THE TALKING CURE:

Literary Representations of Psychoanalysis

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I am indebted to the many bright and lively SUNY-Albany students who took "Freud and the Literary Tradition" and "The Psychiatric Case Study in Literature" with me, where I first tested out many of the psychoanalytic interpretations that appear in this book. On more than a few occasions, my students' questions and responses found their way into *The Talking Cure.*

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ONE
Introduction: The Talking Cure

IT WAS Bertha Pappenheim, Josef Breuer's celebrated "Fräulein Anna O." of *Studies on Hysteria* (1893–1895), who coined the term "talking cure" to describe the magical power of language to relieve mental suffering. Described by her physician as possessing unusual poetic and imaginative gifts, the 21-year old woman entered therapy in 1880 shortly after falling ill. During the following months she developed severe hysterical symptoms that today might be diagnosed as schizophrenia: frightening hallucinations of black snakes, near-total physical paralysis of arms and legs, and major disturbances of speech and sight. Breuer was mystified by her mad jumble of syntax, fusion of four or five languages, and prolonged silences. Her personality alternated between two contrasting states of consciousness, a normal but melancholy state in which she recognized her surroundings, and an hallucinatory state in which she became abusive and "naughty." Intrigued by the case, Breuer began visiting his patient regularly and spending more and more time with her. Guessing that he had somehow offended her at one point—he never tells us why or how—the physician obliged the patient to talk about her feelings toward him. Soon her verbal inhibitions inexplicably began to disappear, along with a remission of her other symptoms. The situation worsened, however, after the death of her beloved father, whom she had been nursing during his convalescence.

Around this time, Breuer noticed a curious phenomenon. While she was in an altered personality state, she would mutter a few words to herself that seemed to be related to her bizarre illness. Suspecting that her language held a clue to her disease, Breuer hypnotized her and requested the patient to relate the hallucinations she had experienced during the

day. After the narration, she would wake up with a calm and cheerful disposition. Sometimes she invented sad stories the starting point of which resembled her own situation—a girl or young woman anxiously sitting by a sickbed. If for any reason she was unable to narrate these stories to Breuer during the evening hypnosis, she would fail to achieve therapeutic relief, and the next day she was compelled to tell him two stories before the talking cure took effect. This "chimney-sweeping," as she jokingly referred to the novel treatment, allowed her to use the products of her imagination—art—to sweep clean the terrifying demons of her life.

It is an intriguing accident of history that the first patient of psychoanalysis was also a storyteller. And the motive that prompted her to enter therapy, escape from imaginative terrors, was also the impulse behind her fiction. It was as if the creative and therapeutic process were inseparably joined. Yet, the relief she experienced from the talking cure lasted only a couple of days, after which she would once again grow moody and irritable. Sometimes she refused to talk at all. Breuer, who was both her physician and audience, then had to search for the right formula to unlock her stories, as if the key to her art was the only escape from a baffling illness. Like Kafka's Hunger Artist, whose performances depended upon the entertainer's starvation, Anna O. created stories from the depths of suffering. Her artistic gifts to Breuer affirmed both the destructive and creative uses of the imagination. Without a sympathetic audience, the artist could not create nor the patient improve. Unfortunately, Bertha Pappenheim never wrote about her experiences with Breuer, and so we do not have an account of therapy written from the point of view of the patient who achieved such prominence in the psychoanalytic movement. But we do have Breuer's account of the case history, supplemented by various comments Freud later made about his former collaborator's treatment of Anna O. The emerging story is filled with the ironies and contradictions that inevitably characterize most fictional and nonfictional accounts of psychological breakdown and recovery—the literature of the talking cure.

"I have suppressed a large number of quite interesting details," Breuer curiously acknowledges near the end of "Fräulein Anna O."[1] Indeed, the case study is riddled with omissions, evasions, and inaccuracies. In the beginning of the story, Breuer describes his patient's sexuality as "astonishingly undeveloped," thus rendering her into an asexual woman. He was unprepared for the intense infatuation she developed for him. When the physician saw her on a daily schedule, her health markedly improved; during his absences, she grew angry and uncontrollable, as if to punish

him for his infidelity. According to Ernest Jones, who first revealed Anna O.'s identity in 1953, Breuer became so preoccupied with his lively, attractive patient that his wife eventually grew jealous.[2] When the proper Victorian doctor realized this, he became nervous and abruptly terminated treatment, pronouncing his patient cured. Breuer speaks confidently of Anna O.'s complete recovery and imposes a fairy-tale ending to the story. But the tidy resolution of the case study was far from the truth, as Freud later disclosed. According to Freud's account, which he arrived at many years later from isolated clues Breuer had given him, a few hours after the physician's departure the cured patient went into hysterical childbirth (pseudo-cyesis), believing Breuer was the father of her child. "Now Dr. B.'s child is coming!" she cried, suggesting that, if she couldn't give him any more stories, she would present him with a baby.[3] Breuer was again summoned, and, after calming her down, he hastily took his wife to Venice for a second honeymoon. He never again saw or treated Fräulein Anna O.

Understandably reluctant to write up or publish the case history, Breuer finally agreed to do so only after pressure from Freud, who was eager to announce to the world his new theory of hysteria. Shortly after the publication of *Studies on Hysteria,* the coauthors parted company forever, Breuer severing all ties to the young psychoanalytic movement. Breuer, whom the partisan Jones portrays as the villain of the story, reportedly told Freud a year after the case that Bertha Pappenheim was "unhinged" and that he hoped death would release her from suffering.[4] Freud remained generally silent about the case study, giving only a few details about the "untoward event" that compelled Breuer to break off treatment. James Strachey, the editor of the *Standard Edition,* reports that Freud once put his finger on an open copy of "Fräulein Anna O." to indicate a hiatus in the text. The implication is that Breuer's timidity was responsible for the omissions in the story and the failure of the patient's treatment.

From Freud's point of view, Breuer failed because he was not intellectually audacious enough, not a *conquistador,* as Freud viewed himself. Publicly, Freud criticized Breuer's inability to understand Anna O.'s transference love toward the physician; privately, Freud condemned Breuer's failure to maintain clinical detachment from the young woman. When Bertha Pappenheim later confided to her friend Martha Freud the details of her therapy, Martha immediately identified with Breuer's wife and expressed the wish that her own husband would never allow the same situation to arise. "For that to happen," Freud replied with more than a

little sexual disgust in his voice, "one has to be a Breuer."[5] Yet, it is unfair to vilify Breuer, for he, too, was a pioneer, albeit an ambivalent one. Few nineteenth-century physicians tried to make sense of the bizarre symptomatology of hysteria; additionally, he expended extraordinary time and effort on his patient. No one has ever suggested that he acted improperly with Anna O., and nothing in his medical training or background adequately prepared him for the treatment onto which he inadvertently stumbled.

How did Bertha Pappenheim feel about the talking cure? No doubt she felt abandoned by Breuer in her hour of need. There is no evidence that she ever read "Fräulein Anna O." or realized the historical uniqueness surrounding her case. She suffered relapses after Breuer's departure, required hospitalization, apparently "inflamed the heart" of another attending psychiatrist (to quote Jones), and slowly recovered. She then began her long and distinguished career in social work—she was the first social worker in Germany—in 1895, the year Breuer and Freud published *Studies on Hysteria*.[6] Although she never married or had children, she did give birth to the vast psychiatric literature that has been written on mental breakdown and recovery. Yet, her silence on the subject is difficult to interpret, especially since she became a prolific author and wrote on a variety of topics. She translated Mary Wollstonecraft's *A Vindication of the Rights of Women,* wrote a play entitled *Women's Rights,* and authored a collection of fairy tales, numerous short stories, humanitarian articles, and travel pieces. An ardent feminist, she wrote: "If there is any justice in the next life, women will make the laws there and men will bear the children." The statement not only reveals indignation over the plight of women but perhaps anger at the men in her life, including the male physicians who treated her. There may also be an element of revenge involved, as if to say: "Let Dr. B. bear his own child." Friends and colleagues admired her but were wary of her occasional nervousness, fits of temper, and distant behavior. One of her mottoes, a biographer notes, was: "To be severe is to be loving." No one can say whether she was helped by Breuer's treatment, but after her recovery she had little use for psychoanalysis. "Psychoanalysis in the hands of the physician is what confession is in the hands of the Catholic priest. It depends on its user and its use, whether it becomes a beneficial tool or a two-edged sword" (quoted by Jensen, p. 289). It is ironic that Bertha Pappenheim, a devout Jew, should compare the psychoanalyst to the priest; Freud made the same comparison, arguing, however, that "In Confession the sinner tells what he knows; in analysis the neurotic has to tell more" (*Standard Edition,* XX, p. 189). Nevertheless, her analogy aptly describes the potential for good and evil within both spiritual and psychological approaches to human suffering.

To this day, the veil of obscurity surrounds not only the final stage of Breuer's treatment of Anna O. but virtually all accounts of the talking cure. The difficulty of writing a psychiatric case study may be seen in the fact that Freud published only five major case histories (excluding the brief sketches in *Studies on Hysteria*), dating from 1905 through 1918. They are, in the order of publication: *Fragment of an Analysis of a Case of Hysteria* ("Dora") in 1905, *Analysis of a Phobia in a Five-Year-Old Boy* ("Little Hans") in 1909, *Notes Upon a Case of Obsessional Neurosis* ("The Rat Man") also in 1909, *Psycho-Analytic Notes on an Autobiographical Account of a Case of Paranoia* (Schreber) in 1911, and *From the History of an Infantile Neurosis* ("The Wolf Man") in 1918. Two of the case histories are based on patients Freud either did not see or treated indirectly. The case of Schreber was based on an autobiographical memoir Freud came across, while the study of Little Hans was written from the notes supplied by the boy's father, a former patient of the psychoanalyst. Freud's case studies have become enduring psychiatric and literary classics, but they also reveal the paradigmatic difficulties of the genre. The problems fall under three main categories: medical confidentiality; belief; and the clinical phenomena of transference, countertransference, and resistance. Freud's psychiatric case studies offer an insight into the predictable and unpredictable problems that have subsequently vexed the novelists and playwrights writing about the talking cure.

Although psychiatric case studies often read like fiction, they are based upon actual patients. This obviously poses a major problem for the author, who must strike a compromise between truth and disguise. How much biographical information can the analyst reveal without disclosing the patient's identity? In *Studies on Hysteria,* Breuer and Freud conceded the constraints under which they were writing. It would have been a grave breach of confidence, they admitted, to publish material touching upon their patients' intimate lives. Consequently, the authors deleted some of the most important observations. Breuer's deliberate suppression of crucial information in "Fräulein Anna O." weakened both its literary richness and scientific credibility. One need not accept Robert Langs's extreme conclusion that the psychotherapeutic movement has its roots in complicity, lies, and evasions to agree that psychiatric case study literature has failed to disclose significant details of the therapeutic process.[7]

Freud's fullest account of the problem of confidentiality appears in *Dora.*

Conceding that the vagueness of information in *Studies on Hysteria* deprived researchers of the opportunity to test the authors' theory of hysteria, Freud vows to err in the opposite direction. "Whereas before I was accused of giving *no* information about my patients, now I shall be accused of giving information about my patients which ought not to be given" (*Standard Edition,* Vol. VII, p. 7). Obliquely hinting at Breuer's timidity, Freud insists on the physician's "duty" to publish all the facts about hysterical illness. Anything less than complete disclosure, he says, is "disgraceful cowardice." He acknowledges, though, that the complete discussion of a case of hysteria is bound to result in the betrayal of the patient's identity. To safeguard Dora's privacy, Freud makes several fictional changes, such as altering her name, place of residence, and other external details. In addition, he delayed publication of the case study for four years until he was convinced she would not accidentally come across the work. Nevertheless, Freud admits she would be upset if a copy of the case study fell into her hands. Freud returns to the subject of confidentiality in the introductory remarks of the *Rat Man,* telling us that he cannot give a complete history of treatment because that would compromise the patient's identity. "The importunate interest of a capital city, focussed with particular attention upon my medical activities, forbids my giving a faithful picture of the case" (*Standard Edition,* Vol. X, p. 155). He concedes, however, that deliberate fabrications in a case study are often useless and objectionable. If the distortions are slight, they are ineffective; if they are major, they destroy the intelligibility of the material. His conclusion is that it is easier to divulge the patient's most intimate thoughts (which usually do not cast light on his identity anyway) than to convey biographical facts.

But ambiguities over confidentiality still exist. Must the patient grant the analyst permission to write about his or her life? Medical ethics are unclear about this. Breuer did not have Bertha Pappenheim's permission to publish the precedent-setting "Fräulein Anna O." Despite his efforts to disguise her life, certain details in the case history, such as the date of her father's death and the beginning of therapy, made it possible for readers to infer her identity. Moreover, the Pappenheim family was prominent in Vienna, and many people knew about the young woman's breakdown and prolonged treatment by the eminent Breuer. Given the highly sensitive material found in a psychiatric case study, the author's freedom of expression is limited by confidentiality, ethics, and discretion.

Freud secured permission from the Rat Man, the Wolf Man, and Little

Hans's father, but not from Dora. In 1924, he mentions that when Dora visited another analyst in that year and confided that she had been treated by Freud many years earlier, the well-informed colleague immediately recognized her as the Dora of the famous case study. Nor did Freud have Schreber's permission to publish a case history of the former judge's *Memoirs of a Nerve Patient,* which appeared in 1903. Though Freud never treated him, there were still medical and legal uncertainties concerning the propriety of the publication of the book. In his *Memoirs,* Schreber declares his intention to publish the work even if his psychiatrist, Dr. Flechsig of Leipzig, brought a legal suit against him, presumably for defamation of character. "I trust," Schreber says, "that even in the case of Geheimrat Prof. Dr. Flechsig any personal susceptibilities that he may feel will be outweighed by a scientific interest in the subject-matter of my memoirs" (*Standard Edition,* Vol. XII, p. 10). Freud cites this passage and urges upon Schreber the same considerations the jurist requested of Flechsig. Freud did not know whether Schreber was still alive in 1911 when he was writing the case study (as it turned out, Schreber died a few months after Freud's monograph was published); but the analyst strongly believed that scientific knowledge took priority over personal issues.

The problem of confidentiality exists even when the author of a psychiatric case study is the patient. Just as the psychiatrist worries about preserving the patient's confidentiality, so does the patient feel obliged to respect the analyst's privacy and professional reputation. Freud's analysts in training, for instance, remained deferential toward him in their accounts of their experiences. Ironically, despite Freud's sallies into psychobiography—a genre he created in his book on Leonard da Vinci (1910)—he was uncompromising about his personal life, which he jealously guarded. Displeased by Fritz Wittels' biography of him, Freud expressed the opinion in a sternly worded letter that the biographer should wait until his "subject is dead, when he cannot do anything about it and fortunately no longer cares" (*The Letters of Sigmund Freud,* p. 350). When it came to his own life, then, Freud valued privacy over the dissemination of knowledge. The author of a psychiatric case study requires even more tact than the biographer. It is difficult for a patient to write openly and truthfully when he knows that other participants in the story will read the narration. Since psychological illness usually involves ambivalent feelings toward the closest members of one's family, the publication of a case history is bound to reopen painful family wounds. Both the analyst and his patient, then, must resort to fictional disguises, omissions, and evasions

to protect the living protagonists and antagonists of the story. The question of sufficient disguise, moreover, may become problematic.

Another problem Freud confronted was over the nature of the psychiatric case study. Is it primarily a scientific treatise, designed to be read by other medical researchers, or a literary endeavor, written for a broader audience? The question reflects a fascinating division in Freud's character. He could never reconcile his scientific training with the artistic and philosophical elements of his personality. Nowhere is this conflict more evident than in his role as storyteller in the case studies. "It still strikes me myself as strange," he writes in *Studies on Hysteria,* "that the case histories I write should read like short stories and that, as one might say, they lack the serious stamp of science" (*Standard Edition,* Vol. II, p. 160). Yet Freud is disingenuous here, attributing the literary quality of the case studies to the nature of the material rather than to his artistic temperament. To describe a patient's psychiatric disorder, he adds, it is necessary to imitate the imaginative writer, who intuitively knows how to capture the workings of the mind. Unfortunately, few psychiatrists have needed to worry about the literary quality of their case studies, and it is strange to hear Freud professing horror at the thought that some readers will approach his case studies with anything other than scientific curiosity. "I am aware that—in this city, at least—there are many physicians who (revolting though it may seem) choose to read a case history of this kind not as a contribution to the psychopathology of the neuroses, but as a *roman à clef* designed for their private delectation" (*Standard Edition,* Vol. VII, p. 9). In rejecting "impure" motives for reading the psychiatric case study, Freud affirms the high seriousness of science. Yet he seems unduly embarrassed by the high seriousness of art—the aesthetic pleasure of reading and the sympathetic involvement with characters not terribly unlike ourselves. Freud's case studies are filled with the stuff of high drama: protracted family wars, twisted love affairs, unfulfilled hopes, broken promises, insoluble moral dilemmas. Few creative stories contain the involuted plots, demonic characterization, and racy dialogue of the *Rat Man* or the *Wolf Man*—their names alone seize our imagination and take their place among the world's enduring literature. The self-inflicted tortures of Freud's patients and their nightmarish settings make the case studies read like Gothic fiction. Appropriately, when Freud's name was mentioned for the Nobel Prize, it was more often for literature than for medicine.

It was not enough, however, for Freud to stimulate a reader's curiosity or fulfill his desire for aesthetic pleasure. Freud sought scientific truth,

not artistic beauty (he took offense when Havelock Ellis maintained he was not a scientist but an artist), and he was vexed by the problem of converting intellectual skepticism into belief. How does the author of a psychiatric case study suspend the reader's disbelief? It is made difficult because psychoanalysis does not allow an audience to observe directly the unfolding drama of a patient's story. The talking cure remains enshrouded in mystery. "You cannot be present as an audience at a psychoanalytic treatment," Freud informs his audience of medical students in the *Introductory Lectures;* "You can only be told about it; and, in the strictest sense of the word, it is only by hearsay that you will get to know psychoanalysis" (*Standard Edition,* Vol. XV, p. 18). Yet hearsay is notoriously unreliable, as Freud well knew. Through the power of language the storyteller succeeds in spinning his web, and Freud never underestimated the ancient magical power of words to make one person blissfully happy and to drive another person to despair. Both the psychoanalyst and storyteller succeed or fail through their language. Freud remained pessimistic, though, about the power of language alone to create conviction in the disinterested reader, the "benevolent skeptic," as he wished his audience to be. In both *Little Hans* and the *Wolf Man* he remarks on the regrettable fact that no written account of psychotherapy can create the conviction achieved only through the actual experience of analysis. This, of course, creates a tautology. Why publish a case study if it cannot persuade the reader? The convert to psychoanalysis requires no further proof, while the cynic remains unconvinced. Is Freud's admission merely a defense against failure or an accurate statement about the unique validation required for psychoanalytic belief?

This question brings us to the unconscious projective tendencies unleashed by psychoanalysis and the interactional nature of the patient-analyst relationship. Any account of the talking cure must include the phenomenon of transference, one of the most central but misunderstood issues in therapy. Freud insisted that the recognition of transference is what distinguishes psychoanalysis from other forms of psychotherapy, including Breuer's early cathartic method, which sought symptom relief rather than an understanding of the underlying causes of mental illness. The patient sees in the analyst, Freud writes in *An Outline of Psycho-Analysis,* "the return, the reincarnation, of some important figure out of his childhood or past, and consequently transfers on to him feelings and reactions which undoubtedly applied to this prototype" (*Standard Edition,* Vol. XXIII, p. 174). The psychic mechanism behind transference is projection, in which

a perception, fear, or drive is first denied and then displaced upon another person or object. Transference is usually ambivalent (a word coined by Freud's contemporary, the Swiss psychiatrist Eugene Bleuler), consisting of positive (affectionate) and negative (hostile) feelings toward the analyst, who generally occupies the role of a parental surrogate. Freud learned from experience that transference is a factor of undreamed-of importance, a source of grave danger and an instrument of irreplaceable value. The patient has both a real and an unreal or symbolic relationship to the analyst; the unreal relationship must be explored and traced back to its distant roots. The analyst in turn must guard against the tendency toward countertransference, which would hopelessly entrap the patient in the analyst's own confusion.

The narrative implications of transference and countertransference are far reaching. Both participants in therapy, the analyst and the patient, influence what is observed and felt. The observer's point of view always influences what is observed—a basic truth psychoanalysts have not easily conceded. The analyst's interpretation, for example, may be perceived as intrusive or aggressive and thus have undesirable consequences for the patient. The most important moments in therapy may remain unverbalized or concealed in an ambiguous silence. Freud himself remained contradictory on the analyst's proper stance, and many of his metaphors are profoundly misleading. In "Recommendations to Physicians Practicing Psycho-Analysis" (1912) he equates the analyst with the surgeon, "who puts aside all his feelings, even his human sympathy, and concentrates his mental forces on the single aim of performing the operation as skillfully as possible." He then uses an even more impersonal analogy, comparing the analyst to a telephone receiver, converting sound waves into electric oscillations (*Standard Edition*, Vol. XII, pp. 115–116). Not only are these bad analogies, evoking a mechanistic image of the analyst, Freud returns to them in his writings, as if he could not stress too strongly the analyst's objectivity and detachment. "The doctor should be opaque to his patients and, like a mirror, should show them nothing but what is shown to him" (*Standard Edition*, Vol. XII, p. 118). This is the same Freud whose discovery of unconscious projective mechanisms shattered the myth of human objectivity and its literary equivalent, the "ideal" reader.

Although many analysts still adhere to the blank-mirror image, more and more therapists are agreeing with Heinz Kohut's position that the analyst's introspective, empathic stance defines the psychological field. Earlier, Erik Erikson pointed out that Freud's discovery of transference leads to the conclusion that psychological investigation is always accompanied by a degree of irrational involvement on the part of the observer.[8] Freud's case studies demonstrate how transference and countertransference play a crucial role both in psychotherapy and in the narrations of the talking cure. Many of Freud's seemingly innocuous comments had unexpected literary and psychological implications. Breuer was certainly not alone in being entrapped in the emotional interlockings of psychoanalysis.

It was not unanalyzed affection that abruptly halted Freud's *Fragment of an Analysis of a Case of Hysteria,* as it had Breuer's "Fräulein Anna O.," but unconscious hostility. His only major case study on a woman, *Dora* reveals an aggressive and unempathic Freud, insensitive to the teenager's problems. Despite his candid acknowledgment of the inability to understand and control Dora's transference, Freud missed his countertransference toward her. A letter to Wilhelm Fliess in 1900 betrays his unrelenting pursuit of her illness. "I have a new patient, a girl of eighteen; the case has opened smoothly to my collection of picklocks."[9] There is more than a little arrogance here couched in an assaultive sexual image. Indeed, throughout the case study Freud attacks Dora's defenses; their relationship resembles a cat-and-mouse chase rather than a collaborative therapeutic alliance. One example will suffice. Freud interpreted one of Dora's acts, the opening and closing of a small reticule with her finger, as symbolic masturbation. One can hardly imagine the shock of a teenager hearing this interpretation in 1900. Moreover, for Freud to state explicitly this interpretation, instead of letting the patient hit upon it herself, would be considered by today's standards a gross deviation of technique. Dora soon began to play secrets with him, ambivalently encouraging his intellectual advances. One analyst has speculated that Freud's premature interpretations may have convinced the youth that he was a dangerous sexual adult who was attempting to seduce her.[10] Freud's responses apparently led her to believe that he was like her father and Herr K., both of whom were betraying her. Her father, for instance, was having an affair with Herr K.'s wife, and Herr K. was trying to seduce Dora. Additionally, Freud had treated Dora's father, and she may have perceived him as locked into a collusion with her father and all men. How could she trust the physician when he seemed to be doing intellectually what her father and Herr K. were doing sexually?

Freud's aggressiveness finally drove Dora out of therapy. When she returned after an absence of 15 months, expecting to resume treatment, Freud

brusquely turned her away. One glance at her face convinced him, he writes, that she was "not in earnest" over her request. Instead of encouraging her to resume therapy and analyze her earlier flight, Freud reacted like a rejected lover and spurned her reconciliation. His rejection of Dora thus recalls Breuer's abandonment of Anna O. No wonder feminists have remained angry at Freud and psychoanalysis. "I do not know what kind of help she wanted from me," Freud writes without irony on the last page of the case study, "but I promised to forgive her for having deprived me of the satisfaction of affording her a far more radical cure for her troubles" (*Standard Edition,* Vol. VII, p. 122). According to Felix Deutsch, who briefly treated her, Dora later became embittered and obsessed by infidelities. Erikson has suggested that her bitterness may have been deepened by Freud's termination of treatment.[11]

Freud was more successful with the Rat Man. The analyst displayed remarkable compassion for the young man who was tortured by a love-hate ambivalence toward his deceased father. Yet even in this case study, with its dazzling exposition and resolution, Freud had to overcome problems caused in part by his Promethean quest for meaning. By contemporary standards, Freud exerted an excessively active role in seeking to untangle the origins of Paul Lorenz's obsessional neurosis. The patient believed that his father had access to his innermost thoughts and that no secret was safe from discovery. Imagine his horror upon learning that Freud could read his mind. Early in the story the patient attempts to describe the appalling fear that haunts his imagination. A brutal captain had told him of a particularly horrible custom practiced in the East, one so dreadful that Lorenz cannot verbalize it to Freud. Like Swift's satirical dialogue "Cassinus and Peter," in which the nervous hero cannot bring himself to relate to his college friend the "crime" that shocks humanity, Freud's case study builds up dramatic suspense through the patient's faltering dialogue. He simply cannot tell Freud the truth. Lorenz breaks off the narration, rises from the analytic couch, and begs Freud to spare him from the need to recite additional details. Freud replies that, although he is not sadistic and has no desire to torture the patient, Lorenz cannot circumvent the requirement that he tell everything on his mind, no matter how repugnant the thought may be. The dialogue proceeds as follows, with Freud playing the role of interrogator:

> 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 (*Standard Edition,* Vol. X, p. 166).

By filling in the patient's elliptical pauses and completing his unspoken thoughts, Freud violated the technique of free association and unconsciously thrust himself into the center of Lorenz's story. As Mark Kanzer points out, "the analyst was being seduced into the role not only of the cruel officer, who told the story, but also of the rats which invaded the victim's body."[12] In the transference neurosis that developed, Lorenz imagined Freud to be participating in anal rape. In a sense this was true, for Freud's eagerness to penetrate to the bottom of the mystery only intensified the patient's fear of violation. Despite the analyst's reassurance that he was neither the patient's dead father nor the sadistic captain, who was responsible for the precipitation of the illness, Lorenz thought otherwise, even calling him "Captain" on occasion. Freud did not discern the basis in reality behind the patient's fear. Freud's questions did not merely elicit the Rat Man's story but made him feel as if past tortures were becoming present reality, with the psychoanalyst setting verbal traps for the unsuspecting victim. Far from being a blank mirror, Freud became Lorenz's deadly antagonist, pursuing him into the most fearful places. Indeed, the analyst was as compulsive as the patient in the examination of every symptom of the illness. It was not simply a transference neurosis from which Lorenz was suffering, as Freud mistakenly thought, but a confusion of reality and delusion created by the analyst's unconscious imitation of the role of grand inquisitor. Lorenz defended himself against each of Freud's oral interpretations with excremental outpourings. The Rat Man's retaliatory anal transference fantasies were so abusive that Freud included only a few of them in the published case study.

We know that Freud excluded many of the Rat Man's exclamations because the psychoanalyst's original notes to the case study have been preserved. Freud usually destroyed all the notes and original manuscripts after a work was published, but, after his death, the notes to the *Rat Man* mysteriously came to light. They reveal not only the violence of the Rat Man's fantasy world but the pattern of attack and counterattack characterizing the relationship between analyst and patient. Each insight that

penetrated the Rat Man's defenses was converted into an expulsive transference fantasy involving the violation of Freud and members of his family. The following passage is typical of the case-study material Freud censored out of the published version:

> *Nov. 26*—He interrupted the analysis of the dream to tell me some transferences. A number of children were lying on the ground, and he went up to each of them and did something into their mouths. One of them, my son (his brother who had eaten excrement when he was two years old), still had brown marks round his mouth and was licking his lips as though it was something very nice. A change followed: It was I, and I was doing it to my mother (*Standard Edition,* Vol. X, p. 286).

Unknown to the reader, beneath the surface narrative of the case study there was an animated process of feeding and evacuation occurring between the two men, each intent to defeat the other's will. The more vigorously Freud offered his patient psychoanalytic morsels, the more violent were the Rat Man's expulsive movements. Freud also, in complete violation of analytic technique, literally fed his patient. Nor could he understand why Lorenz suddenly expressed the wish to become slimmer. Indeed, the herring Freud gave his patient, and which Lorenz did not touch, was transformed into a transference fantasy in which the fish was stretched from the anus of one woman to that of another—Freud's wife and mother. Amidst these scatalogical attacks, Freud must have felt like Gulliver in the land of the Yahoos. Yet the analyst remained remarkably compassionate and good humored. Moreover, these were the fantasies of only one patient, by no means his most disturbed. Freud analyzed hundreds of people, each narrating confessions more fantastic than the next. Anyone coming across these notes would probably conclude that Freud was the lunatic for allowing himself and his family to be shat upon with impunity.

It is easy to understand, for the reasons given above, why Freud omitted from the published account of the Rat Man's story the transference fantasies described above as well as others, all of which were variations on the same identity theme.[13] How could readers achieve a Coleridgean suspension of disbelief when even the edited final version violated the laws of order, decorum, and restraint? Was Freud treating human beings or mad animals? What would prevent a reader from locating a published case study and then seeking out Freud to cast further abuse on him—or his family? Many of Freud's patients, in fact, were familiar with his writings. The Rat Man himself first read *The Psychopathology of Everyday Life* and then approached Freud for treatment. The analyst also gave the Rat Man and the Wolf Man inscribed copies of his books in appreciation of their importance to the psychoanalytic movement. Medical discretion required limits on the material he included for publication. He could not reasonably expect readers to distinguish the real Freud from the transferential figure conjured up by his patients' imagination.

Transference aside, there was a basis in reality for the Rat Man's fear of Freud's intrusiveness, and the analyst may have sensed this and decided to restrain this side of his personality from public view. Freud's observation of his beloved Goethe sheds light on his own desire for privacy. "Goethe was not only, as a poet, a great self-revealer, but also, in spite of the abundance of autobiographical records, a careful concealer" (*Standard Edition,* Vol. XXI, p. 212). As it was, many readers must have concluded that only a demented patient or pornographic writer could have conjured up the grotesque rat torture. Indeed, one researcher has discovered a possible link between the Rat Man's great obsessive fear and a similar rat torture found in Octave Mirbeau's notorious novel *Torture Garden,* published in 1899.[14] In suppressing, then, much of the transference material from the published story, Freud implicitly acknowledged the limits of analytic revelation. The precedent holds to this day. Narrations of the talking cure offer a more satisfactory account of the real analyst who guides the patient toward self-discovery than the symbolic or transferential analyst existing in the patient's imagination.

The Wolf Man posed different problems to Freud. Three separate versions of the case study exist: Freud's account, written shortly after the Wolf Man's treatment was ended in the winter of 1914 and 1915 and published in 1918; Ruth Mack Brunswick's reanalysis of the patient at Freud's request and her 1928 publication, "A Supplement to Freud's 'History of an Infantile Neurosis' "; and the patient's memoir, *The Wolf-Man,* published in 1971.[15] The Wolf Man is Freud's most illustrious patient, the only case study that has been followed from infancy to old age. Although the Rashomonlike differences among the three accounts are fascinating, a single issue confronts us here: the therapeutic misalliance resulting from the patient's privileged relationship to the analyst.

Freud called the Wolf Man a "piece of psychoanalysis," and an uncommon intimacy developed between the two men. Over the years, Freud befriended him in ways that left each awkwardly indebted to the other.

In his account, the Wolf Man concedes that a "too close relationship between patient and doctor has, like everything else in life, its shadow side" (*The Wolf-Man,* p. 141). Freud certainly knew that friendship can impede or destroy therapy. Without admitting that these boundaries were overstepped, the Wolf Man relates several incidents of his unique position to Freud. The analyst told him, for example, not to follow his inclination to become a painter and confided that his youngest son had also intended to become a painter but then switched to architecture. Additionally, Freud counseled him not to return to postrevolutionary Russia in a dangerous and probably futile quest to regain his vast lost wealth. Freud continually praised the Wolf Man and made him feel as if he were the "younger comrade of an experienced explorer setting out to study a new, recently discovered land." Freud said he was his best patient and that it would be good if all his students could grasp the nature of psychoanalysis as soundly as the Wolf Man did. The analyst shared with him information about his family and colleagues, his taste for literature and art. Freud remarked at the end of analysis that a gift from the patient would lessen his dependency on the doctor. Knowing Freud's love for archeology, the Wolf Man presented him with a valued Egyptian figurine. Looking through a magazine 20 years later, he noticed a picture of Freud at his desk, with the statuette still there. Freud later reanalyzed the Wolf Man (for what the patient cryptically calls a "small residue of unanalyzed material") without remuneration. Afterwards, Freud took up a collection from his followers to subsidize the once-wealthy patient now unable to pay his rent.

The details relating to the analysis of the Wolf Man described above appear harmless enough and irrelevant to the case study. Yet one of the dangers of an analyst's affectionate overinvolvement with a patient is that guilt may prevent the patient from acknowledging hostility. To quote the Wolf Man's psychologically authoritative pronouncement, "resistances in the transference increase when the patient looks upon the analyst as a father substitute" (*The Wolf-Man,* pp. 141–142). What he fails to admit, though, is the extent to which he seduced Freud into an extra-analytic relationship. The young man who gratefully accepted Freud's generous donations (and who, it turns out, was not honest about his financial situation) later became haughty, as if, in Brunswick's words, "the gifts of money from Freud were accepted as the patient's due, and as the token of a father's love for his son" (*The Wolf-Man,* p. 282). The patient who respectfully heeded Freud's advice not to return to Marxist Russia now blamed his poverty on the analyst. The youth who eagerly received Freud's confidence, repeatedly professing his veneration of the analyst, was now filled with murderous violence toward the symbolic father. He even threatened to shoot both Freud and Brunswick.

In short, since the Wolf Man had not worked through his transference feelings toward Freud, he was now acting out infantile rage toward other figures in his life. He also felt guilty about Freud's terminal cancer. He tersely describes Freud's numerous operations and the prosthesis he wore to replace part of the surgically removed jaw; he remains strangely silent, however, over his psychological reaction to the analyst's disfigurement. Brunswick reveals how the Wolf Man developed a hypochondriacal *idée fixe* centering on his nose, which he feared would be amputated in unconscious imitation of Freud's jaw. The young man would compulsively gaze into a pocket mirror he carried everywhere to make sure his nose was still intact.

Pathos emerges from Brunswick's portrait of the Wolf Man who, with his crippling obsessions, wounded pride, and blatant castration fear, walked the streets of Europe examining his nose, like a mad character in a Gogol story. But there are more ironies in the Wolf Man's life than one would expect to find in fiction. Brunswick's analytic neutrality toward her famous patient is itself suspect.[16] In her reconstruction of the case, she correctly points out the Wolf Man's unresolved transference toward Freud, and the ways in which the patient's acting out represented primitive identifications with his parents. She fails to realize, however, that the Wolf Man did indeed have a privileged status in psychoanalysis. To Freud, who could play favorites, he was more than kin if less than kind. There is a sad comedy in Brunswick's efforts to dethrone the Wolf Man from his princely position to Freud, so that she could secure the father-analyst's love and approval. How could she not feel sibling rivalry toward the man who had greater access to Freud than she had? To add further confusion to the story, both the Wolf Man and Brunswick were under treatment by Freud at the same time. One can imagine the bewildering implications of the analytic incest.

The case histories of Dora, the Rat Man, and the Wolf Man reveal transference and countertransference complexities that escaped Freud's attention. These complexities add a highly personal element to psychoanalysis, making it as much an art as a science, and requiring a narrative point of view that encompasses the real and symbolic figures in the analyst's office. Freud refers to transference as the "battleground" on which the patient's illness is exposed, fought, and won. But the battleground is

usually omitted from psychiatric case studies and literary accounts of psychological breakdown and recovery. In fact, Freud rarely discussed countertransference, believing that publication on this subject would seriously impair his effectiveness with patients familiar with psychoanalytic writings. To know too much about the analyst's personality, Freud feared, would deflect attention from the proper subject of psychoanalysis, the patient. He may have been right, but there was also a defensive element in Freud's silence. He had, after all, revealed an enormous amount of autobiographical material in *The Interpretation of Dreams*. In the decoding of his own dreams he exposed himself to relentless public scrutiny—demonstrated by the numerous biographies of Freud and book-length studies of his dreams.[17] There were times he must have felt more like a confessional poet than a detached scientist. Many of the dreams he narrated, such as Irma's injection and the botanical garden, dramatize Freud's grandiose ambitions, bitter frustrations over lack of success, and self-justifications. There were limits, though, to his willingness to open up his life to the reading public. None of his later books, including the deceptively entitled *An Autobiographical Study* (1925), repeats the candid self-analysis of the great dream book.

There are only a few scattered references to countertransference in Freud's writings, each suggesting the potential unruliness of the analyst's unconscious feelings. In a 1913 letter, he says that countertransference is one of the most troublesome technical problems in psychoanalysis. The analyst's effectiveness, he adds, depends upon the ability to control his own unconscious. At first he believed that the therapist must begin his professional career with a self-analysis, as Freud did, and continue it throughout his life. He remained convinced that no analyst goes further than his own self-insights or ability to overcome internal resistances. He later changed his mind about the adequacy of self-analysis and insisted on a training analysis conducted by an experienced senior analyst. Consisting of three to four sessions per week for several years, the training analysis remains the most indispensable part of psychoanalytic education. Erikson has compared the training analysis to monastic penitence, requiring total personal involvement.[18] By understanding his or her own projective tendencies, the future analyst is better able to experience the patient's feelings.

Since it was discovered by Freud, countertransference has received increasing theoretical and clinical attention. Instead of being viewed as an exclusively pathological phenomenon, as Freud conceived it, countertransference is now regarded as a natural complement or counterpart to the patient's transference.[19] The revelation of the analyst's human frailties may strike some people as proof of the failure of psychoanalysis, but to others it is an honest admission that analysts are not exempt from the problems besetting their patients. To become aware of these problems, moreover, is the first step toward overcoming them—an advantage those who are not trained psychoanalysts do not have. In a classic essay called "Hate in the Counter-Transference," D. W. Winnicott writes about the conditions under which a patient succeeds in eliciting the analyst's fear or hatred.[20] The analyst may feel overwhelmed by the patient's need for symbiotic merger, angered by the reduction into a narcissistic extension of the self, or seduced into emotional overinvolvement. In a lively article entitled "The Effort to Drive the Other Person Crazy," H. Searles argues that since one of the major defense mechanisms against intrapsychic conflict is reaction formation, the conversion of one instinct to its opposite, some therapists enter the profession to control unconscious wishes that run counter to therapeutic aims. His disturbing conclusion is that "desires to drive the other person crazy are a part of the limitlessly varied personality constellation of emotionally healthy human beings."[21] Few analysts are willing to make this statement in public, however; countertransference tends to be discussed only in professional journals that are seldom read by the layman. There are even fewer analysts who have written freely about their own training analysis (a remarkable exception is Tilmann Moser's *Years of Apprenticeship on the Couch*[22]). The unusually high suicide rate among psychiatrists and psychoanalysts suggests the presence of counterphobic motivation of many individuals who enter the field.[23]

Nowhere are the ambiguities of psychoanalysis more evident than in the concept of resistance. It seems wildly improbable to believe that a patient may struggle to retain his illness. In the first edition of *Dora*, Freud asserted that the motives for illness are not present at the beginning but are secondary consequences; later he changed his mind, concluding that the wish to fall ill is a major cause of psychological disorder. In a long footnote added in 1923 to the case study, Freud describes how the flight into illness represents an imperfect solution to mental conflict. Dora fell ill, for instance, in an attempt to detach her father's affection from a woman with whom he was having an affair. The Rat Man developed symptoms that prevented him from working, thus sparing him from an agonizing marital decision. Anna O.'s hysterical illness, an analyst has speculated,

may have been a reaction to repressed hostility against her father and jealousy of her governess.[24] The motives for illness generally arise in childhood and later become a weapon for securing an advantage, such as parental affection or conflict avoidance. Because illness brings about certain advantages, the analyst may have difficulty in convincing the patient to devise more constructive solutions to psychic conflict.

But the concept of resistance easily lends itself to abuse. How does a patient know whether he is "acting out" a neurotic conflict or "working through" it?[25] In psychoanalytic terminology, the former is a manifestation of resistance while the latter is of resolution. Freud defines acting out as the discharge of anxiety through the involuntary repetition of an act, such as exhibiting incestuous drives or pathological defenses. Psychoanalysis evolved from Breuer's cathartic method, which aimed at bringing into focus the moment at which a symptom first occurred, then reproducing the mental processes involved for the purpose of symptom removal. Breuer and Freud called this process "abreaction." Since abreaction does not always lead to insight, Freud abandoned hypnosis as a therapeutic technique and devised the free-association method, a slower but more effective way to induce the patient to recall repressed material. He used the term "working through" to describe the process of overcoming internal resistance through intellectual and emotional self-discovery.

The problem, though, is the seductive appeal of the word. Anyone can invoke "resistance" to discredit another person's argument or point of view. Indeed, the term can be wielded by an analyst or anybody else to "rationalize" (another psychoanalytic term, coined by Ernest Jones, that can be easily abused) any self-serving point of view. As the history of the psychoanalytic movement regrettably demonstrates, analysts have not always resisted the temptation to employ *ad hominem* arguments when disagreeing with an esteemed colleague's theory. However, it would be equally unfortunate to dismiss the term because of its misuse. Erik Erikson's useful discussion of resistance clarifies many of the issues raised when applying psychoanalytic theory to history, biography, and literature. Erikson points out that Freud adopted the word not as a moral approbrium but as part of the physicalistic vocabulary of the age. Just as we would not expect to encounter electricity in a medium which "resists" conduction, so should we not expect the possibility of a "totally 'free' communication of memories or motives."[26] The psychobiographer thus frees the word from any connotations of a conscious, insincere, or fraudulent reluctance to tell the truth. There is resistance, then, in the nature of all inquiry.

Viewed in this way, resistance becomes the natural reluctance to reveal or discover troubling human truths.

Transference and countertransference undercut the traditional distinction between the outer and inner world, objectivity and subjectivity. The external world can be seen only through the internal world, but this perception inevitably alters the object in the mind's eye. Building upon the theory of the British analyst D. W. Winnicott, psychoanalytic literary critics have defined the text as a "potential space" or a "transitional object," in which there is an active interplay between objectivity and subjectivity, the external world of objects and internal world of readers.[27] The interactional nature of the patient-analyst relationship is analogous in some ways to the reader's reconstruction of the text in the literary process. The object is incorporated and transformed into a new creation consistent with the reader's unique identity theme. The difference is that the therapeutic process involves a double act of reading: the patient attempts to read the analyst as if he were a text ("reading" his mind, "interpreting" his motives, "locating" his authorial point of view), just as the analyst is seeking to decipher the patient's text. In one of the few articles published in a literary journal on the subject, Arthur Marotti has indicated how countertransference responses occur in literature, "especially in the critical interpreter who not only reacts immediately to literary works but also makes it his business to react to his reactions."[28] Psychoanalytic thinkers have been struck by the connection between Heisenberg's principle of indeterminacy and Freud's theory of transference. Just as the physicist's observations of subatomic particles alter the data, so does the analyst's presence influence the patient's responses. To date, literary critics have not adequately explored the role of transference and countertransference in fictional accounts of the talking cure.[29]

It is surprising that critics have not considered transference to any extent in light of the ubiquitous presence of the psychoanalyst in literature. Few twentieth-century figures have evoked more fascination than the mental healer, whose image "extends from the analyst's couch and from the meeting halls of modern faith healers and miracle men to the shrines of worship of ancient Greece and Judea, to the thatched-roof huts of the primitive shaman or witch doctor."[30] For many people, the analyst has replaced the priest as the healer of the diseased spirit or lost soul, though along with this overestimation comes inevitable hostility. One analyst has compared the mythic structure of psychoanalysis to the "Virgil-leading-Dante" pattern, in which the heroic introspective journey takes place not

after death but in the shadowy dream world of the unconscious self.[31] The rich mythic symbolism of psychoanalysis undoubtedly owes its existence to Freud's imagination, which was stirred by the great mythic figures of antiquity.[32] Despite his aversion to publicity and his unusually quiet personal life, he remained convinced of his mission as destroyer of the world's peace. He conceived of himself as Prometheus stealing fire from the gods, Faust selling his soul to the devil in exchange for knowledge and power, Moses demonstrating superhuman restraint amidst betrayal and dissension. He chose as the motto for *The Interpretation of Dreams* a quotation from *The Aeneid: "Flectere si nequeo superos, Acheronta movebo"* ("If I cannot bend the Higher Powers, I will move the Infernal Regions").

Indeed, Freud's epigraph accurately foreshadows the antithetical image of the psychoanalyst in literature. Liberator and enslaver, healer and quack, ego ideal and repressive superego, the analyst serves as the object of intense ambivalence. Alternately worshiped and reviled, deified and damned, he evokes simultaneously the artist's fascination and contempt. The difference between the therapist and the rapist, Vladimir Nabokov never lets his readers forget, is a matter of spacing. Of the hundreds of fictional psychoanalysts, nearly all have been rendered into stereotypes. There are the lecherous analysts, such as Palmer Anderson in Iris Murdoch's *A Severed Head* and Adrian Goodlove in Erica Jong's *Fear of Flying,* eager to entice their attractive patients to bed; the deeply neurotic and conflicted psychiatrists, like Martin Dysart in Peter Shaffer's *Equus,* who regard their professional work as equivalent to emasculation; and the fraudulent therapists, such as Dr. Tamkin in Saul Bellow's *Seize the Day* and the sinister doctor who practices mythotherapy in John Barth's *The End of the Road.* The therapist usually dispenses bad prescriptions, smug morality, and dangerous advice. Sir William Bradshaw, the psychiatrist in Virginia Woolf's *Mrs. Dalloway,* embodies the artist's condemnation of the therapist. "Worshipping proportion, Sir William not only prospered himself but made England prosper, secluded her lunatics, forbade childbirth, penalised despair, made it impossible for the unfit to propagate their views until they, too, shared his sense of proportion. . . ."[33]

The bitterness in Woolf's tone reflects the dominant attitude among writers, who regard psychotherapy as a threat to free will, creativity, spiritual belief, and individuality. The "pecking party" in Ken Kesey's *One Flew Over the Cuckoo's Nest,* "release games" performed under the supervision of the diabolical Doktor Amalia von Wytwyl in Nabokov's *Bend Sinister,* and "Ludovico's Technique" in Anthony Burgess' *A Clockwork Orange* all equate psychotherapy with brutal mind control. Not all therapists, of course, are treated with unmirthful contempt. Philip Bummidge ("Bummy"), the comic-turned-psychoanalyst hero of Bellow's zany play *The Last Analysis,* is not only a spoof of Freudianism but a parody of the self-help books that proliferated in the 1960s and 1970s and the language of psychobabble that has infected our contemporary culture. If, as Freud argues in *Jokes and Their Relation to the Unconscious,* caricatures represent the degradation of persons who command respect, even the Viennese analyst would have been startled by the unrelenting artistic debasement of his own profession. Only a handful of sympathetic and authentic analysts have been portrayed in literature; significantly, most of them have been women, such as Dr. Johanna von Haller in Robertson Davies' *The Manticore.* The majority of fictional analysts remain stereotypes, however, and (to paraphrase Mark Twain) have as much relation to genuine psychotherapists as the lightning bug has to lightning.

The nicknames of three representative analysts in the following chapters evoke the spectrum of attitudes toward psychotherapy, ranging from total rejection, through conditional acceptance, to enthusiastic support. Sir Harcourt-Reilly, the mysterious "Uninvited Guest" in T. S. Eliot's *The Cocktail Party* (1950), offers unorthodox clinical advice to his spiritually lost patients. A priest disguised as a psychiatrist, Eliot's hero betrays unmistakable hostility toward therapy as he guides Celia Coplestone to an ecstatic religious crucifixion. The play dramatizes the conflict between secular and spiritual approaches to mental suffering, leaving little doubt in the end about Eliot's mistrust of psychiatry. For Eliot, psychiatry remains an uninvited guest whose point of view is inimical to Christian salvation. He takes the same position toward psychological approaches to literature, a violation of the purity of the text. Mrs. Marks, "Mother Sugar" in Doris Lessing's *The Golden Notebook* (1962), is the Jungian psychoanalyst who helps Anna Wulf overcome a severe case of writer's block. Although Lessing treats psychoanalysis more sympathetically in *The Golden Notebook* than in *The Four-Gated City* (1969), Mother Sugar seems more interested in an arcane mythology than in understanding her patient's personal history. Furthermore, she dispenses sugar-coated myths that seem strikingly irrelevant to a contemporary society in which women are struggling for political and sexual freedom. Dr. Clara Fried, "Dr. Furii" in Joanne Greenberg's *I Never Promised You a Rose Garden* (1964), is the magical fairy godmother whose psychiatric power appears as purgatorial

or volcanic fire to the schizophrenic Deborah Blau. Despite the novelist's efforts to avoid mythologizing the fictional analyst, we see an idealized portrait, with little hint that the main battleground in psychoanalysis lies in the transference relationship.

Apart from focusing on the relationship between the patient and analyst and the value of psychotherapy, these three literary works have another important element in common. In each case the writer suffered a psychological breakdown, entered psychotherapy, and later wrote an account of the talking cure in which the fictional analyst was loosely or closely based on the artist's actual therapist. Sir Harcourt-Reilly is roughly modeled on Dr. Roger Vittoz, the Swiss psychiatrist who treated Eliot during his nervous breakdown in the early 1920s, when he was writing *The Waste Land*. Mrs. Marks owes her origin to the Jungian analyst who treated Doris Lessing in the 1950s. And Dr. Fried is closely based on the distinguished American psychoanalyst Dr. Frieda Fromm-Reichmann, who successfully treated Joanne Greenberg at Chestnut Lodge in Maryland. Despite fundamental differences in genre, literary technique, clinical authenticity, and point of view, these three works dramatize protagonists who fall ill, seek professional help, and work out individual solutions to psychic conflict. The type of psychotherapy the characters receive varies radically from work to work, as do the characters' fates at the close of the book.

This does not imply that the autobiographical element necessarily predominates in these works, or that they are literal depictions of the authors' spiritual or psychological odysseys. The degree of autobiographical truth and clinical authenticity varies from story to story, as does the degree of literary success. Sometimes the character's fate at the end of a story is the opposite of the artist's in real life, thus confounding any one-to-one relationship between author and fictional projection. Additionally, although literary representations of mental illness are often based on personal experiences, the artist invokes a literary tradition which separates art from life. In *Madness in Literature,* Lillian Feder observes that while the madman of literature may be to some extent modeled on an actual character, the differences are at least as important as the similarities. The fictional character "is rooted in a mythical or literary tradition in which distortion is a generally accepted mode of expression; furthermore, the inherent aesthetic order by which his existence is limited also gives his madness intrinsic value and meaning."[34] It is admittedly risky, Feder cautions, to consider literary works as psychological autobiographies or to

diagnose the psychic ills of fictive madmen. Without losing sight of these distinctions, we may note, as Feder does, that literary characters often reveal the artist's unconscious mental processes, in particular, attitudes toward psychological health and illness. A study of literary accounts of the talking cure can reveal much about the fascinating relationship between the creative and therapeutic process, and the crossfertilization of literature and psychoanalysis.

Of the nine creative writers studied here, seven have had experiences with mental illness serious enough to require hospitalization or prolonged treatment. More than a dozen fictional psychiatrists appear in the following pages, representing a variety of approaches to mental illness. *The Talking Cure* is, to an extent, an account of the changing forms of psychotherapy, or at least the ways in which the popular conception of psychotherapy has changed from its beginnings in the late nineteenth century. "The Yellow Wallpaper" (1892) is a chilling fictionalized account of Charlotte Perkins Gilman's breakdown in the 1880s and her harrowing experience with S. Weir Mitchell, the foremost American neurologist of his time and the originator of the well-known "rest cure." At the end of "The Yellow Wallpaper" the first-person narrator goes mad—unlike the author, who recovered from her devastating breakdown and went on to become a prolific author whose stories and outspoken feminist writings alerted other would-be patients to the evils of the Mitchell rest cure. F. Scott Fitzgerald acquired the clinical material for *Tender Is the Night* (1934) partly from his readings on psychiatry and also from his marriage to Zelda, whose incurable schizophrenia and repeated hospitalizations served as the background material for Nicole Warren. But Fitzgerald's psychiatrist-hero, Dr. Dick Diver, also embodies the novelist's own fears of dissipation and loss of creativity, themes he later wrote about in the autobiographical *The Crack-Up* (published posthumously in 1945).

The Bell Jar (1963) is Sylvia Plath's classic account of depression, suicidal breakdown, and electroshock therapy. The loving female psychiatrist who treats Esther Greenwood, Dr. Nolan, is based upon Plath's actual psychiatrist at McLean Hospital in Massachusetts, Dr. Ruth Beuscher. The recent publication of Plath's journals confirms the overwhelming importance of psychoanalysis to her life and art. Indeed, Plath's secret return to analysis in the late 1950s was partly responsible for the startling burst of creativity in her late poems. And the celebrated Dr. Otto Spielvogel of *Portnoy's Complaint* (1969) and *My Life as a Man* (1974) is modeled on the psychoanalyst who treated Philip Roth for many years, Dr.

Hans Kleinschmidt. Roth writes with a clinical expertise few creative writers can equal and, while his feelings toward psychoanalysis are typically equivocal, the therapeutic setting has given rise to many of his finest and most authentic stories. The remaining two creative writers, Vladimir Nabokov and D. M. Thomas, also figure prominently into any discussion of literary representations of psychoanalysis, though neither writer has undergone analysis. The lifelong enemy of the "Viennese witch doctor," Nabokov remains the supreme parodist of the psychiatric case study. On nearly every page of *Lolita* (1955), Humbert mocks the psychoanalytic approach to life and art; it is not Quilty who constitutes Humbert's secret adversary but Freud, whom the novelist obsessively slays in book after book. By contrast, Thomas' *The White Hotel* (1981) is an astonishing recreation of the Freudian case study, a novel that at once reconstructs the historical Freud and at the same time transcends purely psychological approaches to human suffering.

It seems particularly appropriate to begin and end a study of fictional accounts of psychotherapy with "The Yellow Wallpaper" and *The White Hotel*, respectively. Gilman was an exact contemporary of Bertha Pappenheim, and the two women led strikingly similar lives. Born a year apart, they suffered crippling breakdowns at the same time, were treated by eminent male physicians who failed them, and later became ardent feminists with no use for men. Gilman was one of the sharpest critics of Freud, who had, ironically—and unpredictably—warmly praised the Mitchell rest cure. Published three years before *Studies on Hysteria*, "The Yellow Wallpaper" brilliantly captures a young woman's irreversible descent into madness. Narrated with extraordinary restraint and clinical detachment, it succeeds where Breuer's "Fräulein Anna O." fails in dramatizing the oppressive social, political, and sexual forces responsible for the heroine's fatal entrapment in her Victorian ancestral house. And the stunning conclusion of Gilman's short story makes the ending of Breuer's medical treatise seem like a fairy tale, utterly divorced from reality. *The White Hotel* appeared exactly 100 years after Breuer's treatment of Anna O. In fact, the "Frau Anna G." section of Thomas' novel, written in the form of a Freudian case study, abounds in quotations from *Studies on Hysteria* and Freud's other writings, including his technical papers and massive correspondence. No novel better illustrates the symbiotic relationship between literature and psychoanalysis than *The White Hotel*. It is certainly not the last novel to employ an analytic apparatus to explore the depths of the human psyche, but it is hard to imagine a more profound example of the

intricate art of those who practice Freud's "impossible profession." Thomas refers to the genuine Freudian case studies as "masterly works of literature"; in *The White Hotel* he has himself created one of the most remarkable novels in years.

As a genre, the literature involving psychiatric case studies raises questions that go beyond the territory of literary criticism: the definition of psychological health and illness, the relationship between suffering and creativity, adaptive versus pathological solutions to psychic conflict. Freud's equation of the artist with the neurotic has rightly angered writers.[35] Psychoanalysts continue to make unproven assertions of the artist's "narcissism," thus further provoking the writer's counterattack. Freud's theory of the neurotic artist not only singles out one class of people but lumps disparate individuals into the same group. It seems true, however, that certain individuals from widely differing backgrounds and occupations are capable of converting neurotic suffering into creativity. George Pickering has coined the term "creative malady" to describe the role of illness in otherwise dissimilar figures as Charles Darwin, Florence Nightingale, Mary Baker Eddy, Marcel Proust, Elizabeth Barrett Browning, and Freud. "The illness was an essential part of the act of creation rather than a device to enable that act to take place."[36] In many cases, the creative work and illness have a common source in mental torment. Psychological illness may promote scientific and artistic creativity by encouraging adaptive and integrative solutions to inner conflict. There are many reasons to write about mental breakdown, including the desire to exorcise old demons and ward off new ones. This does not imply, of course, that writing about breakdown guarantees protection against future illness, or that madness and creativity are interrelated, as many ancient (Plato) and contemporary (R. D. Laing) thinkers claim. As we shall see, Plath is an example of a writer for whom "dying is an art"—and whose art could not prevent her from prematurely dying.

Ironically, Freud suffered no less than many writers whose breakdowns receive greater public attention. His letters insist on the link between suffering and creativity. It is arguable that the first patient of psychoanalysis was not Bertha Pappenheim but Freud himself. "The chief patient I am busy with is myself," he confided to Fliess in 1897, implying that before he could heal others he had to understand himself. Long before he embarked upon the self-analysis that culminated in *The Interpretation of Dreams*, he complained about a variety of neurotic symptoms. In 1886 he wrote a letter to his fiancée detailing his genetic history, a "considerable

'neuropathological taint,' " as he called it (*The Letters of Sigmund Freud,* p. 210). Ernest Jones documents Freud's periodic depressions and fatigue, which later took the form of anxiety attacks. He also suffered from severe migraine attacks, fainting spells (most notably, in the presence of Jung), and the conviction he would die at a predetermined age. His stress was most severe during the 1890s, when his creativity was at its height. He candidly confessed his complaints to Fliess, who served as a father figure to him. The list of afflictions ranged from cardiac oppression to stomach trouble.[37] It was embarrassing for a neuropathologist to suffer from psychological problems, Freud admitted, and he did not know whether his ailments were physical or mental.

The impetus behind *The Interpretation of Dreams* was Freud's need to understand and master the unruly dreams provoked by his father's death. Out of Freud's loss came his most enduring achievement. The Fliess letters reflect the high drama surrounding this eventful period of Freud's life and the alliance of suffering and creativity. The letters written in the last six months of 1897 convey almost unbearable inner turbulence. His language assumes a mystical quality as he writes about the dark night of the soul. "I have been through some kind of a neurotic experience, with odd states of mind not intelligible to consciousness—cloudy thoughts and veiled doubts, with barely here and there a ray of light" (*The Origins of Psychoanalysis,* pp. 210–211). Moments of creativity alternated with frightening periods of emptiness. In October he seemed ready to collapse from the burden of introspection; he compared his state of mind to that of his patients. He emerged from self-analysis convinced that his illness was central to the discovery of his theories. He told Joseph Wortis years later that "Everybody has some slight neurotic nuance or other, and as a matter of fact, a certain degree of neurosis is of inestimable value as a drive, especially to a psychologist."[38] Not all of his neurotic symptoms disappeared after his self-analysis, as Jones misleadingly implies; nevertheless, Freud emerged healthier as a consequence of the period of intense introspection. He concluded in 1897 that he was "much more normal" than he was four years earlier.

Freud's neurotic symptoms do not invalidate his psychological theories any more than a writer's breakdown invalidates (or conversely, authenticates) his or her literary achievements. It would be unnecessary to say this were it not for the tendency of clinicians to perpetuate Freud's myth of the neurotic artist—and to remain silent about the neurotic psychoanalyst.[39] From the beginning of his career, Freud recognized that health

and illness are highly subjective words. One of the themes of *The Interpretation of Dreams* is that neurotic characteristics appear in healthy people. "Psycho-analytic research finds no fundamental, but only quantitative, distinctions between normal and neurotic life; and indeed the analysis of dreams, in which repressed complexes are operative alike in the healthy and the sick, shows a complete identity both in their mechanisms and in their symbolism" (*Standard Edition,* Vol. V, pp. 373–374). He repeats this point in *Little Hans,* saying that no sharp line can be drawn between normal and neurotic people. Individuals are constantly passing from the group of healthy people to that of the sick, while a smaller number make the journey in the opposite direction. And in "Analysis Terminable and Interminable," one of Freud's last essays, he asserts that normalcy is a fiction. "Every normal person, in fact, is only normal on the average" (*Standard Edition,* Vol. XXIII, p. 235).

If normalcy is a fiction, who is better able to explore the workings of the mind than the fiction writer? Not only did Freud generously pay tribute to the poets and playwrights who long ago discovered the unconscious self, he viewed the creative writer as the psychoanalyst's natural ally.[40] Nowhere is he more eloquent in his praise for literature than in "Delusions and Dreams in Jensen's *Gradiva*" (1907), his first extended published analysis of a literary work. He ingeniously demonstrates that in *Gradiva* the nineteenth-century North German novelist has presented a powerful and unerring psychiatric case study of a young man's delusional love for a woman who died during the destruction of Pompeii in the year 79. Rejecting the belief that writers should leave the description of pathological states to physicians, Freud insists that "no truly creative writer has ever obeyed this injunction." The analysis of the human mind is the creative writer's domain, Freud says, and from time immemorial the artist has been the precursor to the scientist. Creative writers are valuable allies and their evidence is to be prized highly, "for they are apt to know a whole host of things between heaven and earth of which our philosophy has not yet let us dream" (*Standard Edition,* Vol. IX, p. 8). The allusion to *Hamlet* reminds us that Freud's most famous discovery, the Oedipus complex, was first revealed in a letter in which, in the same breath he postulates the idea of a son's love of the mother and jealousy of the father, he applies the insight to the plays of Sophocles and Shakespeare. The birth of psychoanalysis, then, is inseparable from the birth of psychoanalytic literary criticism; for all of their differences, the analyst and artist look to each other for confirmation. Freud's conclusion in his essay

on Jensen's *Gradiva* is that the "creative writer cannot evade the psychiatrist nor the psychiatrist the creative writer, and the poetic treatment of a psychiatric theme can turn out to be correct without any sacrifice of its beauty" (*Standard Edition,* Vol. IX, p. 44).

Elsewhere, it is true, Freud retreated from this position, and some of his statements are distinctly patronizing to the artist. In "Psychopathic Characters on the Stage," written a year or two before "Jensen's *Gradiva,*" he frets over "sick art," fearing that the inept treatment of mental illness in literature may actually increase neurotic suffering. He implies that pathological characters should remain on the analytic couch, not on the theatre stage. (Outraged readers of "The Yellow Wallpaper" had the same reaction). He even seems ready to dismiss Hamlet as diseased. Freud's disturbing conclusion is that "If we are faced by an unfamiliar and fully established neurosis, we shall be inclined to send for the doctor (just as we do in real life) and pronounce the character inadmissible to the stage" (*Standard Edition,* Vol. VII, p. 310). Despite this contradiction, however, Freud envisioned the creative writer and analyst as collaborators, and he predicted a happy marriage between fiction and the psychiatric arts.

Thomas Mann also believed that the creative writer and the psychoanalyst are particularly well suited to explore the mysterious recesses of the mind. His observation about Hans Castorp in *The Magic Mountain* applies to all the writers in the following chapters, who regard illness not as an end in itself but as a means toward a higher goal. "What he comes to understand is that one must go through the deep experience of sickness and death to arrive at a higher sanity and health; in just the same way that one must have a knowledge of sin in order to find redemption."[41] Disease is thus a necessary precondition to knowledge and health. To the extent that the creative writer succeeds in portraying the fluctuating borders between normal and abnormal states of mind, the artist may even be considered a healer. This is close to Edmund Wilson's view of the artist in his influential essay "Philoctetes: The Wound and the Bow." Wilson interprets Sophocles' play as a parable of human character and the paradoxical fusion of sickness and health within the artist. Wilson regards the artist as both "the victim of a malodorous disease which renders him abhorrent to society" and the "master of a superhuman art which everybody has to respect and which the normal man finds he needs."[42] Like Mann, Wilson affirms the idea that "genius and disease, like strength and mutilation, may be inextricably bound up together." To write about illness in an illuminating and aesthetically pleasing manner is to transmute suffering into higher creativity. There are, of course, numerous qualifications to this view of art. The vast majority of people who suffer psychological breakdowns do not eventually write about their experiences. Suffering is rarely ennobling. Moreover, only a small number of literary narrations of the talking cure are sufficiently complex to warrant rereading.

Nevertheless, the creative writers who have experienced mental illness and undergone psychotherapy are often in a unique position to arrive at higher sanity and health. The catalyst for Mann's initiation into knowledge was, not surprisingly, Freud. In the Apollonian essay "Freud's Position in the History of Modern Thought," published in 1933 in T. S. Eliot's *The Criterion,* Mann argues that psychoanalysis has ceased to be merely a therapeutic movement and instead grown into a world view. In light of the catastrophic world events Mann could not foresee, and the gradual decline of psychoanalysis because of its failure to live up to the promises of its early enthusiasts, the novelist's optimism seem excessive. Yet Mann's affirmation of the ideal to which psychoanalysis remains committed still holds true half a century later:

> Its profoundest expertise in morbid states is unmistakably at work not ultimately for the sake of disease and the depths, not, that is, with an interest hostile to reason; but first and last, armed with all the advantages that have accrued from exploring the dark abysses, in the interest of healing and redemption, of "enlightenment" in the most humane sense of the word.[43]

It is in the spirit of Mann's insight that we apply psychoanalytic theory to literature of the talking cure, always remembering, as the distinguished psychoanalytic theoretician Heinz Kohut observed shortly before his recent death, that "Freud's writings are not a kind of Bible but great works belonging to a particular moment in the history of science—great not because of their unchanging relevance but, on the contrary, because they contain the seeds of endless possibilities for further growth."[44] Beset by controversies both within and outside the profession—Kohut's emerging self-psychology, for instance, has triggered off fierce debate in clinical circles—psychoanalysis remains, despite its imperfections, the most psychologically sophisticated explanatory system available, and indispensable for an understanding of literary representations of psychoanalysis. The warfare between the analyst and artist continues unabated, notwithstanding *The White Hotel:* Psychiatric journals still publish articles on neurotic

or narcissistic artists, and novelists still portray rigid, repressive, or reductive analysts. Anna O.'s turbulent relationship to Breuer set a pattern that has been repeated countless times in life and literature. "Psycho-analysis brings out the worst in everyone," Freud sardonically declares in *On the History of the Psycho-Analytic Movement* (*Standard Edition,* Vol. XIV, p. 39), with more prophecy than he intends. But psychoanalysis can also bring out the best in everyone, and Freud continues to occupy a central position in contemporary literature. "No doubt fate would find it easier than I do to relieve you of your illness," D. M. Thomas' fictional Freud remarks to Lisa Erdman, echoing word for word the historical Freud's conclusion of *Studies on Hysteria,* "But much will be gained if we succeed in turning your hysterical misery into common unhappiness." Paradoxically, out of this hysterical misery and common unhappiness have come some of the most significant stories of our age. For a century now, Anna O.'s talking cure has seized the imagination of artists and analysts alike, and not even Freud could have foreseen the literary interest in the unending stream of characters narrating their adventures of lying on the couch.

TWO

The Unrestful Cure: Charlotte Perkins Gilman and "The Yellow Wallpaper"

IF CHARLOTTE PERKINS GILMAN'S name does not command the instant recognition of an Elizabeth Cady Stanton, Jane Addams, or Susan B. Anthony, it is not because her achievement was less. Social historians agree on the brilliance of her ideas and the extent to which her influential books helped to transform the condition of women in early twentieth-century America. The following judgments are representative. "The only systematic theory linking the demand for suffrage with the long sweep of history was that of Charlotte Perkins Gilman, the most influential woman thinker in the pre-World War I generation in the United States."[1] "Of all the great feminist writers, she made the finest analysis of the relation between domesticity and women's rights, perhaps the most troubling question for liberated women and sympathetic men today."[2] "Charlotte Gilman was the greatest writer that the feminists ever produced on sociology and economics, the Marx and the Veblen of the movement."[3] "It is hardly an exaggeration to speak of her as the major intellectual leader of the struggle for women's rights, in the broadest sense, during the first two decades of the twentieth century."[4] Two of her books, *Women and Economics* and *The Home: Its Work and Influence,* became immediate classics. The *Nation* called *Women and Economics* "the most significant utterance" on the women's question since John Stuart Mill.[5] She has been called the "most original and challenging mind" produced by the women's movement.[6] Not long before her death, she was placed first on a list of 12 great American women by Carrie Chapman Catt.[7]

The major source of the details of her life is *The Living of Charlotte Perkins Gilman: An Autobiography,* an absorbing book that raises more