

# THE DREAM SPECIMEN OF PSYCHOANALYSIS<sup>1</sup>

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## I. ORIENTATION

Before embarking on advanced exercises in the clinical use of dream interpretation, it seems an attractive task to return, once more, to the "first dream ever subjected to an exhaustive interpretation." This, of course, is Freud's dream of his patient Irma (6). While Freud has by no means published a full account of his exhaustive analysis, he, nevertheless, has offered this dream to his students as the original dream "specimen." For this reason [and for others, only dimly felt up to the time when Freud's letters to Fliess (9) were published] the "Irma Dream" has imprinted itself on the minds of many as a truly historical document; and it seems instructive to discuss this dream once more with the specific purpose of enlarging upon some aspects of dream interpretation which we today, half a century later, would consider essential to an exhaustive analysis.

As we review in our minds the incidents of dream analysis in our daily practice and in our seminars and courses, it must be strikingly clear that the art and ritual of "exhaustive" dream analysis has all but vanished. Our advanced technique of psychoanalysis, with its therapeutic zeal and goal-directed awareness of

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ever-changing transference and resistances, rarely, maybe too rarely, permits that intellectual partnership, that common curiosity between analyst and patient which would take a good-sized dream seriously enough to make it the object of a few hours' concerted analysis. We know too well that patients learn to exploit our interest in dreams by telling us in profuse nocturnal productions what they should struggle and learn to tell us in straight words. And we have learned (or so we think) to find in other sources what in Freud's early days could be garnered only from dreams. Therefore, we feel that even a periodic emphasis on dreams today is wasteful and may even be deleterious to therapy. But let us admit that such restraint, more often than not, is a policy of scarcity rather than abundance; and that the daily choice of dream data, made necessary by such restraint, is more arbitrary and often whimsical than systematic. The truth is that the privilege of using choice and restraint in the interpretation of dreams must be earned; only sufficient regard, at least during the years of training, for the art of total dream analysis, brought up to date at each stage of the development of psychoanalysis, can help a candidate in psychoanalytic training to graduate to that much more advanced practice (now freely granted to beginners) of picking from a patient's daily dream productions whatever dream fragments, symbols, manifest images, and latent dream thoughts support the prevalent trend of interpretations. It stands to reason that a psychoanalyst can know which dream details he may single out for the purposes of the day only if, at least preconsciously, he has somehow grasped the meaning of the whole dream in relation to the course of the analysis and in relation to the course of the patient's life.

Such grasp can become a firm possession of the analyst's preconconscious mental activity only if he has acquired by repeated exercise the potential mastery of the whole inventory of manifest leads, associational trends, and relevant life data which make up a whole dream. If he can learn this in his own analysis, so much the better. Some must learn it later, when dream analysis becomes the main vehicle of self-analysis. In the course of formal training, however,

“exhaustive” dream analysis can best be studied in connection with those seminars, usually called “continuous,” in which the study of the history of a whole treatment permits a thorough assessment of the inventory of forces, trends, and images in a patient’s life—including his dream life. I propose that we prepare ourselves for the task of this total analysis by taking up once more Freud’s dream of his patient Irma.

To re-interpret a dream means to re-interpret the dreamer. Let me, therefore, discuss first the spirit in which we undertake such a re-interpretation.

No man has ever consciously and knowingly revealed more of himself, for the sake of human advance, than did Freud. At the same time, he drew firm lines where he felt that self-revelation should come to an end, because the possible scientific gain was not in proportion to the pain of self-exhibition and to the inconvenience of calumny. If we, in passing, must spell out more fully than Freud did certain latent dream thoughts suggested by him, we are guided by the consideration that the most legitimate didactic use of the personal data of Freud’s life concerns a circumscribed area of investigation, namely, the dynamics of creative thought in general and, specifically, in psychoanalytic work. It seems to us that the publication of Freud’s letters to Fliess points in this direction (2).

In reviewing the dream of Irma, we shall focus our attention, beyond the fragmentary indices of familiar infantile and neurotic conflicts, primarily on the relation of this very dream to the moment in Freud’s life when it was dreamed—to the moment when creative thought gave birth to the interpretation of dreams. For the dream of Irma owes its significance not only to the fact that it was the first dream reported in “The Interpretation of Dreams.” In a letter sent to his friend Fliess, Freud indulges in a fancy of a possible tablet which (he wonders) may sometimes adorn his summer home. Its inscription would tell the world that “In this house, on July 24, 1895, the Mystery of the Dream unveiled [enthüllte] itself to Dr. Sigm. Freud” (9). The date is that of the Irma Dream. Such autobiographic emphasis, then, supports our

contention that this dream may reveal more than the basic fact of a disguised wish fulfillment derived from infantile sources; that this dream may, in fact, carry the historical burden of being dreamed in order to be analyzed, and analyzed in order to fulfill a very special fate.

This, then, is our specific curiosity regarding the dream of Irma. We can advance this approach only in the general course of demonstrating the dimensions of our kind of "exhaustiveness" in the interpretation of dreams.

But first, the background of the dream, the dream itself, and Freud's interpretation.

## II. THE IRMA DREAM, MANIFEST AND LATENT

The dreamer of the Irma Dream was a thirty-nine-year-old doctor, a specialist in neurology in the city of Vienna. He was a Jewish citizen of a Catholic monarchy, once the Holy Roman Empire of German Nationality, and now swayed both by liberalism and increasing anti-Semitism. His family had grown rapidly; in fact, his wife at the time was again pregnant. The dreamer just then wished to fortify his position and, in fact, his income by gaining academic status. This wish had become problematic, not only because he was a Jew but also because in a recent joint publication with an older colleague, Dr. Breuer, he had committed himself to theories so unpopular and, in fact, so universally disturbing that the senior co-author himself had disengaged himself from the junior one. The book in question (*Studies in Hysteria*) had emphasized the role of sexuality in the etiology of the "defense neuropsychoses," i.e., nervous disorders caused by the necessity of defending consciousness against repugnant and repressed ideas, primarily of a sexual nature. The junior worker felt increasingly committed to these ideas; he had begun to feel, with a pride often overshadowed by despair, that he was destined to make a revolutionary discovery by (I shall let this stand) undreamed-of means.

It had occurred to Freud by then that the dream was, in fact, a normal equivalent of a hysterical attack, "a little defense neuro-

psychosis." In the history of psychiatry, the comparison of normal phenomena with abnormal ones was not new: the Greeks had called orgasm "a little epilepsy." But if hysterical symptoms, if even dreams, were based on inner conflict, on an involuntary defense against unconscious thoughts, what justification was there for blaming patients for the fact that they could not easily accept, nor long remember, and not consistently utilize the interpretations which the psychiatrist offered them? What use was there in scolding the patient, as Bernheim had done: "vous vous contre-suggestionez, madame?" "Defense," "transference," and "resistance" were the mechanisms, the concepts, and the tools to be elucidated in the years to come. It was soon to dawn on Freud that in order to give shape to these tools, a basic shift from physiologic concepts (to which he was as yet committed) to purely psychological ones, and from exact and sober medical and psychotherapeutic techniques to intuitive observation, even to self-observation, was necessary.

This, then, is the situation: within an academic milieu which seemed to restrict his opportunities because he was a Jew; at an age when he seemed to notice with alarm the first signs of aging, and, in fact, of disease; burdened with the responsibility for a fast-growing family—a medical scientist is faced with the decision of whether to employ his brilliance, as he had shown he could, in the service of conventional practice and research, or to accept the task of substantiating in himself and of communicating to the world a new insight, namely, that man is unconscious of the best and of the worst in himself. Soon after the Irma Dream, Freud was to write to his friend Fliess with undisguised horror that in trying to explain defense he had found himself explaining something "out of the core of nature." At the time of this dream, then, he knew that he would have to bear a great discovery.

The evening before the dream was dreamed, Freud had an experience which had painfully spotlighted his predicament. He had met a colleague, "Otto," who had just returned from a summer resort. There he had seen a mutual friend, a young woman, who was Freud's patient: "Irma." This patient, by Freud's effort, had

been cured of hysterical anxiety, but not of certain somatic symptoms, such as intense retching. Before going on vacation, Freud had offered her an interpretation as the solution of her problems; but she had been unable to accept it. Freud had shown impatience. Patient and doctor had thus found themselves in a deadlock which made a righteous disciplinarian out of the doctor and a stubborn child out of the patient: not a healthy condition for the communication of insight. It was, of course, this very kind of deadlock which Freud learned later on to formulate and utilize for a working through of resistance. At the time, Freud apparently had heard some reproach in Otto's voice regarding the condition of the patient who appeared "better, but not well"; and behind the reproach he thought to detect the stern authority of "Dr. M.," a man who was "the leading personality in our circle." On his return home, and under the impression of the encounter, Freud had written a lengthy case report for "Dr. M.," explaining his views on Irma's illness.

He had apparently gone to bed with a feeling that this report would settle matters so far as his own peace of mind was concerned. Yet that very night the personages concerned in this incident, namely, Irma, Dr. M., Dr. Otto, and another doctor, Dr. Leopold, constituted themselves the population of the following dream (6, pp. 196-197).

A great hall—a number of guests, whom we are receiving—among them Irma, whom I immediately take aside, as though to answer her letter, and to reproach her for not yet accepting the "solution." I say to her: "If you [du]<sup>3</sup> still have pains, it is really only your own fault."—She answers: "If you [du] only knew what pains I have now in the throat, stomach, and abdomen—I am choked by them." I am startled, and look at her. She looks pale and puffy. I think that after all I must be overlooking some organic affection. I take her to the window and look into her throat. She offers some resistance to this, like a woman who has a set of false teeth. I think, surely she doesn't need them [*sie hat es doch nicht nötig*].—The mouth

<sup>3</sup> German words in brackets indicate that the writer will question and discuss A. A. Brill's translation of these words.

then opens wide, and I find a large white spot on the right, and elsewhere I see extensive grayish-white scabs adhering to curiously curled formations which are evidently shaped like the turbinal bones of the nose.—I quickly call Dr. M., who repeats the examination and confirms it. Dr. M. looks quite unlike his usual self; he is very pale, he limps, and his chin is clean-shaven [*bartlos*]. . . . Now my friend, Otto, too, is standing beside her, and my friend Leopold percusses her covered chests and says: "She has a dullness below, on the left," and also calls attention to an infiltrated portion of skin on the left shoulder (which I can feel in spite of the dress). M. says, "There's no doubt that it's an infection, but it doesn't matter; dysentery will follow and the poison will be eliminated." . . . We know, too, precisely [*unmittelbar*] how the infection originated. My friend, Otto, not long ago, gave her, when she was feeling unwell, an injection of a preparation of propyl . . . propyls . . . propionic acid . . . trimethylamin (the formula of which I see before me, printed in heavy type). . . . One doesn't give such injections so rashly. . . . Probably, too, the syringe [*Spritze*] was not clean.

I must assume here that Freud's associations to this dream are known to all readers, in all the literary freshness which they have in "The Interpretation of Dreams," and in all the convincing planlessness of true associations, which, unforeseen and often unwelcome, make their determined entrance like a host of unsorted strangers, until they gradually become a chorus echoing a few central themes. Here I must select and classify.

Irma proves, first of all, to be the representative of a series of *women patients*. Freud remembers a number of *young women* in connection with the question whether or not they were willing to accept their therapist's "solution." Besides Irma, who we now hear is a rosy young *widow*, a *governess* comes to memory, also of youthful beauty, who had resisted an examination because she wanted to hide her false teeth. The dreamer remembers that it had been this governess about whom he had had the angry thought (which in the dream he expresses in regard to Irma), namely, "*Sie hat es doch nicht nötig*" (incorrectly translated as, "She does not need them"). This trend of association establishes an analogy between

women patients who will not accept solutions, who will not yield to examination, and who will not submit to advances, although their status promises an easy yielding: young widows, young governesses. Fifty years ago as well as today, suspicions concerning young women patients and especially "merry widows" found their way into medical wit, rumor, and scandal. They were accentuated at the time by the common but not officially admitted knowledge that the large contingent of hysterical women was starved for sexual adventure. On the sly it was suggested that the doctor might as well remove their inhibitions by deeds as well as words. It was Freud who established the fact that the hysterical patient transfers to the doctor by no means a simply sexual wish, but rather an unconscious conflict between an infantile wish and an infantile inhibition. Medical ethics aside, neither satisfaction nor cure could ensue from a sexual consummation of the transference.

But then other kinds of patients—men, women, and children—impose themselves on the dreamer's memory: "*good ones*" who fared *badly*, and "*bad ones*" who, maybe, were *better off*. Two hysterical ladies had accepted his "solutions" and had become worse; one had died. As to *obstreperous* patients, the dreamer must admit that he thinks of a very occasional patient, his own wife, and he must confess that even she is not at ease with him as the ideal patient would be. But are there any easy, any ideal patients? Yes, *children*. They do not "put on airs." In those Victorian days, little girls were the only female patients who undressed for examination matter-of-factly. And, we may add, children oblige the dream interpreter by dreaming simple wish fulfillments where adults build up such complicated defenses against their own wishes—and against the interpretation of dreams.

In speaking of his *men patients*, the dreamer is ruthless with himself and his memories. Years ago he had played a leading role in research which demonstrated the usefulness of cocaine for local anesthesia, especially in the eye. But it took some time to learn the proper dosage and the probable dangers: a dear friend died of misuse of cocaine. Other men patients come to mind, also *badly off*. And then there are memories concerning the *dreamer himself*



in his double role as patient and as doctor. He had given himself injections for swellings in the nose. Had he *harmed himself*?

Finally the dreamer, apparently looking for a friend in his dilemma, thinks of his oldest and staunchest admirer, a doctor in another city, who knows all his "*germinating ideas*," and who has fascinating ideas regarding the relationship of *nose and sexuality* and regarding the phasic aspect of conception; but, alas, he too has a *nasal affliction*. This far-away doctor is no other than Dr. Fliess, whom Freud at the time was consulting, confiding his emotions and his ideas, and in whom he was soon to confide his very self-analysis.

To state the case which Freud at the time wished to make we shall quote from his lengthy summary (6, pp. 204-207).

The dream fulfills several wishes which were awakened within me by the events of the previous evening (Otto's news, and the writing of the clinical history). For the result of the dream is that it is not I who am to blame for the pain which Irma is still suffering, but that Otto is to blame for it. Now Otto has annoyed me by his remark about Irma's imperfect cure; the dream avenges me upon him, in that it turns the reproach upon himself. The dream acquits me of responsibility for Irma's condition, as it refers this condition to other causes (which do, indeed, furnish quite a number of explanations). The dream represents a certain state of affairs, such as I might wish to exist; *the content of the dream is thus the fulfillment of a wish; its motive is a wish.*

This much is apparent at first sight. But many other details of the dream become intelligible when regarded from the standpoint of wish fulfillment. I take my revenge on Otto. . . . Nor do I pass over Dr. M.'s contradiction; for I express in an obvious allusion my opinion of him: namely, that his attitude in this case is that of an *ignoramus* ("Dysentery will develop, etc."). Indeed, it seems as though I were appealing from him to someone better informed (my friend, who told me about trimethylamin), just as I have turned from Irma to her friend, and from Otto to Leopold. It is as though I were to say: Rid me of these three persons, replace them by three others of my own choice, and I shall be rid of the reproaches which I am not willing to admit that I deserve! In my dream the unrea-

sonableness of these reproaches is demonstrated for me in the most elaborate manner. Irma's pains are not attributable to me, since she herself is to blame for them in that she refuses to accept my solution. They do not concern me, for being as they are of an organic nature, they cannot possibly be cured by psychic treatment. —Irma's sufferings are satisfactorily explained by her widowhood (trimethylamin!); a state which I cannot alter. —Irma's illness has been caused by an incautious injection administered by Otto, an injection of an unsuitable drug, such as I should never have administered. —Irma's complaint is the result of an injection made with an unclean syringe, like the phlebitis of my old lady patient, whereas my injections have never caused any ill effects. I am aware that these explanations of Irma's illness, which unite in acquitting me, do not agree with one another; that they even exclude one another. The whole plea—for this dream is nothing else—recalls vividly the defense offered by a man who was accused by his neighbor of having returned a kettle in a damaged condition. In the first place, he said, he had returned the kettle undamaged; in the second place, it already had holes in it when he borrowed it; and in the third place, he had never borrowed it at all. A complicated defense, but so much the better; if only one of these three lines of defense is recognized as valid, the man must be acquitted.

Still other themes play a part in the dream, and their relation to my non-responsibility for Irma's illness is not so apparent. . . . But if I keep all these things in view they combine into a single train of thought which might be labeled: concern for the health of myself and others; professional conscientiousness. I recall a vaguely disagreeable feeling when Otto gave me the news of Irma's condition. Lastly, I am inclined, after the event, to find an expression of this fleeting sensation in the train of thoughts which forms part of the dream. It is as though Otto had said to me: "You do not take your medical duties seriously enough; you are not conscientious; you do not perform what you promise." Thereupon this train of thought placed itself at my service, in order that I might give proof of my extreme conscientiousness, of my intimate concern about the health of my relatives, friends and patients. Curiously enough, there are also some painful memories in this material, which confirm the blame attached to Otto rather than my own exculpation. The material is appar-

ently impartial, but the connection between this broader material, on which the dream is based, and the more limited theme from which emerges the wish to be innocent of Irma's illness, is, nevertheless, unmistakable.

I do not wish to assert that I have entirely revealed the meaning of the dream, or that my interpretation is flawless. . . .

For the present I am content with the one fresh discovery which has just been made: If the method of dream-interpretation here indicated is followed, it will be found that dreams do really possess a meaning, and are by no means the expression of a disintegrated cerebral activity, as the writers on the subject would have us believe. *When the work of interpretation has been completed the dream can be recognized as a wish-fulfillment.*

We note that the wish demonstrated here is not more than pre-conscious. Furthermore, this demonstration is not carried through as yet to the infantile sources postulated later in "The Interpretation of Dreams." Nor is the theme of sexuality carried through beyond a point which is clearly intended to be understood by the trained reader and to remain vague to the untrained one. The Irma Dream, then, serves Freud as a very first step toward the task of the interpretation of dreams, namely, the establishment of the fact that dreams have their own "rationale," which can be detected by the study of the "work" which dreams accomplish, in transforming the latent dream thoughts into manifest dream images. Dream work uses certain methods (condensation, displacement, symbolization) in order to derive a set of manifest dream images which, on analysis, prove to be significantly connected with a practically limitless number of latent thoughts and memories, reaching from the trigger event of the preceding day, through a chain of relevant memories, back into the remotest past and down into the reservoir of unconscious, forgotten, or unclearly evaluated, but lastingly significant, impressions.

Our further efforts, then, must go in two directions. First, we must spell out, for the Irma Dream, certain latent connections, which in "The Interpretation of Dreams," for didactic reasons,

are dealt with only in later chapters: here we think primarily of the dream's sexual themata, and their apparent relation to certain childhood memories, which in Freud's book follow the Irma Dream by only a number of pages. And we must focus on areas of significance which are only implicit in "The Interpretation of Dreams" but have become more explicit in our lifetime. Here I have in mind, first of all, the relationship of the latent dream thought to the dream's manifest surface as it may appear to us today after extensive studies of other forms of imaginative representation, such as children's play; and then, the relationship of the dream's "inner population" to the dreamer's social and cultural surroundings.

I propose to approach this multidimensional task, not by an immediate attempt at "going deeper" than Freud did, but, on the contrary, by taking a fresh look at the whole of the manifest dream. This approach, however, will necessitate a brief discussion of a general nature.

### III. DIMENSIONS OF THE MANIFEST DREAM

The psychoanalyst, in looking at the surface of a mental phenomenon, often has to overcome a certain shyness. So many in his field mistake attention to surface for superficiality, and a concern with form for lack of depth. But the fact that we have followed Freud into depths which our eyes had to become accustomed to does not permit us, today, to blink when we look at things in broad daylight. Like good surveyors, we must be at home on the geological surface as well as in the descending shafts. In recent years, so-called projective techniques, such as the Rorschach Test, the Thematic Apperception Test, and the observation of children's play, have clearly shown that any segment of overt behavior reflects, as it were, the whole store: one might say that psychoanalysis has given new depth to the surface, thus building the basis for a more inclusive general psychology of man. It takes the clinical psychoanalytic method proper to determine which items of a man's total behavior and experience are amenable to consciousness, are

preconscious, or unconscious, and why and how they became and remained unconscious; and it takes this method to establish a scale of pathogenic significance in his conscious and unconscious motivations. But in our daily work, in our clinical discussions and non-clinical applications, and even in our handling of dreams, it has become a matter of course that any item of human behavior shows a continuum of dynamic meaning, reaching from the surface through many layers of crust to the "core." Unofficially, we often interpret dreams entirely or in parts on the basis of their manifest appearance. Officially, we hurry at every confrontation with a dream to crack its manifest appearance as if it were a useless shell and to hasten to discard this shell in favor of what seems to be the more worthwhile core. When such a method corresponded to a new orientation, it was essential for research as well as for therapy; but as a compulsive habituation, it has since hindered a full meeting of ego psychology and the problems of dream life.<sup>4</sup>

Let us, then, systematically begin with the most "superficial": our first impression of the manifest dream. After years of practice one seems to remember, to compare, and to discuss the dreams of others (and even the reports given to us of dreams reported to others) in such a matter-of-fact manner that one reminds himself only with some effort of the fact that one has never seen anybody else's dream nor has the slightest proof that it ever "happened" the way one visualizes it. A dream is a verbal report of a series of remembered images, mostly visual, which are usually endowed with affect. The dreamer may be limited or especially gifted, in-

<sup>4</sup> "Formerly I found it extraordinarily difficult to accustom my readers to the distinction between the manifest dream-content and the latent dream-thoughts. Over and over again arguments and objections were adduced from the uninterpreted dream as it was retained in the memory, and the necessity of interpreting the dream was ignored. But now, when the analysts have at least become reconciled to substituting for the manifest dream its meaning as found by interpretation, many of them are guilty of another mistake, to which they adhere just as stubbornly. They look for the essence of the dream in this latent content, and thereby overlook the distinction between latent dream-thoughts and the dream-work. The dream is fundamentally nothing more than a special form of our thinking, which is made possible by the conditions of the sleeping state. It is the dream-work which produces this form, and it alone is the essence of dreaming—the only explanation of its singularity" (6, pp. 466-467).

hibited or overeager in the range of his vocabulary and in its availability for dream reports; in his ability to revisualize and in his motivation to verbalize all the shades of what is visualized; in his ability to report stray fragments or in the compulsion to spin a meaningful yarn; or in his capacity or willingness to describe the range of his affects. The report of a dream, in turn, arouses in each listener and interpreter a different set of images, which are as incommunicable as is the dream itself. Every dream seminar gives proof that different people are struck by different variables of the manifest dream (or, as I would like to call them, by dream configurations) in different ways, and this by no means only because of a different theoretical approach, as is often hastily concluded, but because of variations in sensory and emotional responsiveness. Here early overtraining can do much harm, in that, for example, the immediate recognition of standardized symbols, or the immediate recognition of verbal double meanings may induce the analyst to reach a premature closure in his conviction of having listened to and "understood" a dream and of understanding dreams in general. It takes practice to realize that the manifest dream contains a wealth of indicators not restricted to what the listener happens to be receptive for. The most important of these indicators are, it is true, verbal ones; but the mere experiment of having a patient retell toward the end of an analytic hour a dream reported at the beginning will make it quite clear to what extent a verbal report is, after all, a process of trying to communicate something which is never completely and successfully rendered in any one verbal formulation. Each completed formulation is, of course, a complete item for analysis; and once told, the memory of the first verbal rendering of a dream more or less replaces the visual memory of it, just as a childhood experience often retold by oneself or described by others becomes inextricably interwoven with the memory itself.

I pause here for an illustration, the shortest illustration, from my practice. A young woman patient of German descent once reported a dream which consisted of nothing but the image of the word S[E]INE (with the "E" in brackets), seen light against a dark

background. The patient was well-traveled and educated and it therefore seemed plausible to follow the first impression, namely, that this image of a word contained, in fact, a play of words in a variety of languages. The whole word is the French river SEINE, and indeed it was in Paris (France) that the patient had been overcome with agoraphobia. The same French word, if heard and spelled as a German word, is SEHN, i.e., "to see," and indeed it was after a visit to the Louvre that the patient had been immobilized: there now existed a complete amnesia for what she had seen there. The whole word, again, can also be perceived as the German word SEINE, meaning "his." The letter "E" is the first letter of my name and probably served as an anchorage for the transference in the dream. If the letter "E" is put aside, the word becomes the Latin SINE, which means "without." All of this combined makes for the riddle "To see (E) without his . . . in Paris." This riddle was solved through a series of free associations which, by way of appropriate childhood memories of a voyeuristic character and through the analysis of a first transference formation, led to the visual recovery of one of the forgotten pictures: It was a "Circumcision of Christ." There she had seen the boy Savior without that mysterious loincloth which adorns Christ on the Crucifix—the loincloth which her sacrilegious eyes had often tucked at during prayers. (The dream word SEINE also contains the word SIN.) This sacrilegious and aggressive curiosity had been shocked into sudden prominence by the picture in the Louvre, only to be abruptly repressed again because of the special inner conditions brought about by the state of adolescence and by the visit to the capital of sensuality. It had now been transferred to the analyst, by way of the hysterical overevaluation of his person as a therapeutic savior.

The presence of meaningful verbal configurations in this dream is very clear. Less clear is the fact that the very absence of other configurations is equally meaningful. That something was only *seen*, and in fact focused upon with the exclusion of all other sensory experiences (such as spatial extension, motion, shading, color, sound, and, last but not least, the awareness of a dream popu-

lation) is, of course, related to the various aspects of the visual trauma: to the symptom of visual amnesia, to an attempt to restore the repressed image in order to gain cure by mastery, and to a transference of the original voyeuristic drive onto the person of the analyst. We take it for granted that the wish to revive and to relieve the repressed impulse immediately "muscles" its way into the wish to be cured. That the dream space was dark and completely motionless around a clear image was an inverted representation of the patient's memory of the trauma: an area with a dark spot in the center (the repressed picture) and surrounded by lively and colorful halls, milling crowds, and noisy and dangerous traffic, in bright sunlight. The lack of motion in the dream corresponds to the patient's symptoms: agoraphobia and immobilization (based on early determined defense mechanisms) were to end the turmoil of those adolescent days and bring to a standstill the struggle between sexual curiosity and a sense of sin. There was no time dimension in the dream, and there was none in the patient's by now morbid psychic life. As is often the case with hysterics, a relative inability to perceive the passage of time had joined the symptom of spatial avoidance, just as blind anxiety had absorbed all conflicting affects. Thus, all the omitted dimensions of the manifest dream, with the help of associations, could be made to converge on the same issues on which the one overclear dimension (the visual one) was focused. But the choice of the manifest dream representation, i.e., the intelligent use of multilingual word play in a visual riddle, itself proved highly overdetermined and related to the patient's gifts and opportunities: for it was in superior esthetic aspirations that the patient had found a possible sphere of conflict-free activity and companionship. In the cultivation of her sensitive senses, she could see and hear sensually, without being consciously engaged in sexual fantasies; and in being clever and witty she had, on occasion, come closest to replacing a son to her father. This whole area of functioning, then, had remained more or less free of conflict, until, at the time of accelerated sexual maturation and under the special conditions of a trip, sacrilegious thoughts in connection with an esthetic-intellectual endeavor had



brought about a short-circuit in her whole system of defenses and reasonably conflict-free intellectual functions: the wish to see and feel esthetically, again, converged on sexual and sinful objects. While it is obvious, then, that the desublimated drive fragment of sacrilegious voyeurism is the force behind this dream (and, in this kind of case, necessarily became the focus of therapeutic interpretation) the total dream, in all of its variables, has much more to say about the relationship of this drive fragment to the patient's ego development.

I have temporarily abandoned the Irma Dream for the briefest dream of my clinical experience in order to emphasize the fact that a dream has certain formal aspects which combine to an inventory of configurations, even though some of these configurations may shine only by their absence. In addition to a dream's striving for *representability*, then, we would postulate a *style of representation* which is by no means a mere shell to the kernel, the latent dream; in fact, it is a reflection of the individual ego's peculiar time-space (2), the frame of reference for all its defenses, compromises, and achievements (3). Our "Outline of Dream Analysis" (Chart I), consequently, begins with an inventory of Manifest Configurations, which is meant to help us, in any given dream or series of dreams, to recognize the interplay of commissions and omissions, of overemphases and underemphases. As mentioned before, such an inventory, once having been thoroughly practiced, must again become a preconscious set of general expectations, against which the individual style of each dream stands out in sharp contour. It will then become clear that the dream life of some (always, or during certain periods, or in individual dream events) is characterized by a greater clarity of the experience of *spatial* extension and of motion (or the arrest of motion) in space; that of others by the flow or the stoppage of *time*; other dreams are dominated by clear *somatic* sensations or their marked absence; by a rich *interpersonal* dream life with an (often stereotyped) dream population or by a pronounced aloneness; by an overpowering experience of marked *affects* or their relative absence or lack of specificity. Only an equal attention to all of these variables and

their configurations can help the analyst to train himself for an awareness of the varieties of manifest dream life, which in turn permits the exact characterization of a given patient's manifest dream life at different times of his treatment.

## CHART I: *OUTLINE OF DREAM ANALYSIS*

### *I. Manifest Configurations*

#### Verbal

- general linguistic quality
- spoken words and word play

#### Sensory

- general sensory quality, range and intensity
- specific sensory focus

#### Spatial

- general quality of extension
- dominant vectors

#### Temporal

- general quality of succession
- time-perspective

#### Somatic

- general quality of body feeling
- body zones
- organ modes

#### Interpersonal

- general social grouping
- changing social vectors
- "object relations"
- points of identification

#### Affective

- quality of affective atmosphere
- inventory and range of affects
- points of change of affect

#### Summary

- correlation of configurational trends

### *II. Links between Manifest and Latent Dream Material*

#### Associations

#### Symbols

### III. *Analysis of Latent Dream Material*

Acute sleep-disturbing stimulus  
 Delayed stimulus (day residue)  
 Acute life conflicts  
 Dominant transference conflict  
 Repetitive conflicts  
 Associated basic childhood conflict  
 Common denominators  
 "Wishes," drives, needs  
 methods of defense, denial, and distortion

### IV. *Reconstruction*

Life cycle  
 present phase  
 corresponding infantile phase  
 defect, accident, or affliction  
 psychosexual fixation  
 psychosexual arrest  
 Social process: collective identity  
 ideal prototypes  
 evil prototypes  
 opportunities and barriers  
 Ego identity and lifeplan  
 mechanisms of defense  
 mechanisms of integration

As for Part II of our "Outline" (Links between Manifest and Latent Material), the peculiar task of this paper has brought it about that the dreamer's associations have already been discussed, while some of the principal symbols still await recognition and employment.

### IV. VERBAL CONFIGURATIONS

In the attempt now to demonstrate in what way a systematic use of the configurational analysis of the manifest dream (in constant interplay with the analysis of the latent content) may serve to enrich our understanding of the dream work, I find myself immediately limited by the fact that the very first item on our list,

namely, "verbal configurations," cannot be profitably pursued here, because the Irma Dream was dreamed and reported in a German of both intellectual and colloquial sophistication which, I am afraid, transcends the German of the reader's high school and college days. But it so happens that the English translation of the Irma Dream which lies before us (6) contains a number of conspicuous simplifications in translation, or, rather, translations so literal that an important double meaning gets lost. This, in a mental product to be analyzed, can be seriously misleading, while it is questionable that any translation could avoid such mistakes; in the meantime we may profit from insight into the importance of colloquial and linguistic configurations. Actually, what is happening in this translation from one language into another offers analogies with "translations" from any dreamer's childhood idiom to that of his adult years, or from the idiom of the dreamer's milieu to that of the analyst's. It seems especially significant that any such transfer to another verbal system of representation is not only accidentally to mistranslate single items, but to become the vehicle for a systematic misrepresentation of the whole mental product.

There is, to begin with, the little word *du*, with which the dreamer and Irma address one another and which is lost in the English "you." It seems innocent enough on the surface, yet may contain quite a therapeutic burden, a burden of countertransference in reality and of special meaning in the dream. For with *du* one addressed, in those days and in those circles, only near relatives or very intimate friends. Did Freud in real life address the patient in this way—and (a much more weighty question) did she address the Herr Professor with this intimate little word? Or does the dreamer use this way of addressing the patient only in the dream? In either case, this little word carries the burden of the dreamer's sense of personal and social obligation to the patient, and thus of a new significance in his guilt over some negligence and in his wish that she should get well—an urgency of a kind which (as Freud has taught us since then) is disadvantageous to the therapeutic relation.

To enumerate other verbal ambiguities: there is a very arresting mistranslation in the phrase, "I think, surely she doesn't need *them*," which makes it appear that the dreamer questions the necessity for Irma's false teeth. The German original, "*sie hat es doch nicht nötig*," means literally, "she does not need *it*," meaning her resistive behavior. In the colloquial Viennese of those days a richer version of the same phrase was "*das hat sie doch gar nicht nötig, sich so zu zieren*," the closest English counterpart to which would be: "Who is she to put on such airs?" This expression includes a value judgment to the effect that a certain lady pretends that she is of a higher social, esthetic, or moral status than she really is. A related expression would be the protestation brought forth by a lady on the defense: "*Ich hab das doch gar nicht nötig, mir das gefallen zu lassen*"; in English, "I don't need to take this from you," again referring to a misjudgment, this time on the part of a forward gentleman, as to what expectations he may cultivate in regard to a lady's willingness to accept propositions. These phrases, then, are a link between the associations concerning patients who resist "solutions," and women (patients or not) who resist sexual advances.

Further mistranslations continue this trend. For example, the fact that Dr. M.'s chin, in the dream, is *bartlos*, is translated with "clean-shaven." Now a clean-shaven appearance, in the America of today, would be a "must" for a professional man. It is, therefore, well to remember that the German word in the dream means "beardless." But this indicates that Dr. M. is minus something which in the Europe of those days was one of the very insignia of an important man, to wit, a distinctive beard or mustache. This one little word then denudes the leading critic's face, where the English translation would give it the luster of professional propriety: it is obvious that the original has closer relations to a vengeful castrative impulse on the part of the dreamer than the translation conveys.

Then, there is that little word "precisely" which will become rather relevant later in another context. In German one would expect the word *genau*, while one finds the nearly untranslatable

*unmittelbar* ("with a sense of immediacy"). In relation to something that is suddenly felt to be known (like the cause of Irma's trouble in the dream) this word refers rather to the degree of immediate and absolute conviction than to the precise quality of the knowledge; in fact, as Freud points out in his associations, the immediacy of this conviction really stood in remarkable contrast to the nonsensical quality of the diagnosis and the prognosis so proudly announced by Dr. M.

There remains the brief discussion of a play of words and of a most relevant simplification. It will have occurred to you that all the mistranslations mentioned so far (except "precisely") allude to sexual meanings, as if the Irma Dream permitted a complete sexual interpretation alongside the professional one—an inescapable expectation in any case.

The word play "propyl . . . propyls . . . propionic acid," which leads to the formula of trimethylamin, is so suggestive that I shall permit myself to go beyond the data at our disposal in order to provide our discussion of word play in dreams and in wit with an enlightening example. Freud associated "propyl" to the Greek word *propylon* (in Latin *vestibulum*, in German *Vorhof*), a term architectonic as well as anatomic, and symbolic of the entrance to the vagina; while "propionic" suggests *priapic*—phallic. This word play, then, would bring male and female symbols into linguistic vicinity to allude to a genital theme. The dream here seems to indulge in a mechanism common in punning. A witty word play has it, for example, that a mistress is "something between a mister and a mattress"—thus using a linguistic analogy to the principal spatial arrangement to which a mistress owes her status.

Finally, a word on the instrument which dispenses the "solution." The translation equips Dr. Otto with a "syringe" which gives the dream more professional dignity than the German original aspires to. The German word is *Spritze*, which is, indeed, used for syringes, but has also the colloquial meaning of "squirter." It will be immediately obvious that a squirter is an instrument of many connotations; of these, the phallic-urinary one is most relevant, for the use of a dirty syringe makes Otto a "dirty squirter,"

or "a little squirt," not just a careless physician. As we shall see later, the recognition of this double meaning is absolutely necessary for a pursuit of the infantile meaning of the Irma Dream.

The only verbal trend, then, which can be accounted for in this English discussion of a dream reported and dreamed in German induces us to put beside the interpretation of the Irma Dream as a defense against the accusation of medical carelessness (the dispensation of a "solution") and of a possible intellectual error (the solution offered to Irma) the suggestion of a related sexual theme, namely, a protest against the implication of some kind of sexual (self-) reproach.

In due time, we shall find the roots for this sexual theme in the dream's allusion to a childhood problem and then return to the dreamer's professional predicament.

We will then appreciate another double meaning in the dream, which seems to speak for the assumption that one link between the medical, the intellectual, and the sexual themes of the dream is that of "conception." The dream, so we hear, pictures a *birthday reception* in a great hall. "We receive" stands for the German *empfangen*, a word which can refer to conception (*Empfängnis*) as well as to reception (*Empfang*). The dreamer's worries concerning the growth of his family at this critical time of his professional life are clearly expressed in the letters to Fliess. At the same time, the typical association between biological *conception* and intellectual *concept formation* can be seen in the repeated reference to "germinating ideas."

#### V. INTERPERSONAL CONFIGURATIONS IN THE DREAM POPULATION

For a variety of reasons, it will be impossible to offer in this paper a separate discussion of each of the configurational variables listed in our "Outline." The medical implications of the sequence of *somatic* configurations must be ignored altogether, for I am not sufficiently familiar with the history of medicine to comprehend the anatomical, chemical, and procedural connotations which the body parts and the disease entities mentioned in the dream had in

## CHART II

### Selected Manifest Configurations

	I Interpersonal The Dreamer      The Population	II Affective	III Spatial	IV Temporal
1. WE are receiving	WIFE receives with him	Festive mood?	Spacious hall	Present
2. I take Irma aside I reproach her	IRMA has not accepted the solution	Sense of urgency Sense of reproach	Constricted to a "space for two"	Present Past reaches into
3. I look at her	Complains, feels choked	Startle		Present, painful
4.	Looks pale and puffy		Close to window	" "
5. I think		Worry		" "
6. I take her to window I look I think	Offers resistance	Impatience		" "
7.	THE MOUTH opens		Constricted to parts of persons	
8. I find, I see organic symptoms		Horror		



9. I quickly call Dr. M.	Dr. M. confirms symptoms	Dependence on authority	Present co-operative effort
10.	Looks pale, limps, is beardless		Present co-operative effort
11.	OTTO, LEOPOLD, join examination		Present co-operative effort
12.	LEOPOLD points to infiltration		Present co-operative effort
<hr/>			
13. I "feel" infiltration		Fusion with patient. Pain?	
14.	Dr. M. gives nonsensi- cal reassurance	Sense of reassurance	Future brighter
15. WE know cause of infection		Conviction, faith	" "
16.	OTTO gave IRMA injection		Past guilt displaced
17.			
18. I see formula			
19. (judges)		Sense of righteousness	Present, satisfactory
20.	THE SYRINGE was not clean		Past, guilt localized
<hr/>			

Freud's early days. The *sensory* configurations happen in this dream to fuse completely with the dreamer's *interpersonal* activities. Only once—at a decisive point in the middle of the dream—there occurs a kinesthetic sensation. Otherwise, at the beginning as well as at the end of his dream the dreamer is "all eyes."

Most outstanding in his visual field, so it seems, is, at one time, Irma's oral cavity, and, at another, the formula Trimethylamin, printed in heavy type. The infinite connotations of these two items of fascination become clearer as we see them in a variety of dimensions.

The Irma Dream, to me, suggests concentration on the dreamer's interaction with the people who populate his dream, and relate this interaction to changes in his mood and to changes in his experience of space and time. The chart on pp. 28-29 lists contemporaneous changes in the dream's *interpersonal*, *affective*, *spatial*, and *temporal* configurations.

Given a diagrammatic outline, we have the choice between a horizontal and a vertical analysis. If we try the vertical approach to the first column, we find the dreamer, immediately after having abandoned the receiving line, preoccupied with an intrusive and coercive kind of examination and investigation. He *takes* the patient aside, reproaches her, and then *looks* and *thinks*; finally he *finds* what he is looking for. Then his activities of examining fuse with those of the other doctors, until at the end he again *sees*, and this time in heavy type, a formula. It is obvious, then, that investigation, in isolation or co-operation, is the main theme of his manifest activities. The particular mode of his approach impresses one as being *intrusive*, and thus somehow related to phallic.<sup>5</sup> If I call it a singularly male approach, I must refer to research in another field and to unfinished research in the field of dreams. Observations on sex differences in the play construction of adolescents (4) indicate that male and female play scenes are most significantly different in the treatment of the space provided, i.e., in the structuring of the play space by means of building blocks and in

<sup>5</sup> See the chapter "Zones, Modes, and Modalities" in (2).

the spatial vectors of the play activities. I shall not review the criteria here, because without detailed discussion a comparison between the task, suggested by an experimenter, of constructing a scene with a selection of building material and toys, is too different from the inner task, commanded by one's wish to sleep, to represent a set of images on the dream screen. Nevertheless, it may be mentioned that Dr. Kenneth Colby, in following up the possibility of preparing an analogous kind of psychosexual index for the formal characteristics of dreams, has found temporal suddenness, spatial entering, the sensory activity of looking, concern with authority, and a sense of ineffectuality, to be among the numerous items which are significantly more frequent in male dreams.<sup>6</sup> Dr. Colby has been able to isolate some such regularities in spite of the fact that the dream literature at the moment indulges in every possible license in the selection, description, and connotation of dream items. It seems to me that such studies might prove fruitful for research and technique, especially if undertaken in the frame of a standardized inquiry into the variables of dream experience, as suggested in our inventory of configurations. It is possible that the dream has hardly begun to yield its potentialities for research in personality diagnosis.

But now back to the "interpersonal" configurations, from which we have isolated, so far, only the dreamer's activities. If we now turn to the behavior of the dream population, it is, of course, a strangely intrapersonal social life which we are referring to: one never knows whether to view the cast of puppets on the dreamer's stage as a microcosmic reflection of his present or past social reality or as a "projection" of different identity fragments of the dreamer himself, of different roles played by him at different times or in different situations. The dreamer, in experimenting with traumatic reality, takes the outer world into the inner one, as the child takes it into his toy world. More deeply regressed and, of course, immobilized, the dreamer makes an autoplasmic experiment of an alloplasmic problem: his inner world and all the past contained in

<sup>6</sup> According to a report presented to the Seminar on Dream Interpretation in the San Francisco Psychoanalytic Institute.

it becomes a laboratory for "wishful" rearrangements. Freud has shown us how the Irma Dream repeats a failure and turns to an illusory solution: the dreamer takes childish revenge on Otto ("he did it") and on Dr. M. ("he is a castrate and a fool"), thus appeases his anxiety, and goes on sleeping for a better day. However, I would suggest that we take another look at the matter, this time using the horizontal approach to the diagrammatic outline, and correlating the dream's changing interpersonal patterns with the dreamer's changing mood and perspective.

The dreamer, at first is a *part of a twosome*, his wife and himself, or maybe a family group, vis-à-vis a number of guests. "We receive," under festive circumstances in an opulent spatial setting. Immediately upon Irma's appearance, however, this twosomeness, this acting in concert, abruptly vanishes. The wife, or the family, is not mentioned again. The dreamer is suddenly *alone* with his worries, vis-à-vis a complaining patient. The visual field shrinks rapidly from the large hall to the vicinity of a window and finally to Irma's oral aperture; the festive present is replaced by a concern over past mistakes. The dreamer becomes active in a breathless way: he looks at the patient and thinks, he looks into her throat and thinks, and he finds what he sees ominous. He is startled, worried, and impatient, but behaves in a punitive fashion. *Irma*, in all this, remains a complaining and resistive vis-à-vis, and finally seems to become a mere part of herself: "*the mouth opens.*" From then on, even when discussed and percussed, she does neither act nor speak—a good patient (for, unlike the proverbial Indian, a good patient is a half-dead patient, just alive enough to make his organs and complexes accessible to isolation and probing inspection). Seeing that something *is* wrong, the dreamer calls *Dr. M.* urgently. He thus establishes a *new twosome*: he and the "authority" who graciously (if foolishly) confirms him. This twosome is immediately expanded to include a professional group of younger colleagues, Dr. Otto and Dr. Leopold. Altogether they now form a small community: "*We know . . .*"

At this point something happens which is lost in the double meaning of the manifest words, in the German original as well as

in translation. When the dreamer says that he can "*feel*" the infiltrated portion of skin on the (patient's) left shoulder, he means to convey (as Freud states in his associations) that he can *feel this on his own body*: one of those fusions of a dreamer with a member of his dream population which is always of central importance, if not the very center and nodal point of a dream. The dreamer, while becoming again a doctor in the consenting community of doctors, thus at the same time turns into his and their *patient*. Dr. M. then says some foolish, nonsensical phrases, in the course of which it becomes clear that it had not been the dreamer who had harmed Irma, not at all. It is clear with the immediacy of a conviction that it was Dr. Otto who had infiltrated her. The dream ends, then, with Otto's professional and moral isolation. The dreamer (first a lonely investigator, then a patient, now a *joiner*) seems quite righteous in his indignation. The syringe was not clean: who would do such a thing? "Immediate" conviction, in harmony with authority, has clarified the past and unburdened the present.

The study of dreams and of culture patterns and ritualizations reveals parallels between interpersonal dream configurations and religious rites of conversion or confirmation. Let me repeat and underscore the points which suggest such an analogy. As the isolated and "guilty" dreamer quickly calls Dr. M., he obviously *appeals for help from higher authority*. This call for help is answered not only by Dr. M., but also by Dr. Leopold and Dr. Otto, who now, together with the dreamer, form a group with a *common conviction* ("we know"). As this happens, and the examination proceeds, the dreamer suddenly feels as if he were the sufferer and the examined, i.e., he, the doctor and man, fuses with the image of the *patient* and *woman*. This, of course, amounts to a surrender analogous to a spiritual conversion and a concomitant sacrifice of the male role. By implication, it is now *his* mouth that is open for inspection (passivity, inspiration, communion). But there is a *reward* for this. Dr. M. (symbolically castrated like a priest) recites with great assurance something that makes *no logical sense* (Latin, Hebrew?) but seems to be *magically effective* in that it awakes in the dreamer the *immediate conviction* (faith) that the causality in

the case is now understood (magic, divine will). This common conviction restores in the dream a "We-ness" (congregation) which had been lost (in its worldly, heterosexual form) at the very beginning when the dreamer's wife and the festive guests had disappeared. At the same time it restores to the dreamer a *belongingness* (brotherhood) to a hierarchic group *dominated by an authority* in whom *he believes implicitly*. He immediately benefits from his newly won *state of grace*: he now has sanction for *driving the devil* into Dr. O. With the *righteous indignation* which is the believer's reward and weapon, he can now make "*an unclean one*" (a disbeliever) out of his erstwhile accuser.

Does this interpretation of the Irma Dream as a dream of conversion or confirmation contradict that given by Freud, who believed he had revenged himself on the professional world which did not trust him? Freud, we remember, felt that the dream disparaged Dr. M., robbing him of authority, vigor, and wholeness, by making him say silly things, look pale, limp, and be beardless. All of this, then, would belie as utterly hypocritical the dreamer's urgent call for help, his worry over the older man's health,<sup>7</sup> and his "immediate" knowledge in concert with his colleagues. This wish (to take revenge on his accusers and to vindicate his own strivings) stands, of course, as the dream's stimulus. Without such an id wish and all of its infantile energy, a dream would not exist; without a corresponding appeasement of the superego, it would have no form; but, we must add, without appropriate ego measures, the dream would not work. On closer inspection, then, the radical differentiation between a manifest and a latent dream, while necessary as a means of localizing what is "most latent," diffuses in a complicated continuum of more manifest and more latent items which are sometimes to be found by a radical disposal

<sup>7</sup>In another dream mentioned in "The Interpretation of Dreams" (6), Freud accuses himself of such hypocrisy, when in a dream he treats with great affection another doctor whose face ("beardless" in actuality) he also alters, this time by making it seem elongated and by adding a yellow beard. Freud thinks that he is really trying to make the doctor out to be a seducer of women patients and a "simpleton." The German *Schwachkopf*, and *Schlemihl*, must be considered the evil prototype which serves as a counterpart to the ideal prototype, to be further elucidated here, the smart young Jew who "promises much," as a professional man.

of the manifest configuration, sometimes by a careful scrutiny of it.

Such double approach seems to make it appear that the ego's over-all attitude in dream life is that of a withdrawal of its outposts in physical and social reality. The sleeping ego not only sacrifices sense perception and motility, i.e., its reactivity to physical reality; it also renounces those claims on individuation, independent action, and responsibility which may keep the tired sleeper senselessly awake. The healthy ego, in dreams, quietly retraces its steps; it does not really sacrifice its assets, it merely pretends that, for the moment, they are not needed.<sup>8</sup>

I shall attempt to indicate this systematic retracing of ego steps in a dream by pointing to the *psychosocial criteria* which I have postulated elsewhere (2) (3) for the ego's successive graduations from the main crises of the human life cycle. To proceed, I must list these criteria without being able to enlarge upon them here. I may remind the reader, however, that psychoanalytic theory is heavily weighed in favor of insights which make dysfunction plausible and explain why human beings, at certain critical stages, should fail, and fail in specific ways. It is expected that this theory will eventually make adequate or superior human functioning dynamically plausible as well (12,13). In the meantime, I have found it necessary to postulate tentative criteria for the ego's relative success in synthesizing, at critical stages, the timetable of the organism, and the representative demands and opportunities which societies universally, if in different ways, provide for these stages. At the completion of infancy, then, the criterium for the budding ego's initial and fundamental success can be said to be a Sense of *Basic Trust* which, from then on, promises to outbalance the lastingly latent Sense of *Basic Mistrust*. Such trust permits, during early childhood, the critical development of a Sense of *Autonomy* which henceforth must hold its own against the Senses of *Shame* and *Doubt*, while at the end of the oedipal phase, an unbroken Sense of *Initiative* (invigorated by play) must begin to outdo a more specific Sense of *Guilt*. During the "school age," a rudimen-

<sup>8</sup> See Ernst Kris' concept of a "regression in the service of the ego" (11).

tary Sense of *Workmanship* and Work-and-Play companionship develops which, from then on, must help to outbalance the Sense of *Inferiority*. Puberty and Adolescence help the young person sooner or later to consummate the selective gains of childhood in an accruing sense of *Ego Identity* which prevents the lasting dominance of a then threatening Sense of *Role Diffusion*. Young adulthood is specific for a structuring of the Sense of *Intimacy* or else expose the individual to a dominant Sense of *Isolation*. Real intimacy, in turn, leads to wishes and concerns to be taken care of by an adult Sense of *Generativity* (genes, generate, generation) without which there remains the threat of a lasting Sense of *Stagnation*. Finally, a Sense of *Integrity* gathers and defends whatever gains, accomplishments, and vistas were accessible in the individual's life time; it alone resists the alternate outcome of a Sense of vague but over-all *Disgust*.

This, of course, is a mere list of terms which point to an area still in want of theoretical formulation. This area encompasses the kind and sequence of certain universal psychosocial crises which are defined, on the one hand, by the potentialities and limitations of developmental stages (physical, psychosexual, ego) and, on the other, by the universal punctuation of human life by successive and systematic "life tasks" within social and cultural institutions.

The Irma Dream places its dreamer squarely into the crisis of middle age. It deals most of all with matters of *Generativity*, although it extends into the neighboring problems of *Intimacy* and of *Integrity*. To the adult implications of this crisis we shall return later. Here we are concerned with the dream's peculiar "regression." The doctor's growing sense of harboring a discovery apt to *generate new thought* (at a time when his wife harbored an addition to the *younger generation*) had been challenged the night before by the impact of a doubting word on his tired mind: a doubting word which was immediately echoed by self-doubts and self-reproaches from many close and distant corners of his life. At a *birthday* party, then, the dreamer suddenly finds himself *isolated*. At first, he vigorously and angrily asserts his most experienced use of one of the ego's basic functions: he examines, localizes, diag-



noses. Such *investigation in isolation* is, as we shall see later on, one of the cornerstones of this dreamer's sense of *Inner Identity*. What he succeeds in focusing on, however, is a terrifying discovery which stares at him like the head of the Medusa. At this point, one feels, a dreamer with less flexible defenses might have awakened in terror over what he saw in the gaping cavity. Our dreamer's ego, however, makes the compromise of abandoning its positions and yet maintaining them. Abandoning independent observation the dreamer gives in to a *diffusion of roles*: is he doctor or patient, leader or follower, benefactor or culprit, seer or fumbler? He admits to the possibility of his *inferiority in workmanship* and urgently appeals to "teacher" and to "teacher's pets." He thus forfeits his right to vigorous *male initiative* and guiltily surrenders to the inverted solution of the oedipal conflict, for a fleeting moment even becoming the feminine object for the superior males' inspection and percussing; and he denies his sense of stubborn *autonomy*, letting *doubt* lead him back to the earliest infantile security: childlike *trust*.

In his interpretation of the Irma Dream, Freud found this trust most suspect. He reveals it as a hypocritical attempt to hide the dream's true meaning, namely, revenge on those who doubted the dreamer as a worker. Our review suggests that this trust may be overdetermined. The ego, by letting itself return to sources of security once available to the dreamer as a child, may help him to dream well and to sustain sleep, while promising revengeful comeback in a new day, when "divine mistrust" will lead to further discoveries.

## VI. ACUTE, REPETITIVE, AND INFANTILE CONFLICTS

I have now used the bulk of this paper for the demonstration of a few items of analysis which usually do not get a fair share in our routine interpretations: the systematic configurational analysis of the manifest dream and the manifest social patterns of the dream population. The designation of other, more familiar, matters will occupy less space.

Our "Outline of Dream Analysis" suggests next a survey of the various segments of the life cycle which appear in the dream material in latent form, either as acutely relevant or as reactivated by associative stimulation. This survey leads us, then, back along the path of time.

### OUTLINE OF DREAM ANALYSIS

#### III. *Analysis of Latent Dream Material:*

- Acute sleep-disturbing stimulus
- Delayed stimulus (day residue)
- Acute life conflicts
- Dominant transference conflict
- Repetitive life conflicts
- Associated basic childhood conflicts
- Common denominators
  - "Wishes," drives, needs
  - methods of defense, denial, and distortion

The most immediately present, the *acute dream stimulus* of the Irma Dream may well have been triggered by discomfort caused by swellings in nose and throat which, at the time, seem to have bothered the usually sound sleeper: the prominence in the dream of Irma's oral cavity could be conceived as being codetermined by such a stimulus, which may also have provided one of the determinants for the latent but all-pervading presence in the dream of Dr. Fliess, the otolaryngologist. Acute stimulus and *day residue* (obviously the meeting with Dr. Otto) are associated in the idea as to whether the dreamer's dispensation of solutions may have harmed him or others. The *acute life conflicts* of a professional and personal nature have been indicated in some measure; as we have seen, they meet with the acute stimulus and the day residue in the further idea that the dreamer may be reproachable as a sexual being as well.

Let us now turn to matters of childhood. Before quoting, from "The Interpretation of Dreams," a few childhood memories, the relevance of which for the Irma Dream are beyond reasonable

doubt, I should like to establish a more speculative link between the dream's interpersonal pattern and a particular aspect of Freud's childhood, which has been revealed only recently.

I must admit that on first acquaintance with regressive "joining" in the Irma Dream, the suggestion of a religious interpretation persisted. Freud, of course, had grown up as a member of a Jewish community in a predominantly Catholic culture: could the overall milieu of the Catholic environment have impressed itself on this child of a minority? Or was the described configuration representative of a basic human proclivity which had found collective expression in religious rituals, Jewish, Catholic, or otherwise?

It may be well to point out here that the therapeutic interpretation of such patterns is, incidentally, as violently resisted as is any id content (5). Unless we are deliberate and conscious believers in a dogma or declared adherents to other collective patterns, we dislike being shown to be at the mercy of unconscious religious, political, ethnic patterns as much as we abhor sudden insight into our dependence on unconscious impulses. One might even say that today when, thanks to Freud, the origins in instinctual life of our impulses have been documented and classified so much more inescapably and coherently than impulses rooted in group allegiances, a certain clannish and individualist pride has attached itself to the free admission of instinctual patterns, while the simple fact of the dependence on social structures of our physical and emotional existence and well-being seems to be experienced as a reflection on some kind of intellectual autonomy. Toward the end of the analysis of a young professional man who stood before an important change in status, a kind of graduation, a dream occurred in which he experienced himself lying on the analytic couch, while I was sawing a round hole in the top of his head. The patient, at first, was willing to accept almost any other interpretation, such as castration, homosexual attack (from behind), continued analysis (opening a skull flap), and insanity (lobotomy), all of which were indeed relevant, rather than to recognize this dream as an over-all graduation dream with a reference to the tonsure administered by bishops to young Catholic priests at the time of their admission to

clerical standing. A probable contact with Catholicism in impressionable childhood was typically denied with a vehemence which is matched only by the bitter determination with which patients sometimes disclaim that they, say, could possibly have observed the anatomic difference between the sexes at any time in their childhood, or could possibly have been told even by a single person on a single occasion that castration would be the result of masturbation. Thus, infantile wishes to belong to and to believe in organizations providing for collective reassurance against individual anxiety, in our intellectuals, easily join other repressed childhood temptations—and force their way into dreams. But, of course, we must be prepared to look for them in order to see them; in which case the analysis of defenses gains a new dimension, and the study of social institutions a new approach.

The publication of Freud's letters to Fliess makes it unnecessary to doubt any further the possible origin of such a religious pattern in Freud's early life. Freud (9) informs Fliess that during a most critical period in his childhood, namely, when he, the "first-born son of a young mother," had to accept the arrival of a little brother who died in infancy and then the advent of a sister, an old and superstitiously religious Czech woman used to take him around to various churches in his home town. He obviously was so impressed with such events that when he came home, he (in the words of his mother) preached to his family and showed them how God carries on ("*wie Gott macht*"): this apparently referred to the priest, whom he took to be God. That his mother, after the death of the little brother, gave birth to six girls in succession, and that the Irma Dream was dreamed during his wife's sixth pregnancy, may well be a significant analogy. At any rate, what the old woman and her churches meant to him is clearly revealed in his letters to Fliess, to whom he confessed that, if he could only find a solution of his "hysteria," he would be eternally grateful to the memory of the old woman who early in his life "gave me the means to live and to go on living." This old woman, then, restored to the little Freud, in a difficult period, a measure of a sense of trust, a fact which makes it reasonably probable that some of the impressive rituals

which she took him to see, and that some of their implications as explained by her, appear in the Irma Dream, at a time when his wife was again expecting and when he himself stood before a major emancipation as well as the "germination" of a major idea. If this is so, then we may conclude that rituals impress children in intangible ways and must be sought among the covert childhood material, along with the data which have become more familiar to us because we have learned to look for them.

For a basic childhood conflict more certainly reflected in the Irma Dream, we turn to one of the first childhood memories reported by Freud in "The Interpretation of Dreams" (6, p. 274):

Then, when I was seven or eight years of age another domestic incident occurred which I remember very well. One evening before going to bed I had disregarded the dictates of discretion, and had satisfied my needs in my parents' bedroom, and in their presence. Reprimanding me for this delinquency, my father remarked: "That boy will never amount to anything." This must have been a terrible affront to my ambition, but allusions to this scene recur again and again in my dreams, and are constantly coupled with enumerations of my accomplishments and successes, as though I wanted to say: "You see, I have amounted to something after all."

This memory calls first of all for an ethnographic clarification, which I hope will not make me appear to be an excessive culturalist. That a seven-year-old boy "satisfies his needs in his parents' bedroom" has sinister implications, unless one hastens to remember the technological item of the chamber pot. The boy's delinquency, then, probably consisted of the use of one of his parents' chamber pots instead of his own. Maybe he wanted to show that he was a "big squirt," and instead was called a small one. This crime, as well as the punishment by derisive shaming, and, most of all, the imperishable memory of the event, all point to a milieu in which such character weakness as the act of untimely and immodest urination becomes most forcefully associated with the question of the boy's chances not only of ever becoming a man, but also of

amounting to something, of becoming a "somebody," of *keeping what he promises*. In thus hitting the little exhibitionist in his weakest spot, the father not only followed the dictates of a certain culture area which tended to make youngsters defiantly ambitious by challenging them at significant times with the statement that they do not amount to much and with the prediction that they never will. We know the importance of urinary experience for the development of rivalry and ambition, and therefore recognize the memory as doubly significant. It thus becomes clearer than ever why Dr. Otto had to take over the severe designation of a dirty little squirt. After all, he was the one who had implied that Freud had promised too much when he said he would cure Irma and unveil the riddle of hysteria. A youngster who shows that he will amount to something is "promising"; the Germans say he is *vielversprechend*, i.e., he promises much. If his father told little Freud, under the embarrassing circumstance of the mother's presence in the parental bedroom, that he would never amount to anything, i.e., that the intelligent boy did not hold what he promised—is it not suggestive to assume that the tired doctor of the night before the dream had gone to bed with a bitter joke in his preconscious mind: yes, maybe I did promise too much when I said I could cure hysteria; maybe my father was right after all, I do not hold what I promised; look at all the other situations when I put dangerous or dirty "solutions" in the wrong places. The infantile material thus adds to the inventory of the doctor's and the man's carelessness in the use of "solutions" its infantile model, namely, exhibitionistic urination in the parents' bedroom: an incestuous model of all these associated dispensations of fluid.

But it seems to me that this memory could be the starting point for another consideration. It suggests not only an individual trauma, but also a pattern of child training according to which fathers, at significant moments, play on the sexual inferiority feelings and the smoldering oedipal hate of their little boys by challenging them in a severe if not viciously earnest manner, humiliating them before others, and especially before the mother. It would, of course, be difficult to ascertain that such an event is of a typical

character in a given area or typical for a given father; but I do believe that such a "method" of arousing and testing a son's ambition (in some cases regularly, in some on special occasions) was well developed in the German cultural orbit which included German Austria and its German-speaking Jews. This matter, however, could be properly accounted for only in a context in which the relation of such child-training patterns could be demonstrated in their relation to the whole conscious and unconscious system of child training and in their full reciprocity with historical and economic forces. And, incidentally, only in such a context and in connection with a discussion of Freud's place in the evolution of civilized conscience could Freud's inclination to discard teachers as well as students (as he discards Dr. O. in his dream after having felt discarded himself) be evaluated. Here we are primarily concerned with certain consequences which such a cultural milieu may have had for the sons' basic attitudes: the inner humiliation, forever associated with the internalized father image, offered a choice between complete submission, a readiness to do one's duty unquestioningly in the face of changing leaders and principles (without ever overcoming a deep self-contempt and a lasting doubt in the leader); and, on the other hand, sustained rebellion and an attempt to replace the personal father with an ideological principle, a cause, or, as Freud puts it, an "inner tyrant."<sup>9</sup>

Another childhood memory, however, may illuminate the personal side of this problem which we know already from Freud's interpretation of the Irma Dream as one of a vengeful comeback.

I have already said that my warm friendships as well as my enmities with persons of my own age go back to my childish relations to my nephew, who was a year older than I. In these he had the upper hand, and I early learned how to defend myself; we lived together, were inseparable, and loved one another, but at times, as the statements of older persons tes-

<sup>9</sup> As pointed out elsewhere (2), Hitler, also the son of an old father and a young mother, in a corresponding marginal area, shrewdly exploited such infantile humiliation: he pointed the way to the defiant destruction of all paternal images. Freud, the Jew, chose the way of scholarly persistence until the very relationship to the father (the oedipus complex) itself became a matter of universal enlightenment.

tify, we used to squabble and accuse one another. In a certain sense, all my friends are incarnations of this first figure; they are all *revenants*. My nephew himself returned when a young man, and then we were like Caesar and Brutus. An intimate friend and a hated enemy have always been indispensable to my emotional life; I have always been able to create them anew, and not infrequently my childish idea has been so closely approached that friend and enemy have coincided in the same person; but not simultaneously, of course, nor in constant alternation, as was the case in my early childhood [6, p. 451].

This memory serves especially well as an illustration of what, in our "Outline," we call *repetitive conflicts*, i.e., typical conflicts which punctuate the dreamer's life all the way from the infantile to the acute and to the outstanding transference conflicts. The fact that we were once small we never overcome. In going to sleep we learn deliberately to return to the most trustful beginning, not without being startled, on the way, by those memories which seem to substantiate most tellingly whatever negative basic attitude (a sense of mistrust, shame, doubt, guilt, etc.) was aroused by the tiring and discouraging events of the previous day. Yet this does not prevent some, in the restored day, from pursuing, on the basis of their very infantile challenges, their own unique kind of accomplishment.

#### VII. TRANSFERENCE IN THE IRMA DREAM

Among the life situations in our inventory, there remains one which, at first, would seem singularly irrelevant for the Irma Dream: I refer to the "current transference conflict." If anything, this dream, dreamed by a doctor about a patient, would promise to contain references to countertransference, i.e., the therapist's unconscious difficulties arising out of the fact that the patient may occupy a strategic position on the chessboard of his fate. Freud tells us something of how Irma came to usurp such a role, and the intimate *du* in the dream betrays the fact that the patient was close to



(or associated with somebody close to) the doctor's family either by blood relationship or intimate friendship. Whatever her personal identity, Irma obviously had become some kind of key figure in the dreamer's professional life. The doctor was in the process of learning the fact that this made her, by definition, a poor therapeutic risk for him.

But one may well think of another kind of "countertransference" in the Irma Dream. The dreamer's activities (and those of his colleagues) are all professional and directed toward a woman. But they are a researcher's approaches: the dreamer takes aside, throws light on the matter, looks, localizes, thinks, finds. May it not be that it was the Mystery of the Dream which itself was the anxious prize of his persistence?

Freud reports later on in "The Interpretation of Dreams" (6) that one night, having exhausted himself in the effort of finding an explanation for dreams of "nakedness" and of "being glued to the spot," he dreamed that he was jumping light-footedly up a stairway in a disarray of clothes. No doubt, then, Freud's dreams during those years of intensive dream study carry the special weight of having to reveal something while being dreamed. That this involvement does not necessarily interfere with the genuineness of his dreams can be seen from the very fact, demonstrated here, that Freud's dreams and associations (even if fragmentary and, at times, altered) do not cease to be fresh and almost infinitely enlightening in regard to points which he, at the time, did not deliberately focus upon.

In our unconscious and mythological imagery, tasks and ideals are women, often big and forbidding ones, to judge by the statues we erect for Wisdom, Industry, Truth, Justice, and other great ladies. A hint that the Dream as a mystery had become to our dreamer one of those forbidding maternal figures which smile only on the most favored among young heroes (and yield, of course, only to sublimated, to "clean" approach) can, maybe, be spotted in a footnote where Freud writes, "If I were to continue the comparison of the three women I should go far afield. Every dream has at least one point at which it is unfathomable; a *central point*, as

it were, connecting it with the unknown." The English translation's "central point," however, is in the original German text a *Nabel*—"a navel." This statement, in such intimate proximity to allusions concerning the resistance of Victorian ladies (including the dreamer's wife, now pregnant) to being undressed and examined, suggests an element of transference to the Dream Problem as such: the Dream, then, is just another haughty woman, wrapped in too many mystifying covers and "putting on airs" like a Victorian lady. Freud's letter to Fliess spoke of an "unveiling" of the mystery of the dream, which was accomplished when he subjected the Irma Dream to an "exhaustive analysis." In the last analysis, then, the dream itself may be a mother image; she is the one, as the Bible would say, to be "known."

Special transferences to one's dream life are, incidentally, not exclusively reserved for the author of "The Interpretation of Dreams." In this context I can give only a few hints on this subject. Once a dreamer knows that dreams "mean" something (and that, incidentally, they mean a lot to his analyst), an ulterior *wish to dream* forces its way into the *wish to sleep by way of dreaming*. That this is a strong motivation in dream life can be seen from the fact that different schools of dynamic psychology and, in fact, different analysts manage to provoke systematically different manifest dreams, obviously dreamed to please and to impress the respective analysts; and that members of primitive societies apparently manage to produce "culture pattern dreams," which genuinely impress the dreamer and convince the official dream interpreters. Our discussion of the style of the Irma Dream has, I think, indicated how we would deal with this phenomenon of a variety of dream styles: we would relate them to the respective cultural, interpersonal, and personality patterns, and correlate all of these with the latent dream. But as to the dreamer's transference to his dream life, one may go further: in spurts of especially generous dream production, a patient often appeals to an inner transference figure, a permissive and generous mother, who understands the patient better than the analyst does and fulfills wishes instead of interpreting them. Dreams, then, can become a patient's secret love life and may elude

the grasp of the analyst by becoming too rich, too deep, too unfathomable. Where this is not understood, the analyst is left with the choice of ignoring his rival, the patient's dream life, or of endorsing its wish fulfillment by giving exclusive attention to it, or of trying to overtake it with clever interpretations. The technical discussion of this dilemma we must postpone. In the meantime, it is clear that the first dream analyst stands in a unique relationship to the Dream as a "Promised Land."

This, however, is not the end of the transference possibilities in the Irma Dream. In the letters to Fliess, the impression is amply substantiated that Freud, pregnant with inner experiences which would soon force upon him the unspeakable isolation of the first self-analysis in history—and this at a time when his father's death seemed not far off—had undertaken to find in Fliess, at all cost, a superior friend, an object for idealization, and later an (if ever so unaware and reluctant) sounding board for his self-analysis. What this deliberate "transference" consisted of will undoubtedly, in due time, be fully recorded and analyzed. Because of the interrelation of creative and neurotic patterns and of personal and historical trends in this relationship, it can be said that few jobs in the history of human thought call for more information, competence, and wisdom. But it furthers an understanding of the Irma Dream to note that only once in all the published correspondence does Freud address Fliess with the lone word *Liebster* ("Dearest"): in the first letter following the Irma Dream (August 8, 1895). This singular appeal to an intellectual friend (and a German one at that) correlates well with the prominence which the formula for Trimethylamin (a formula related to Fliess' researches in bisexuality) has in the dream, both by dint of its heavy type and by its prominent place in the play of configurations: for it signifies the dreamer's return to the act of independent observation—"I see" again.

The Irma Dream, then, in addition to being a dream of a medical examination and treatment and of a sexual investigation, anticipates Freud's self-inspection and with it inspection by a vastly aggrandized Fliess. We must try to visualize the historical fact that

here a man divines an entirely new instrument with unknown qualities for an entirely new focus of investigation, a focus of which only one thing was clear: all men before him, great and small, had tried with every means of cunning and cruelty to avoid it. To overcome mankind's resistance, the dreamer had to learn to become his own patient and subject of investigation; to deliver free associations to himself; to unveil horrible insights to himself; to identify himself with himself in the double roles of observer and observed. That this, in view of the strong maleness of scientific approach cultivated by the bearded savants of his day and age (and represented in the dreamer's vigorous attempts at isolating and localizing Irma's embarrassing affliction), constituted an unfathomable division within the observer's self, a division of vague "feminine yielding" and persistent masculine precision: this, I feel, is one of the central meanings of the Irma Dream. Nietzsche's statement that a friend is a lifesaver who keeps us afloat when the struggling parts of our divided self threaten to pull one another to the bottom was never more applicable; and where, in such a situation, no friend of sufficient superiority is available, he must be invented. Fliess, to a degree, was such an invention. He was the recipient of a creative as well as a therapeutic transference.

The "mouth which opens wide," then, is not only the oral cavity of a patient and not only a symbol of a woman's procreative inside, which arouses horror and envy because it can produce new "formations." It is also the investigator's oral cavity, opened to medical inspection; and it may well represent, at the same time, the dreamer's unconscious, soon to offer insights never faced before to an idealized friend with the hope that (here we must read the whole dream backwards) *wir empfangen*: we receive, we conceive, we celebrate a birthday. That a man may incorporate another man's spirit, that a man may conceive from another man, and that a man may be reborn from another, these ideas are the content of many fantasies and rituals which mark significant moments of male initiation, conversion, and inspiration (11); and every act of creation, at one stage, implies the unconscious fantasy of inspiration by a fertilizing agent of a more or less deified, more or less personified

mind or spirit. This "feminine" aspect of creation causes tumultuous confusion not only because of man's intrinsic abhorrence of femininity but also because of the conflict (in really gifted individuals) of this feminine fantasy with an equally strong "masculine" endowment which is to give a new and original form to that which has been conceived and carried to fruition. All in all, the creative individual's typical cycle of moods and attitudes which overlaps with neurotic mood swings (without ever coinciding with them completely) probably permits him, at the height of consummation, to identify with father, mother, and newborn child all in one; to represent, in equal measure, his father's potency, his mother's fertility, and his own reborn ideal identity. It is obvious, then, why mankind participates, with pity and terror, with ambivalent admiration and ill-concealed abhorrence, in the hybris of creative men, and why such hybris, in these men themselves, can call forth all the sinister forces of infantile conflict.

### VIII. CONCLUSION

If the dreamer of the Irma Dream were the patient of a continuous seminar, several evenings of research work would now be cut out for us. We would analyze the continuation of the patient's dream life to see how his inventory of dream variations and how his developing transference would gradually permit a dynamic reconstruction of the kind which, in its most ambitious version, forms point IV of our "Outline":

#### IV. *Reconstruction*

Life cycle  
 present phase  
 corresponding infantile phase  
 defect, accident, or affliction  
 psychosexual fixation  
 psychosexual arrest  
 Social process: collective identity  
 ideal prototypes  
 evil prototypes  
 opportunities and barriers

Ego identity and lifeplan  
mechanisms of defense  
mechanisms of integration

In the case of the Irma Dream, both the material and the motivation which would permit us to aspire to relative completeness of analysis are missing. I shall, therefore, in conclusion, select a few items which will at least indicate our intentions of viewing a dream as an event reflecting a critical stage of the dreamer's life cycle.

As pointed out, the Irma Dream and its associations clearly reflect a crisis in the life of a creative man of middle age. As the psychosocial criterion of a successful ego synthesis at that age I have named a Sense of Generativity. This unpretty term, incidentally, is intended to convey a more basic and more biological meaning than such terms as creativity and productivity do. For the inventory of significant object relations must, at this stage, give account of the presence or absence of a drive to create and secure personal children—a matter much too frequently considered merely an extension, if not an impediment, of genitality. Yet any term as specific as “parental sense” would not sufficiently indicate the plasticity of this drive, which may genuinely include works, plans, and ideas generated either in direct connection with the task of securing the life of the next generation or in wider anticipation of generations to come. The Irma Dream, then, reflects the intrinsic conflict between the partners and objects of the dreamer's intimate and generative drives, namely, wife, children, friends, patients, ideas: they all vie for the maturing man's energy and commitment, and yet none of them could be spared without some sense of stagnation. It may be significant that Freud's correspondence with Fliess, which initiates an *intellectual intimacy* of surprising passion, had begun a few months after Freud's marriage: there are rich references to the advent and the development of the younger generation in both families, and, with it, much complaint over the conflicting demands of family, work, and friendship. Finally, there is, in the material of the Irma Dream, an indication

of the problem which follows that of the generative conflict, namely, that of a gradually forming *Sense of Integrity* which represents man's obligation to the most mature meaning available to him, even if this should presage discomfort to himself, deprivation to his mate and offspring, and the loss of friends, all of which must be envisaged and endured in order not to be exposed to a final Sense of Disgust and of Despair. The fact that we are dealing here with a man of genius during the loneliest crisis of his work productivity should not blind us to the fact that analogous crises face all men, if only in their attachments and allegiances to trends and ideas represented to them by strong leaders and by coercive institutions. Yet again, such a crisis is raised to special significance in the lives of those who are especially well endowed or especially favored with opportunities: for the "most mature meaning available to them" allows for deeper conflict, greater accomplishment, and more desperate failure.

A discernible relationship between the dreamer's acute life problem and the problems left over from corresponding infantile phases has been indicated in Chapter VI. Here I shall select two further items as topics for a final brief discussion: psychosexual fixation and arrest; collective identity and ego identity.

In our general clinical usage we employ the term fixation alternately for that infantile stage in which an individual received the relatively greatest amount of gratification and to which, therefore, his secret wishes persistently return and for that infantile stage of development beyond which he is unable to proceed because it marked an end or determined slow-up of his psychosexual maturation. I would prefer to call the latter the point of *arrest*, for it seems to me that an individual's psychosexual character and proneness for disturbances depends not so much on the point of fixation as on the *range* between the point of fixation and the point of arrest, and on the *quality* of their interplay. It stands to reason that a fixation on the oral stage, for example, endangers an individual most if he is also arrested close to this stage, while a relative oral fixation can become an asset if the individual advances a considerable length along the path of psychosexual maturation, making the

most of each step and cultivating (on the very basis of a favorable balance of basic trust over basic mistrust as derived from an intensive oral stage) a certain capacity to experience and to exploit subsequent crises to the full. Another individual with a similar range but a different quality of progression may, for the longest time, show no specific fixation on orality; he may indicate a reasonable balance of a moderate amount of all the varieties of psychosexual energy—and yet, the quality of the whole ensemble may be so brittle that a major shock can make it tumble to the ground, whereupon an “oral” fixation may be blamed for it. Thus, one could review our nosology from the point of view of the particular field circumscribed by the points of fixation and arrest and of the properties of that field. At any rate, in a dream, and especially in a series of dreams, the patient’s “going back and forth” between the two points can be determined rather clearly. Our outline, therefore, differentiates between a point of psychosexual fixation and one of psychosexual arrest.

The Irma Dream demonstrates a great range and power of pre-genital themes. From an initial position of phallic-urethral and voyeuristic hybris, the dreamer regresses to an oral-tactual position (Irma’s exposed mouth and the kinesthetic sensation of suffering through her) and to an anal-sadistic one (the elimination of the poison from the body, the repudiation of Dr. Otto). As for the dreamer of the Irma Dream (or any individual not clearly circumscribed by neurotic stereotypy), we should probably postpone any over-all classification until we have thought through the suggestions contained in Freud’s first formulation of “libidinal types.” In postulating that the ideal type of man is, each in fair measure, narcissistic *and* compulsive *and* erotic, he opened the way to a new consideration of normality, and thus of abnormality. His formulation does not (as some of our day do) focus on single fixations which may upset a unilinear psychosexual progression of a low over-all tonus, but allows for strong conflicts on each level, solved by the maturing ego adequate to each stage, and finally integrated in a vigorous kind of equilibrium.

I shall conclude with the discussion of ego identity (2, 3, 5). This



discussion must, again, be restricted to the Irma Dream and to the typical problems which it may illustrate. The concept of identity refers to an over-all attitude (a *Grundhaltung*) which the young person at the end of adolescence must derive from his ego's successful synthesis of postadolescent drive organization and social realities. A sense of identity implies that one experiences an over-all sameness and continuity extending from the personal past (now internalized in introjects and identifications) into a tangible future; and from the community's past (now existing in traditions and institutions sustaining a communal sense of identity) into foreseeable or imaginable realities of work accomplishment and role satisfaction. I had started to use the terms ego identity and group identity for this vital aspect of personality development before I (as far as I know) became aware of Freud's having used the term *innere Identität* in a peripheral pronouncement and yet in regard to a central matter in his life.

In 1926, Freud sent to the members of a Jewish lodge a speech (8) in which he discussed his relationship to Jewry and discarded religious faith and national pride as "the prime bonds." He then pointed, in poetic rather than scientific terms, to an unconscious as well as a conscious attraction in Jewry: powerful, un verbalized emotions (*viele dunkle Gefühlskräfte*), and the clear consciousness of an inner identity (*die klare Bewusstheit der inneren Identität*). Finally, he mentioned two traits which he felt he owed his Jewish ancestry: freedom from prejudices which narrow the use of the intellect, and the readiness to live in opposition. This formulation sheds an interesting light on the fact that in the Irma Dream the dreamer can be shown both to belittle and yet also temporarily to adopt membership in the "compact" majority of his dream population. Freud's remarks also give added background to what we recognized as the dreamer's vigorous and anxious preoccupation, namely, the use of *incisive intelligence in courageous isolation*, the strong urge to investigate, to unveil, and to recognize: the Irma Dream strongly represents this ego-syntonic part of what I would consider a cornerstone of the dreamer's identity, even as it

defends the dreamer against the infantile guilt associated with such ambition.

The dream and its associations also point to at least one "evil prototype"—the prototype of all that which must be excluded from one's identity: here it is, in the words of its American counterpart, the "dirty little squirt," or, more severely, the "unclean one" who has forfeited his claim to "promising" intelligence.

Much has been said about Freud's ambitiousness; friends have been astonished and adversaries amused to find that he disavowed it. To be the primus, the best student of his class through his school years, seemed as natural to him ("the first-born son of a young mother") as to write the *Gesammelten Schriften*. The explanation is, of course, that he was not "ambitious" in the sense of *ehr-geizig*: he did not hunger for medals and titles for their own sakes. The ambition of uniqueness in intellectual accomplishment, on the other hand, was not only ego-syntonic, it was ethno-syntonic, almost an obligation to his people. The tradition of his people, then, and a firm inner identity provided the continuity which helped Freud to overcome the neurotic dangers to his accomplishment which are suggested in the Irma Dream, namely, the guilt over the wish to be the one-and-only who would overcome the derisive fathers and unveil the mystery. It helped him in the necessity to abandon well-established methods of sober investigation (invented to find out a few things exactly and safely to overlook the rest) for a method of self-revelation apt to open the floodgates of the unconscious. If we seem to recognize in this dream something of a puberty rite, we probably touch on a matter mentioned more than once in Freud's letters, namely, the "repeated adolescence" of creative minds, which he ascribed to himself as well as to Fliess.

In our terms, the creative mind seems to face repeatedly what most men, once and for all, settle in late adolescence. The "normal" individual combines the various prohibitions and challenges of the ego ideal in a sober, modest, and workable unit, well anchored in a set of techniques and in the roles which go with them. The restless individual must, for better or for worse, alleviate a

persistently revived infantile superego pressure by the reassertion of his ego identity. At the time of the Irma Dream, Freud was acutely aware that his restless search and his superior equipment were to expose him to the hybris which few men must face, namely, the entry into the unknown where it meant the liberation of revolutionary forces and the necessity of new laws of conduct. Like Moses, Freud despaired of the task, and by sending some of the first discoveries of his inner search to Fliess with a request to destroy them (to "eliminate the poison"), he came close to smashing his tablets. The letters reflect his ambivalent dismay. In the Irma Dream, we see him struggle between a surrender to the traditional authority of Dr. M. (superego), a projection of his own self-esteem on his imaginative and far-away friend, Fliess (ego ideal), and the recognition that he himself must be the lone (self-) investigator (ego identity). In life he was about to commit himself to his "inner tyrant," psychology, and with it, to a new principle of human integrity.

The Irma Dream documents a crisis, during which a medical investigator's identity loses and regains its "conflict-free status" (10, 13). It illustrates how the latent infantile wish that provides the energy for the renewed conflict, and thus for the dream, is imbedded in a manifest dream structure which on every level reflects significant trends of the dreamer's total situation. Dreams, then, not only fulfill naked wishes of sexual license, of unlimited dominance and of unrestricted destructiveness; where they work, they also lift the dreamer's isolation, appease his conscience, and preserve his identity, each in specific and instructive ways.

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