate. From the final phase of World War I all the way to his old age, Pankejev had an extremely ambivalent relationship with a woman named Luise. In the middle of the 1950s he described in his letters his constant swings between intense self-accusations and indignation at her behavior. He gave assurances (Gardiner 1983) that “this woman would have been a completely unsuitable ‘life companion’ for me, and I never had the intention of marrying her, as I told her over and over again.” On a sudden impulse, however, Pankejev promised to marry her, only to withdraw his promise two days later. Weighed down by guilt feelings, he pledged himself as compensation to support Luise for life with a third of his income, which he then constantly complained about.
The interviews with Obholzer during the 1970s revolved around his relation to Luise, whom he called a “psychopath,” an impossible, quarrelsome woman, and his relationship to her, which he called a sick, mad affair, a disaster. According to him Luise threatened to go to the police and to publicize his unjust treatment of her on television. They continued to meet as usual every Sunday, and Pankejev gave her more and more money, becoming more and more angry at her and at himself. He wanted to break off the relationship, asked several of his friends for advice, but everything seemed equally hopeless to him. At last he considered jumping out of the window or emigrating to America to find a refuge. In Luise the Wolf Man found an ideal life partner, one who constantly rearoused his guilt feelings and with whom he could maintain the most stable of all relationship types, that characterized by both hate and love, by a
constant struggle back and forth to free himself from her and bind her to him, by constant quarrels about money and charges of injustices.

The Wolf Man’s housekeeper, Fräulein Tini, called “Gaby” in “Memoirs of the Wolf Man” (Gardiner 1971), one of the few persons with whom he had been able to maintain a non-ambivalent relationship, and who had even taken care of his sick mother, died in the autumn of 1972. This triggered one of the deepest depressions of the Wolf Man’s life. During the 1970s the Wolf Man took daily doses of various kinds of psychopharmacological drugs, prescribed by Dr. Wilhelm Solms, his psychiatrist of many years.

Sergej Konstantinovich Pankejev died in Vienna May 7, 1979, at the age of 92. He spent the 2 last years of his life at the Municipal Psychiatric Hospital in Vienna, where he was placed after a heart attack on
the advice of Dr. Solms. There, the Wolf Man was able to make a quick recovery from his confusion after the heart attack, but his senility symptoms increased. Psychoanalysts from the United States paid for a private-duty nurse, Sister Anni, for whom he felt great affection, and who obviously represented both his biological sister Anna and his Nyanya. He died in Sister Anni’s arms with the words “Don’t leave me” on his lips (Gardiner 1983).

**The Absence of the Mother in the Narratives of Freud and Brunswick**

I acquired my knowledge of the mother’s importance in the case of the Wolf Man (among others) from a patient who made frequent journeys eastward to Pankejev territory in search of his mother from the time before her repeated death—repeated in the inner sense. This patient traveled in the opposite direction from the Wolf Man, who had sought his
West-friendly, West-oriented father, a zapadnik, in the West. My patient read *The Wolf Man* (Gardiner 1971) during these trips, at the same time that I was writing the first version of this text. What had caught his attention and what he often wanted to talk to me about was the fact that the Wolf Man moved in with his aged mother after Therese’s suicide in 1938.

Several modern analysts have observed the almost total absence of the mother in Freud’s case history, despite innumerable references to Nyanya’s importance as a mother substitute, despite all the castration threats the Wolf Man was subjected to from maternal figures, and despite a detailed discussion of the oral, cannibalistic phase in his instinct development. Freud focused on the father’s importance and invoked the phylogenetic heritage to explain that it is the paternal castrator who is concealed behind every threat on the part of the
woman. Even though he considered the possibility of castration on the mother’s part (1918, p. 86), he rejected it, holding fast to the idea that there is always a father behind the mother. The last time Freud reverted to the Wolf Man was in the *Splitting of the Ego in the Process of Defence*, published posthumously (1938a). He writes here of a traumatic event, the discovery and denial of the mother as castrated, of castration anxiety, of fetishism, and of regression to the oral phase and fear of being eaten by the father. The Wolf Man’s pathology takes on a new dimension here: it concerns the splitting of the ego as defence. In “A Rereading of the Wolf Man,” Janine Chasseguet-Smirgel (1985, pp. 44-54) wonders: Why is passivity and submission in relation to his father so attractive to him, and at the same time so dangerous? According to her the only explanation is that behind the picture of the father an earlier image of the
threatening, persecuting, archaic mother can be glimpsed.

Perhaps this idea was not all as unfamiliar to Freud as is generally assumed. There is a document of special interest in this connection, a product of an intimate collaboration between the Wolf Man’s two analysts, begun in 1930, and not published by Brunswick until 10 years later, *The Preoedipal Phase of the Libido Development*. The working material consisted of transcriptions of joint clinical discussions with Freud’s comments, ideas, and suggestions in the margins. In this paper from 1940 an archaic, pregenital mother emerges to stand beside the father. The point of departure is the boy’s early, preoedipal identification with his mother and the choice of his father as love object, which is a still greater threat to his ownership of his penis. There are three solutions available to the boy. When his love for
the father is so strong that it becomes intolerable, the result may be paranoid psychosis. When love for the mother takes the upper hand in the form of a passive, preoedipal attachment, the man may develop an extremely ambivalent relationship to all mother figures later in life. The third outcome is “a neurosis . . . which is characterized all through life by pendulum-like swings from one parent to the other,” swings between “the paranoid sphere of the father” and the attractive, frightening attachment to the mother (Brunswick 1948, pp. 252-253).

The Wolf Man is not mentioned anywhere in this paper, but we may be sure that both Freud and Brunswick thought about their analyses and explanation models and talked about the Wolf Man. My thesis is that the case they discussed together in the ’30s was a case they shared. Both the Wolf Man’s passive desires toward the father/Freud and his
ambivalent relation with Therese, who was later replaced by his mother, and after the mother’s death by Luise, become comprehensible. When Brunswick began working with the Wolf Man under Freud’s supervision at the same time as she was in analysis with Freud, this theoretical perspective had not yet been developed. Freud seems to have anticipated this (preoedipal) problem of the archaic mother and father imagos. Toward the end of his life he even suggested a preliminary wording, although he never followed this train of thought to its conclusion. It is this dawning understanding, still not completely articulated and in conflict with previously established knowledge, that I here take as my point of departure.

All his life the Wolf Man was trapped in an archaic universe where the psychic reality is structured in a special way, as it is described by Kolev (1990, 1991). On the one hand we have the
passive homosexual love of the father and the risk of paranoid psychosis, on the other hand a passive and preoedipal mother fixation with intense ambivalence. And between them he swings from one parent to the other. The result was the splitting of the ego in defence, described by Freud (1938a) in his final reference to the case of the Wolf Man. The swings between the archaic imagos of his father and his mother and the splitting of the mother imago may be detected in the Wolf Man’s relations to the men and women he met in his life. They were also given a spatial representation (Kolev 1990, 1991) in the Wolf Man’s frequent trips between Germany, Austria, and Russia up until the time of his second analysis with Freud. The Wolf Man moved himself away from the preoedipal mother’s Odessa to the fatherly authorities in the West; this is also connected to his father’s political orientation (zapadnik: West-
oriented). The Wolf Man went back to Russia a few days before the outbreak of World War I. He turned up again at Freud’s consulting room immediately after the publication of the case in 1918. During the resumption of the analysis in 1919 he asked Freud for advice about whether he should go back to Odessa, and Freud advised against it. The Wolf Man never forgave Freud this departure from analytical neutrality and accused him of preventing him from rescuing his fortune in the East.

The Wolf Man’s travels back and forth to Therese were repeated in an extreme and enormously intense form in his more than 30-year love-hate relationship with Luise. We may assume that both these relationships were a repetition of and an attempt to master an earlier relationship with his archaic mother. Only his father could save him from this mother imago, longed for and hated, but in that direction
other dangers lurked, as we know from Freud’s and Brunswick’s analyses. The Wolf Man’s life-long staging of this whole complex dilemma is a prelude, a preparation for memories—memories that were never worked through as just memories, but that are discernible in the Wolf Man’s interviews with Obholzer. In his own account, the sister complex occupied the place the father complex had in Freud’s and Brunswick’s case histories. What he could not forgive his mother was that she forbade him to keep company with women of the same age and class as he. In interviews with Obholzer (1982, p. 84) he remembers that he thought: “if you completely exclude me from better women, I’ll look for servant girls.” In his world of relationships, the Wolf Man enacted an inner prehistoric drama where both the actors, the mother and child, cling tightly to each other and the castration threat comes from the woman
and not from the man. For a period at the close of the ’40s or the beginning of the ’50s, the Wolf Man (pp. 192-193) had “a hypochondriacal idée fixe” that there was something wrong with his right hand. He could neither have anything to do with women nor could he paint; it was “the same thing as with my nose, a torment.” And here we have to stop; our attempt at further interpretation and speculation would require an ongoing dialogue with the patient.

A New Case, a New Crime: The Hidden Significance of the Sister

Abraham and Torok (1986) have done a radical rewriting of the narrative of the Wolf Man; they have put together a new construction, an alternative to Freud’s original one. In the Wolf Man’s language they find clues leading to a crypt where a completely different crime and a completely different case has lain buried during the time between the wolf dream
and the analysis with Freud. The patient Freud analyzed was not at all the very rich, obsessionally neurotic Russian Freud thought he had on his couch. Their point of departure is the Wolf Man’s interest in philology and multilingualism. When the Wolf Man was 3½ he had an English governess, Miss Owen, who read stories to him in English. His mother had from time to time done literary translations from English to Russian. It therefore seems surprising that this linguistically gifted patient did not know English in his adulthood. During subsequent periods the Wolf Man had French and German teachers. Abraham and Torok’s argument is based on the discovery of the significance of the Wolf Man’s forgotten language, English, of which both his mother and his teacher from the period of his character change had a good command. It took Freud 17 years to discover the Wolf Man’s secret, forgotten language. He writes as
follows about a patient, perhaps the Wolf Man, in his essay *Fetishism* (1927b):

The most extraordinary case seems to me to be one in which a young man had exalted a certain sort of “shine on the nose” into a fetishistic precondition. The surprising explanation of this was that the patient had been brought up in an English nursery but had later come to Germany, where he forgot his mother-tongue almost completely. The fetish, which originated from his earliest childhood, had to be understood in English, not German. The “shine on the nose” [in German *Glanz auf der Nase*]—was in reality a “glance at the nose.” The nose was thus the fetish, which, incidentally, he endowed at will with the luminous shine which was not perceptible to others, [p. 152]

In Freud’s wording, fetishism referred to the double act of confession and of denial of the mother’s lack of a penis. Abraham and Torok rephrase it so that the penis the mother does not have is the father’s, and she does not have it because the father has deprived her
of it by pointing it somewhere else, in this case at the daughter. The authors go through an arduous procedure, zigzagging through the Wolf Man’s trilingual world, “translating” key words in his narrative to one of the three languages, Russian, English, and German, using phonetic similarities. The Wolf Man’s magic and simultaneously forbidden word is Tierka (siestorka, little sister), concealed, translated to other languages on the same principles of similarity as the construction of a rebus, a puzzle made up of words and pictures. After his sister’s suicide in 1906 he followed an inexplicable urge and took a trip in 1907 to the Caucasus mountains. He visited the place where the Russian poet Lermontov was killed in a duel when he was only 28 years old. He climbed up to the mouth of the river Tierek and sketched (tieret) a landscape of this river with the majestic mountain Kazbek in the background. After his retirement,
landscape painting and still life (nature morte) were the Wolf Man’s greatest interests. Before this he had married a nurse (sister) Therese, pronounced tieretsia in Russian (rub, palpate one’s self, masturbate), whom he called Terka (pronounced Tierka in Russian). This magic word was the crypt where the Wolf Man hid and stored the incorporated dead sister. In like manner, it may be inferred from the deciphering that the six wolves (shiestorka) of the dream mean sister (siestorka). All the material they interpret converges in a central, coded sentence: My little sister, come and rub my penis. The result of this fresh research is a new case and a new crime, not just a new perpetrator.

The detective couple Abraham and Torok consistently avoid the name Wolf Man, writing instead about Stanko (from Konstantinovich). The new solution of the case is that Stanko was a witness
to repeated, criminal, incestuous acts on the part of his father (Konstantin) against his sister Tierka (Anna). Stanko confided in his English nanny. At the same time as he was forbidden to know what he knew, he was the object of the fear of both his parents that he would expose the crime. His character change now appears in a new light. Abraham and Torok go so far as to construct a dialogue from the German dream text, using a mixture of Russian and English, between the mother and the English nanny. The hidden content of the wolf dream shows that the mother denied that what Stanko was saying had really happened, declaring it to be only the boy’s nightmare. By finally himself confirming his mother’s lie, Stanko turned into a false witness. When she succeeded in seducing him, Sister Tierka repeated with her younger brother what she herself had done with her father. She gave Stanko both tacit information about
what had happened and a tacit prohibition against understanding it.

After her suicide his sister survived in a crypt in the Wolf Man’s psychic inner space (the authors call this endocryptic identification). By incorporating his sister and creating this topographical arrangement, the brother could keep her both hidden and “living dead” in his inner psychic space. It was not the Wolf Man, not Sergej, who was in analysis with Freud, but his dead sister Anna, or rather Tierka, ill and prepsychotic, just before she committed suicide. Freud’s role in his relation to the Wolf Man was that of the seductive father’s toward his favorite daughter, Anna. It was a coincidence that the Wolf Man’s sister had the same first name as Freud’s eldest sister and as his famous and beloved daughter.

It is not possible here to take a position on what is justifiable in this magnificent construction. Abraham
and Torok themselves emphasize that their reconstruction has an entirely fictitious character and that its object is not real people but a “mythical person.” The new detective couple unquestionably succeed in creating a fresh, convincing story, showing the sister’s pivotal role in the Wolf Man’s inner world. Their research was done before Obholzer had published her interviews with the patient. In the Wolf Man’s own narratives in these interviews, it is not the father complex but the sister complex that has ruined his life and left its mark on his relations with women. He always chose women who were *not* sisters, preferably prostitutes. In addition he identified by his nose with his sister’s pre-schizophrenic worry about a red nose. In the name of consistency, even the Wolf Man’s constipation might be interpreted as an anal holding on to his dead sister who “really should have been a man” (*Memoirs of the Wolf Man*, in Gardiner
and whom he had reason to hate because of all the attention she received in the family.

The Trivialization of the Case

The Wolf Man has often been praised for his friendly assistance with documentation and follow-up. As early as his first analysis with Freud in 1910—1914, he saw himself as “the younger comrade of an experienced explorer setting out to study a new, recently discovered land” (Gardiner 1971, p. 140). Yet at the same time he was isolated behind the passive, accommodating attitude that concealed his resistance and hostility. The Wolf Man’s cooperation was not guided, either then or later, by the non-neurotic, more adult and conflict-free part of the ego. On the contrary, his contribution from the start was drawn into the basic conflicts around his own grandiose image of himself, around his
submissiveness and concealed hostility, around his manipulative capacity to play people against each other. The Wolf Man himself actively contributed to the trivialization of his own case.

In a 1970 letter, cited by Gardiner (1983), the Wolf Man offers a motivation for why he is not in a position to write an article about what “Professor Freud ‘has done for me, what it has made possible, and what it was unable to achieve.’ …[F]or me, the most important thing, when I came to Professor Freud, was that he agreed to my going back to Therese.” After all the fame that came to him with the publication of Gardiner’s book, this kindly “younger comrade” turned more and more into an enemy of psychoanalysis.

Karin Obholzer (1982), a young Austrian journalist, found herself by chance with the German translation of Gardiner’s (1971) book The Wolf Man
in her hands. She decided to find this man. She managed to ascertain his identity by leafing through the telephone catalogue (he was listed in the book as Sergej P.). Obholzer became fascinated by this aristocratic 86-year-old Russian immigrant’s story and realized that she had made a journalistic scoop, scored a direct hit. When she met him, the Wolf Man still had the same problems with women and money he had had in his youth. Obholzer attempted to win the Wolf Man’s confidence by playing the role of his elder sister, Anna, and to her surprise the Wolf Man himself told her that he identified her with his sister, even though he also saw in Obholzer still another in the long series of analysts. She continued to interview him up to his death.

Pankejev used the interviews to clarify some of the information that had appeared in publications on the case. He brushed aside the idea that he had ever
lived at Freud’s expense and he got entangled in nebulous aspects of the financial contributions he had received. He regarded Freud’s reconstruction of the primal scene as a pure product of the imagination, rejected all talk of his father complex and his passive homosexual love for his father, and talked instead about his life-long sister complex. The statement that he could not even dress himself he considered absolute nonsense as he did Brunswick’s diagnosis of paranoia, which upset and outraged him. He declared that he never paid any attention to what Brunswick said and that he took no notice of such things as unsolved remnants of transference to Freud, identification with women, Brunswick’s interpretation of dreams, or her attempt to associate his regular visits to street-walkers with his nose problem. He perceived Brunswick as, like his mother, hostile to his wife, Therese, and put it down to jealousy because
Freud considered Therese so beautiful. His whole description of Brunswick exudes profound contempt for her, showing what an outrage it had been for him to be shuffled off by Freud to his female analysand and pupil. From having been the uncritical admirer of psychoanalysis, the Wolf Man toward the close of his life became the enemy of psychoanalysis. The Wolf Man ended his analyses with Freud and Brunswick with a kind of obsequious adaptation, without ever opposing them, without criticizing the analysis, and without becoming his own analyst (Rangell 1993).

Reading the Wolf Man’s interviews with Obholzer is a depressing experience. This undeniably cultivated and intelligent man tosses out cliches about psychoanalysis, piling them one upon the other. Pankejev lived as a pale copy of the famous case, adapting himself constantly to the expectations of others. His passive-masochistic attitude remained
unchanged throughout his entire life. As years went by, his narratives became more and more tiresome, full of repetitions, platitudes, and intractable opinions. In his last years there is only one phrase left: I am Freud’s most famous case (and nothing else, and that is why I hate psychoanalysis). Pankejev gets a self-tormentor’s grandiose satisfaction out of saying to Obholzer—who really wanted to hear it: Look, I am the Exhibit A of psychoanalysis! Look at what bad shape I’m in! I am the most famous case—and nothing has helped me! This, despite the evident, if limited success, of the psychoanalytic treatment.

It is surprising to discover time after time how Freud’s interpretations, made 50 or 60 years earlier, which we recognize from the case history, remain with the Wolf Man in a rigid, frozen form. He fantasizes, for example, about writing a short story about a man who is drawn into a passive sexual role
in relation to two “Annas,” a sister and a servant (Obholzer 1982, p. 232): “a person is driven on the wrong sexual path and creates an ideal for himself according to which there must be a component of sadism on the part of the woman.” His nomination of Freud to genius category takes place side by side with his almost total disparagement of Freud’s contributions. He utters a stream of critical remarks about psychoanalysis and is indignant about false theories about something the analysts call “transference.” As everyone knows, there is no progress in psychoanalysis; it is just the same thing the whole time. Freud might be able to cure people by his constructions but psychoanalysis is nothing more than the doubtful art of suggestion (1982, pp. 135ff.).

Even the reading of the psychoanalytical literature about the case is far from satisfactory. Despite the fact that at least a few worthwhile articles
or chapters in books have been written, they are for
the most part pale shadows of Freud’s case history,
and in addition often characterized by a biased
perspective and the preoccupations of whatever
debate is current. The puzzling, the tentative, the
humble, and self-critical—the wealth of differing
factors—is lost. The extensive follow-up material has
not muffled the speculations around the case. If
anything it has rather added to a superabundance of
simplified, one-sided re-interpretations. Maybe the
worst enemy of psychoanalysis is this trivialization in
the presence of an indulgent and uncritical audience.

What Can We Learn Today from the Case of the
Wolf Man?

It is plainly evident from both the content and
style of this case history that gross simplifications and
one-sided ideas were alien to Freud. No matter how
fascinated he himself is by his discoveries of the
childhood neurosis or the reconstruction of the primal scene in the case of the Wolf Man, he never forgets how enormously complicated people’s inner life is. He is not content to allow one factor to explain the process of illness causation, but instead he discusses a series of contributing and counteracting, internal and external factors, alternative events, or consequences. His case history shows concretely that psychoanalytical work consists of investigating extremely complex connections. Beyond questions we can answer—and we can do that only hypothetically—there are unanswered questions, and beyond our area of knowledge there are existential questions about which artists and philosophers know more than we analysts do.

The history of psychoanalysis might be written against the background of the way the case of the Wolf Man has been referred to, commented on, and
interpreted down through the years. The diagnostic perspective of the patient has changed. Freud saw his patients as neurotic; today we often tend to call neurosis health, and the Wolf Man would be described as psychotic, borderline psychotic, or narcissistic. Freud’s attention was directed to the Wolf Man’s regression in relation to his father and to the anal phase of development. The predominant tendency today is to look for ever-earlier causes of illness with preferential attention given to the more serious pathologies and ever-earlier conflicts, interpreted in terms of the early, preoedipal mother. The crucial significance of the relation between the mother and the infant is emphasized all too often at the expense of the whole dynamic constellation among the archaic imagos of the father and mother. Our direction has shifted to some extent from attempts to uncover the content of unconscious
fantasies and unconscious conflicts to working with resistance, transference, and the stable structure of defence that together form a person’s character. It was resignation in the face of the Wolf Man’s character that made Freud resort to the “the heroic measure of fixing a time-limit.”

In conclusion a few words about the impossibility of the complete, finalized cure. In a letter dated November 4, 1970 (cited by Gardiner 1983), Anna Freud wrote about the uncertainty surrounding analytical success that characterizes every treatment. Discussions of cases always make the failures more obvious than the successes. And she continues: “There was a recent discussion in the Society here about the technical advances in psychoanalysis. Somebody said if the Wolf Man were in treatment now and his earliest mother-relationship had been analyzed (in the transference), he would have been
cured completely with no obsessional or other residues left! I think that is one of the modern analytic delusions. I have never believed in analytic omnipotence.”

In our day we often hear that patients in psychoanalysis are so much more disturbed than they used to be before. This is another of the myths that both psychoanalysts and non-psychoanalysts have created but that have nothing to do with reality. Those of you who have read this book have surely noticed yourselves how much Freud’s cases differ from what we nowadays regard as typical neuroses. It is our knowledge that has grown, not the patients who have become more ill (Rangell 1993). The case of the Wolf Man illustrates that we do not need a new theory for new patients, but more proficiency within the same area of knowledge. The road leading to greater knowledge does not go by way of repudiation of
earlier insights; neither does it go by way of centering attention on one aspect of psychoanalytical theory, regarding that as an all-embracing explanation and rejecting all the other aspects. Unfortunately the history of psychoanalysis from Freud’s day to our own times offers innumerable examples of this sort of pseudo-development. What we need instead is a continuing effort to counteract the trivialization, the over-simplification of earlier knowledge, that inevitably follows when earlier revolutionary insights begin to be thought of as every man’s meat. If this publication and the history of the Wolf Man contribute to counteracting popularization in this sense, then I—and I would like to believe all of us—will have accomplished what we hoped for. Freud’s classic cases are not stuffed animals dusted off for the occasion or reptiles preserved in formaldehyde. Today, just as during the time when they were
conceived, these case histories may help us to discover and orient ourselves in the prehistoric landscape of our unconscious, where “the great saurians are still running about” and “the horsetails grow as high as palms” (Freud 1938, p. 299). Even though we today may see and understand more than then, it is not likely that the repertoire of the unconscious has changed in the century that has passed since the not-completely-painless birth of the science of psychoanalysis.

**Notes**

1. *Nyanya* is actually not a real name but a Russian term for nanny. This is why I consistently use the phonetic spelling of the Russian word.

2. The concept “reconstruction” is used here throughout as Freud used it in 1918. The tension between elements of reconstruction and construction in the work of psychoanalysis is discussed later on.

3. The case of Marie Bonaparte was published by the patient herself in a bibliophile edition (Bonaparte 1950, p. 52), in an article about a 42-year-old analysand (Bonaparte 1945),
and is also described in her biography by Celia Bertin (1983, pp. 160-161).

4. Following Laplanche’s (1991, 1992) suggestion, I translate *Nacht-räglichkeit* as *afterwardness*, instead of Strachey’s misleading and often criticized translation *deferred action*.

5. My thesis about the collaboration between Brunswick and Freud on the case of the Wolf Man was confirmed by Kurt Eissler (1993) in an article published after this paper was written. Gardiner gave Eissler access to Brunswick’s handwritten notes from the beginning of the thirties, probably the basis for lectures about the Wolf Man in the framework of seminars on psychoses at the Vienna Psychoanalytical Institute. These notes testify to discussions with Freud and contain new material on Nyanya’s “anal seduction” of the Wolf Man: when the boy was two and a half years old and constipated Nyanya put her finger into his anus to facilitate the emptying of his bowels. Eissler mentions, like Freud (1937a), Brunswick’s planned second essay on the Wolf Man. He overlooks her 1940 article, however.

6. Kolev explains the spatial relations of the parents’ imagos in the preoedipal and oedipal phases, describing the archaic space, containing also the right and left halves of the body, as two-dimensional. According to him, the preoedipal mother as a stable inner object always appears to be represented in the right half of the archaic space. In seriously disturbed or regressed patients, he describes a splitting of the mother imago to the right: there this imago
is divided up into a hated and feared left image, and into an idealized and unreachable right image. The earlier father imago, “the sadistic father,” like the boy’s passive feminine striving toward the father, is represented to the left, counterbalancing the mother imago. This whole structure may be depicted by projection in the outer, geographic space—the patient’s fantasized or staged topology.
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About the Editors

Iréne Matthis, M.D., Ph.D., is a psychoanalyst in private practice and also a training analyst, supervisor, and teacher at the Swedish Psychoanalytic Institute. She has published several books and many articles on cultural and linguistic themes as well as on narrow psychoanalytic subjects.

Imre Szecsödy, M.D., Ph.D., has been Director of the Swedish Psychoanalytic Institute and President of the Swedish Psychoanalytic Society, where he is a training analyst. He is currently Vice-President of the European Psychoanalytic Federation and is Associate Professor in psychiatry at Karolinska Institutet.