

A challenge to the foundations of psychoanalysis

FREUD AND THE SEDUCTION THEORY

BY JEFFREY M. MASSON



IN 1970, I BECAME INTERESTED IN THE ORIGINS OF psychoanalysis and in Sigmund Freud's relationship with Wilhelm Fliess, the nose and throat physician who was his closest friend during the years Freud was formulating his new theories.

For some time, I corresponded with Freud's daughter, Anna Freud, about the possibility of preparing a complete edition of Freud's letters to Fliess, an abridged version of which had been published in 1950 in German and in 1954 in English, as *The Origins of Psychoanalysis*. This edition had been edited by Anna Freud, Ernst Kris, and Marie Bonaparte. In 1980, I met with Anna Freud and Dr. K. R. Eissler, the head of the Sigmund Freud Archives and Anna Freud's trusted adviser and friend, in London, and Miss Freud agreed to a new edition of the Freud-Fliess letters. As a result, I was given access to this sealed correspondence (the originals are in the Library of Congress), which constitutes our most important source of information concerning the beginnings of psychoanalysis.

In addition to including all the letters and passages that had previously been omitted (which amounted to more

than half the text), I thought it necessary to annotate the book fully. I therefore needed access to other relevant material. Anna Freud offered her complete cooperation, and I was given the freedom of Maresfield Gardens, in London, where Freud spent the last year of his life.

Freud's magnificent personal library was there, and many of the volumes, especially from the early years, were annotated by Freud. In his desk I discovered a notebook kept by Marie Bonaparte after she purchased Freud's letters to Fliess, in 1936, in which she comments on Freud's reactions to these letters, which he had written years before. I also found a series of letters concerned with Sándor Ferenczi, who was in Freud's later years his closest analytic friend and colleague, and with the last paper Ferenczi delivered, to the 12th International Psycho-Analytic Congress, in Wiesbaden, in 1932. This paper dealt with the sexual seduction of children, a topic that had engrossed Freud during the years of his friendship with Fliess.

In a large black cupboard outside Anna Freud's bedroom, I found many original letters to and from Freud written during the early period, letters that were previously unknown—a letter from Fliess to Freud, letters from the eminent French neurologist Charcot to Freud, and letters from Freud to his colleague Josef Breuer, to his sister-in-law Minna Bernays, to his wife, Martha, and to former patients.

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A short time later, Dr. Eissler asked me to succeed him as director of the Freud Archives. I agreed and was appointed provisional projects director. The Archives had purchased Freud's house in Maresfield Gardens, and I was to convert the house into a museum and research center. Anna Freud gave me access to the restricted material she had already donated to the Library of Congress, to enable me to prepare a catalogue of all the Freud material at the Library (most of it from the Archives), which amounted to more than 75,000 documents. The Library agreed to supply copies of these documents to the projected museum. I also became one of the four directors of Sigmund Freud Copyrights, which allowed me to negotiate with Harvard University Press for the publication of Freud's letters in scholarly, annotated, complete editions.

As I was reading through the correspondence and preparing the annotations for the first volume of the series, the Freud-Fliess letters, I began to notice what appeared to be a pattern in the omissions made by Anna Freud in the original, abridged edition. In the letters written after September of 1897 (when Freud was supposed to have given up his "seduction" theory), all the case histories dealing with the sexual seduction of children had been excised. Moreover, every mention of Emma Eckstein, an early patient of Freud's and Fliess's, who seemed connected in some way with the seduction theory, had been deleted. I was particularly struck by a section of a letter written in December of 1897 that brought to light two facts previously unknown: Emma Eckstein was herself seeing patients in analysis (presumably under Freud's supervision); and Freud was inclined to give credence, once again, to the seduction theory.

I asked Anna Freud why she had deleted this section from the letter. She said that she no longer knew why. When I showed her an unpublished letter from Freud to Emma Eckstein, she said that she could well understand my interest, since Emma Eckstein had indeed been important to the early history of psychoanalysis, but the letter should nevertheless not be published. In subsequent conversations, Miss Freud indicated that since her father had eventually abandoned the seduction theory, it would only prove confusing to readers to be exposed to his early hesitations and doubts. I, on the other hand, felt that these passages not only were of great historical importance but might well represent the truth. Nobody, it seemed to me, had the right to decide for others, by altering the record, what was truth and what was error. Moreover, whatever Freud's ultimate decision, it is my belief that he was haunted by the seduction theory all his life.

I showed Miss Freud the 1932 correspondence I found in Freud's desk concerning Ferenczi's last paper, which dealt with this very topic. Clearly, I thought, it was her father's continued preoccupation with the seduction theory that explained his turning away from Ferenczi. Miss Freud, who was very fond of Ferenczi, found these letters painful reading and asked me not to publish them. But I insisted

that the theory was not one that Freud had dismissed lightly as an early and insignificant error, as we had been led to believe.

Anna Freud urged me to direct my interests elsewhere. In conversations with other analysts close to the Freud family, I was given to understand that I had stumbled upon something that was better left alone. (This was made even more apparent when my connections with the Freud Archives were suddenly terminated.) If the seduction theory was really only a detour along the road to truth, as so many psychoanalysts believe, it would perhaps have been possible for me to turn my attention to other matters. But the seduction hypothesis, in my opinion, should have been the very cornerstone of psychoanalysis. In 1895 and 1896, Freud, in listening to his women patients, learned that something dreadful and violent lay in their past. The psychiatrists before Freud who had heard seduction stories had accused their patients of being hysterical liars and had dismissed their memories as fantasy. Freud was the first psychiatrist who believed that his patients were telling the truth.

Freud announced his discovery in a paper entitled "The Etiology of Hysteria," which he gave in April of 1896 to the Society for Psychiatry and Neurology, in Vienna—his first major public address to his peers about his new sexual theories. As Freud was later to describe it, he believed that in giving this paper he would become "one of those who had disturbed the sleep of the world." The address presented a revolutionary view of mental illness. Its title referred to Freud's new theory that the origin of hysteria lay in early sexual traumas, which he called "infantile sexual scenes" or "sexual intercourse" in childhood. This is what later came to be the seduction theory—namely, the belief that such early experiences were real, not fantasies, and had a damaging and lasting effect on the later lives of the children who suffered them.

Freud used various words to describe these "infantile sexual scenes": *Vergewaltigung* (rape), *Missbrauch* (abuse), *Verführung* (seduction), *Angriff* (attack), *Attentat* (a French term, meaning an assault), *Aggression*, and *Traumen* (traumas). All these words explicitly state something about violence directed against the child and expressed through the sexual behavior of the adult, with the exception of the word "seduction," which was an unfortunate choice, since it implies some form of participation by the child. The other terms, used by Freud in his early papers, are replaced in his later writings, in the overwhelming majority of cases, by the word "seduction." In Freud's later theories and in psychoanalytic theory after Freud, the ambiguity inherent in the word is exploited. The implication is that the "seduced" child is also the seducer and has brought on the sexual act by his or her behavior. However, in this early paper, there is no doubt that what Freud meant by a sexual seduction was a real sexual act forced on a young child who in no way desired it or encouraged it. Defined this way, a seduction is an act of cruelty and violence,

which wounds the child in every aspect of her being (or his, though Freud made it clear that it is usually a young girl who is the victim). Her body is not ready for the adult act of intercourse (the "seduction" is often an actual rape with life-threatening consequences), nor are her emotions prepared either for the immediate impact of the sexual passion of the adult or for her own later, inevitable feelings of guilt, anxiety, and fear. The adult is venting his own sexual and emotional unhappiness on a child too frightened to protest, too weak to defend herself, and too dependent on the continuing care of the adult for her very survival to seek any form of redress. The imbalance in the relationship and the sadistic behavior of the adult in exploiting his power over the child were made explicit by Freud in these searing words:

All the strange conditions under which the incongruous pair continue their love relations—on the one hand the adult, who cannot escape his share in the mutual dependence necessarily entailed by a sexual relationship, and who is at the same time armed with complete authority and the right to punish, and can exchange the one role for the other to the uninhibited satisfaction of his whims, and on the other hand the child, who in his helplessness is at the mercy of this arbitrary use of power, who is prematurely aroused to every kind of sensibility and exposed to every sort of disappointment, and whose exercise of the sexual performances assigned to him is often interrupted by his imperfect control of his natural needs—all these grotesque and yet tragic disparities distinctly mark the later development of the individual and of his neurosis, with countless permanent effects which deserve to be traced in the greatest detail.

Since I had found no reference in the psychoanalytical literature to any mention of Freud's paper by the medical community, when I was in Vienna I went through the medical journals of that time in an attempt to discover what the response had been. I was startled to come across something that had gone unnoticed: in the *Wiener klinische Wochenschrift*, published weekly in Vienna, on May 14, 1896, three papers from the April 21 meeting were reported, two in the usual manner. (Generally—in fact, invariably—the practice was to give the title of a paper, a brief summary of its contents, and an account of the ensuing discussion.) But in the citation of the last paper, there was a break with tradition. The report read as follows:

Docent Sigm. Freud: Ueber die Aetiologie der Hysterie.
[Sigmund Freud, lecturer: On the Etiology of Hysteria.]

There was no summary and no account of any discussion.

Nor did any member of the audience leave for posterity an account of what was heard that night. But five days after the presentation, on April 26, Freud wrote a letter to his closest friend, which describes the events of that evening. This letter, to the Berlin specialist Wilhelm Fliess (1858–1928), was omitted from the published edition of Freud's letters to Fliess. Freud's personal physician, Max Schur, however, included it in his book *Freud: Living and*

Dying. From the letter we learn that Baron Richard von Krafft-Ebing (1840–1902), the distinguished professor and head of the Department of Psychiatry at the University of Vienna, was in the chair that evening. Freud reported:

A lecture on the etiology of hysteria at the Psychiatric Society met with an icy reception from the asses, and from Krafft-Ebing the strange comment: It sounds like a scientific fairy tale. [*Es klingt wie ein wissenschaftliches Märchen.*] And this after one has demonstrated to them a solution to a more-than-thousand-year-old problem, a "source of the Nile"!

But Schur did not include Freud's final sentence, in which he expressed open contempt for his colleagues: "They can all go to hell." (*Sie können mich alle gern haben.*) Freud evidently felt that his discoveries were important enough for him to risk the displeasure of his colleagues. The prospect of being ostracized by the medical establishment was negligible in the face of his belief that he had discovered an important truth.

Freud's patients had the courage to confront what had happened to them in childhood—often this included violent rapes by their fathers—and to communicate their traumas to Freud, no doubt hesitating to believe their own memories and reluctant to remember the deep shame and hurt they had felt. Freud had listened and understood and given them permission to remember and speak of these terrible events. He did not think they were fantasies, as he explained in his paper:

Doubts about the genuineness of the infantile sexual scenes can, however, be deprived of their force here and now by more than one argument. In the first place, the behavior of patients while they are reproducing these infantile experiences is in every respect incompatible with the assumption that the scenes are anything else than a reality which is being felt with distress and remembered with the greatest reluctance.

Nor are these memories mere intellectual insights. Freud's patients recalled their traumas "with all the feelings that belonged to the original experience"; that is, they took the permission to remember as a permission to feel, and the feelings apparently absent from the original assault were at last experienced: the anger, the disgust, the sense of helplessness and betrayal, all these powerful emotions surfaced. Freud was like an explorer who has chanced upon a long-submerged world.

Freud expected his colleagues to be reluctant to think about truths of this nature, having encountered a similar reluctance in himself and his teachers:

. . . the singling out of the sexual factor in the etiology of hysteria springs at least from no preconceived opinion on my part. The two investigators as whose pupil I began my studies of hysteria, Charcot and Breuer, were far from having any such presupposition; in fact they had a personal disinclination to it. . . .

Freud was admitting here that he, too, had had to overcome resistances before accepting the unpalatable truth. So he was not unprepared for the reaction of his colleagues. However, the full extent to which Freud felt isolated becomes clear only upon reading his words to Fliess of May 4, less than two weeks after he gave the paper; the words in italics were omitted from the published edition of the Freud–Fliess letters: “I am as isolated as you could wish me to be: *the word has been given out to abandon me, and a void is forming around me.*”

It must have come as no great surprise to Freud, then, when he opened the *Wiener klinische Wochenschrift* to find his paper listed by title alone, without summary or discussion, or even the remark that it would be published. On May 30, Freud wrote to Fliess: “In defiance of my colleagues I have written down in full . . . my lecture on the etiology of hysteria.”

He published it a few weeks later. We are fortunate that he did, though in a few years Freud would wish he had not been so hasty. The early traumas that his patients had had the courage to face and report to him he was later to dismiss as the fantasies of hysterical women who invented stories. He was to view his own courage in reporting these findings as rash:

I believed these stories, and consequently supposed that I had discovered the roots of the subsequent neurosis in these experiences of sexual seduction in childhood. . . . If the reader feels inclined to shake his head at my credulity, I cannot altogether blame him.

Freud was to retract his theory on the etiology of hysteria. His patients, he now came to feel, had been deceiving themselves and him:

. . . I was at last obliged to recognize that these scenes of seduction had never taken place, and that they were only fantasies which my patients had made up.

In 1905, Freud publicly retracted the seduction theory. What happened? What caused this momentous about-face, which would affect the lives of countless patients in psychotherapy from 1900 to the present? Psychoanalysts have not been notably curious about the reasons for Freud's change of heart, even though, along with Freud himself, they acknowledge that the abandonment of the seduction theory prepared for the birth of psychoanalysis. The standard explanation—that clinical experiences taught Freud that he had made a mistake—is not a very satisfying one, as we shall see. It never seemed right to me, even as a student, that Freud would not believe his patients. I did not agree that the seduction scenes presented as memories had been only fantasies, or memories of fantasies. But I had not thought to doubt Freud's account (often repeated in his writings) of his motives for changing his mind. Yet, when I read the Fliess letters without the omissions (of which Freud, by the way, would undoubtedly have approved), they told a very different, agonizing story.



BETWEEN 1894 AND 1900, WILHELM FLIESS WAS Freud's closest friend and possibly the only person with whom Freud could discuss his newly emerging insights into the origins of mental illness. Fliess shared Freud's views on the importance of certain aspects of sexuality—masturbation, coitus interruptus, and the use of condoms—in the etiology of what were then called the “actual neuroses,” primarily neurasthenia and certain physically manifested anxiety symptoms. Their initial convergence of interest led to a collaboration whose consequences were to resonate far beyond Vienna, ultimately exerting an influence on the way every psychotherapist has thought about the interaction between fantasy and reality.

Early in 1895, Fliess performed surgery on one of Freud's first analytic patients, Emma Eckstein (1865–1924). Emma Eckstein's name has been all but forgotten in the history of psychoanalysis, and had she not been mistakenly identified as the patient Freud called “Irma” in his discussion of the “dream-specimen” in *The Interpretation of Dreams*, she would not be remembered at all today. She came from a prominent socialist family and seems to have been active in the women's movement in Vienna. When Emma Eckstein was about twenty-seven, she entered analysis with Freud; several of her relatives have said that she was Freud's “first analytic patient.” That Freud was preoccupied with her is clear from the prominent place she has in his correspondence with Fliess. The passages concerning Emma Eckstein in the letters are, beyond question, the most passionate accounts Freud ever wrote of a patient. The exact nature of her complaints is unknown, but it appears that she suffered from stomach ailments and menstrual problems. She had difficulty walking, and spent much of her time (at least in later life) confined to her sofa. Why Freud and Fliess decided that she needed an operation is not clear. Fliess had visited Freud in Vienna during Christmas of 1894, presumably had met Emma Eckstein, and suggested to Freud that she be operated on.

In Freud's copy of Fliess's 1902 book, *Über den ursächlichen Zusammenhang von Nase und Geschlechtsorgan* (*On the Causal Connection between the Nose and the Sexual Organ*), this passage has been marked: “Girls who masturbate normally suffer from dysmenorrhea [painful menstruation]. In such cases, nasal treatment is only successful

when they truly give up this aberration." I believe that Freud marked this passage in later years because in his opinion it described the case of Emma Eckstein. She was, as we know from her own publications, very much concerned with the then prevalent belief in the dangers of masturbation, something she undoubtedly discussed with Freud during her treatment. Her symptom of irregular or painful menstruation would have been attributed to masturbation, and once Fliess was brought in, it was inevitable that he would recommend an operation on her nose, for Fliess held the very strange belief that the nose and the sexual organs were intimately connected, and that sexual problems could be cured through nasal surgery.

If Freud's consent to such an operation seems puzzling, his idealization of Fliess as a great healer must be considered. Moreover, Freud, who had known Fliess since 1887, wanted a closer collaboration with him than he had so far been able to achieve. Both men believed that sexual problems, and masturbation in particular, played a key role in the causation of neurotic illnesses. If Freud told Fliess that Emma Eckstein's problems had to do with menstruation and that she masturbated, it was only natural for Fliess to suggest nasal surgery, followed by psychological treatment to prevent the recurrence of masturbation, as the only hope of curing her. This was certainly a revolutionary idea, one that would have appeared as bizarre to Freud's medical colleagues as Freud's own ideas did. Perhaps the unorthodoxy of Fliess's methods encouraged Freud to believe that they reflected an unrecognized truth. In any event, he seems not to have hesitated in handing Emma Eckstein over to Fliess.

Max Schur was the first to quote from Freud's letters about the operation, but his article was confined to the influence it had on Freud's famous dream about Irma. Because of the importance of this operation (it would affect Freud's views on the relative importance of fantasy and reality, and his views on women and hysteria), it is worth telling the story in Freud's own words. In what follows, I have used my translations of Freud's letters to Fliess and introduced previously unknown material. None of these passages were included in the published edition of the Freud-Fliess letters.

On January 24, 1895, in an unpublished letter, Freud told Fliess, "Now only one more week separates us from the operation." In the same letter, he complained, "My lack of medical knowledge once again weighs heavily on me. . . . I would not have dared to invent this plan of treatment on my own, but I confidently join you in it." A review of Fliess's publications leads me to believe that this was his first major operation (his other interventions had been confined to cauterization and cocaineization of the nose; indeed, he had even used these procedures on Freud), and Freud may well have been feeling hesitant, for he suggested in the same letter that Fliess work with Robert Gersuny, who was a well-known senior surgeon in Vienna.

Fliess arrived in Vienna in February and operated on Emma Eckstein. He left soon thereafter.

Freud's first letter to Fliess after the operation is dated February 25, 1895, but it concerns only a report of Fliess's work in the medical journal *Wiener allgemeine Zeitung*. There is no mention of Emma Eckstein. On March 4, 1895, Freud wrote Fliess about Emma Eckstein (in a letter published in part by Schur):

Eckstein's condition is still unsatisfactory; persistent swelling, going up and down "like an avalanche"; pain, so that morphine cannot be dispensed with; bad nights. The purulent secretion has been decreasing since yesterday; the day before yesterday (Saturday) she had a massive hemorrhage, probably as a result of expelling a bone chip the size of a *Heller* [a small coin]; there were two bowlfuls of pus. Today we encountered resistance to irrigation; and since the pain and the visible edema had increased, I let myself be persuaded to call in Gersuny. (By the way, he greatly admired an etching of "The Isle of the Dead" [by Böcklin].) He explained that the access was considerably narrowed and insufficient for drainage, inserted a drainage tube, and threatened to break it [the bone?] open if that did not stay in. To judge by the smell, all this is most likely correct. Please send me your authoritative advice. I am not looking forward to new surgery on this girl.

In a later passage, apparently overlooked by Schur, Freud mentioned having visited Josef Breuer (1842–1925; Freud's mentor and collaborator) "on Sunday evening and once again won him over—probably only for a short time—by telling him about the analysis of Eckstein, with which you are not really familiar either." Freud wished to win Breuer over to his views on the importance of sexuality in the neuroses, and no doubt thought he would do so by telling Breuer about Eckstein's case—that is, by describing her sexual symptoms. This passage would then be the first hint that Eckstein's problems were of a sexual nature. The passage is also interesting in that Freud admitted that he had turned his patient over to Fliess without first discussing her case with him in detail.

Freud then wrote that the only other thing he could send (*beilegen*; presumably there was an enclosure, subsequently lost) to Fliess was "a small analogy to Emma E.'s dream psychosis that we witnessed." It is not clear what a "dream psychosis" is, although it is probably some form of waking behavior that resembles dream behavior. Since the two men witnessed this together, Freud was present either at the operation or, more likely, when Fliess examined Eckstein for the first time.

Four days later (March 8, 1895), Freud wrote Fliess an important letter, published by Schur, which I reproduce here in its entirety:

Dearest Wilhelm:

Just received your letter and am able to answer it immediately. Fortunately I am finally seeing my way clear and am reassured about Miss Eckstein and can give you a

report that will probably upset you as much as it did me, but I hope you will get over it as quickly as I did.

I wrote to you that the swelling and the hemorrhages would not stop, and that suddenly a fetid odor set in, and that there was an obstacle upon irrigation. (Or is the latter new [to you]?) I arranged for Gersuny to be called in; he inserted a drainage tube, hoping that things would work out once discharge was re-established; but otherwise he was rather reserved. Two days later I was awakened in the morning—profuse bleeding had started again, pain, etc. Gersuny replied on the phone that he was unavailable till evening; so I asked Rosanes to meet me. We did so at noon. There still was moderate bleeding from the nose and mouth; the fetid odor was very bad. Rosanes cleaned the area surrounding the opening, removed some sticking blood clots, and suddenly he pulled at something like a thread, kept on pulling, and before either one of us had time to think, at least half a meter of gauze had been removed from the cavity. The next moment came a flood of blood. The patient turned white, her eyes bulged, and she had no pulse. Immediately thereafter, however, he again packed the cavity with fresh iodoform gauze and the hemorrhage stopped. It lasted about half a minute, but this was enough to make the poor creature, whom by then we had lying flat, unrecognizable. In the meantime—that is, afterward—something else happened. At the moment the foreign body came out and everything became clear to me, immediately after which I was confronted by the sight of the patient, I felt sick. After she had been packed, I fled to the next room, drank a bottle of water, and felt miserable. The brave Frau Doktor then brought me a small glass of cognac and I became myself again.

Rosanes stayed with the patient until I arranged, via Streitenfels, to have both of them taken to Loew Sanatorium. Nothing further happened that evening. The following day, that is, yesterday, Thursday, the operation was repeated with the assistance of Gersuny; [the bone was] broken wide open, the packing removed, and [the wound] curetted. There was scarcely any bleeding. Since then she has been out of danger, naturally very pale, and miserable with fresh pain and swelling. She had not lost consciousness during the massive hemorrhage; when I returned to the room somewhat shaky, she greeted me with the condescending remark, "So this is the strong sex."

I do not believe it was the blood that overwhelmed me—at that moment affects were welling up in me. So we had done her an injustice; she was not at all abnormal, rather, a piece of iodoform gauze had gotten torn off as you were removing it and stayed in for 14 days, preventing healing; at the end it tore off and provoked the bleeding. That this mishap should have happened to you; how you will react to it when you hear about it; what others could make of it; how wrong I was to urge you to operate in a foreign city where you could not follow through on the case; how my intention to do the best for this poor girl was insidiously thwarted and resulted in endangering her life—all this came over me simultaneously. I have worked it through by now. I was not sufficiently clear to think of immediately reproaching Rosanes at that time. This occurred to me only 10 minutes later; that he should

immediately have thought: there is something inside; I shall not pull it out lest there be a hemorrhage; rather, I'll stuff it some more, take her to Loew, and there clean and widen it at the same time. But he was just as surprised as I was.

Now that I have thought it through, nothing remains but heartfelt compassion for my child of sorrows [that is, Emma Eckstein]. I really should not have tormented you here, but I had every reason to entrust you with such a matter and more. You did it as well as one could. The tearing off of the iodoform gauze remains one of those accidents that happen to the most fortunate and circumstance of surgeons, as you know from the business with your little sister-in-law's anesthesia and the broken adenotome [an instrument for removing adenoids]. Gersuny said that he had had a similar experience and therefore he is using iodoform wicks instead of gauze (you will remember your own case). Of course, no one is blaming you, nor would I know why anyone should. And I only wish that you will arrive as quickly as I did at feeling sympathy, and rest assured that it was not necessary for me to restore my trust in you once again. I only still want to add that for one day I shied away from letting you know about it; then I began to feel ashamed, and here is the letter.

Beside this, other news really pales. As far as my condition is concerned, you are certainly quite right; strangely enough it is far easier for me to be productive when I have mild troubles of this kind. So now I am writing page after page of "The Therapy of Hysteria."

An odd idea of a different sort I shall entrust to you only after we have Eckstein off our minds. Here influenza is quite widespread, but not very intense. Your mama is not yet quite well either.

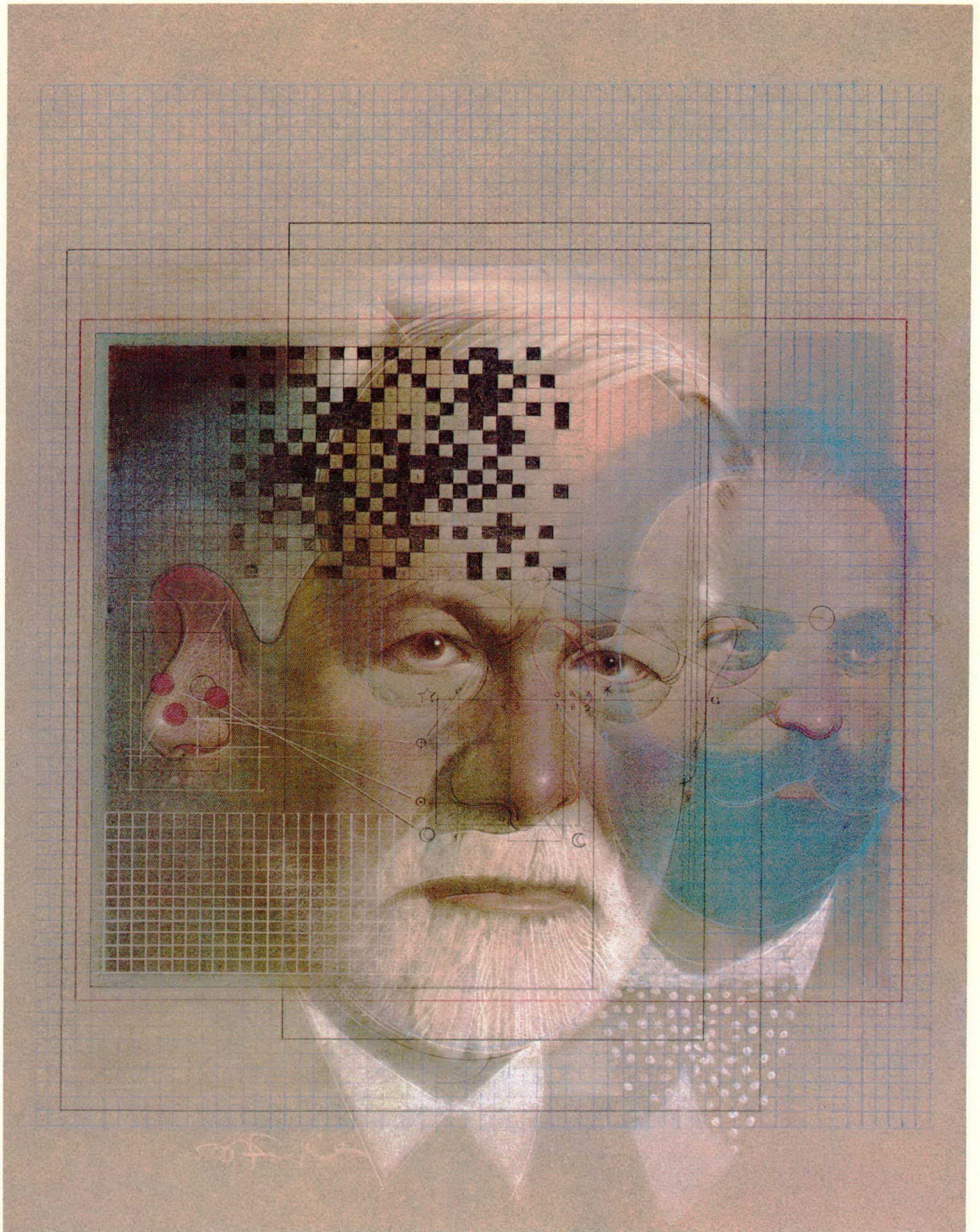
I shall soon write to you again, and, above all, report in detail on Emma E. Scientifically, otherwise quite desolate. Influenza has been eating up the practice of specialists. That it really took its toll on you I know. Just allow yourself a proper rest afterward. I am determined to do the same if it should strike me.

With cordial greetings,

Your
Sigmund

This letter, which was omitted from the published edition of Freud's letters to Fliess, is critical for an understanding of subsequent events in Freud's intellectual life. Fliess had "mistakenly" left half a meter of surgical gauze in the cavity created by the removal of the turbinate bone in Emma's nose. Freud wished to minimize the significance of this and to protect Fliess's reputation. He wrote that "no one is blaming you, nor would I know why they should." Yet Emma Eckstein had almost died, in what Freud called a *Verblutungsszene* (a scene of bleeding to death).

Freud, who had initially wanted Gersuny to be involved in the operation (Fliess probably had objected), now called him in. If Gersuny had not thought the operation necessary, it is not surprising that he was now, as Freud wrote, "rather reserved." This reserve could only have escalated to censure once Gersuny became aware of the extent of



Fliess's surgical carelessness. It is clear from a letter quoted below that Fliess realized this and was not as optimistic as Freud in thinking that nobody would blame him. He demanded (and did not get) a letter from the surgeons exonerating him. When, therefore, Freud said that "we had done her [Emma Eckstein] an injustice; she had not been at all abnormal" (*sie war gar nicht abnorm gewesen*), he hinted at an unspoken insight: the place to search for psychopathology in this case was in Fliess and in himself. It was "abnormal" of Freud to have handed Emma Eckstein over to Fliess, and it was "abnormal" of Fliess to have operated at all and also to have bungled the operation. Emma Eckstein's reaction—hemorrhaging—was a completely normal response to surgical violence. Later Freud would retract this insight and claim that Emma Eckstein's hemorrhages were hysterical in nature, the result of sexual longing. If Freud meant that Emma Eckstein herself had not been "abnormal" prior to the operation, an even greater insight, then he and Fliess had had no business subjecting her to a theory that had first been tested in a life-threatening operation.

The next reference to Emma Eckstein is from an unpublished letter dated March 13, 1895:

Things are finally going well with Eckstein, as they could have gone without the detour three weeks ago. It does speak well for her that she did not change her attitude toward either one of us; she honors your memory beyond the unwelcome accident [*unerwünschte Zufälligkeit*].

The detour (*Umweg*) that Freud referred to as having taken place three weeks before March 13 must be Emma Eckstein's hemorrhages.

As to whether Emma maintained her respect for both men, Schur wrote a mysterious passage on page 67 of his book *Freud: Living and Dying*:

That Fliess had a gift for impressing his friends and patients with the wealth of his biological knowledge, his far-reaching imagination, and his unflagging faith in his therapeutic abilities can be concluded from the intense loyalty of his patients which was evident from Freud's correspondence with him. Even a patient who . . . suffered dangerous consequences from a grave "slip" committed by Fliess remained loyal to him *for the rest of her life* [emphasis added].

Freud continued the same letter on March 15:

Surgically, Eckstein will soon be well, [but] now the nervous sequelae of the incident are starting: nightly hysterical attacks and similar symptoms which I must start to work on. It is now about time you forgave yourself the minimal oversight, as Breuer called it.

Freud continued the letter again on March 20:

Poor Eckstein is doing less well. This was the second reason for my postponement. Ten days after the second operation, after a normal course, she suddenly had pain and swelling again, of unknown origin. The following day, a

hemorrhage; she was quickly packed. At noon, when they lifted the packing to examine her, renewed hemorrhage, so that she almost died. Since then she again has been lying in bed, tightly packed and totally miserable. Gussenbauer and Gersuny believe that she is bleeding from a large vessel—but which one?—and on Friday they want to make an incision on the outside while compressing the carotid artery to see whether they can find the source. In my thoughts, I have given up hope for the poor girl, and am inconsolable that I involved you and created such a distressing affair for you. I also feel very sorry for her; I had become very fond of her.

With the most cordial greetings to you and Ida.

Your
Sigmund

In his next letter (not published by Schur), dated March 23, Freud wrote:

I could not make up my mind to send off the letter before I could give you definite news about E. The operation was postponed to Saturday, [and is] just now over. It was nothing and nothing was done. Gussenbauer palpated the cavity and pronounced everything to be normal; [he] supposes the bleeding was only from granulation tissue; she is spared any disfigurement. They will continue to pack her [nose]; I shall try to keep her off morphine. I am glad that none of the bad expectations have materialized.

But it is not true that she was "spared any disfigurement." According to Dr. Ada Elias, a distinguished pediatrician and a favorite niece of Emma Eckstein's, her features were permanently marred: "As a result, her face was disfigured—the bone was chiseled away, and on one side caved in."

On March 28, Freud wrote again:

I know what you want to hear first: *she* is tolerably well; complete subsidence, no fever, no hemorrhage. The packing which was inserted 6 days ago is still in; we hope to be safe from new surprises. Of course, she is beginning with the new production of hysterias from this past period, which are then dissolved by me.

Presumably "hysterias from this past period" refers to her reactions to the operation, which, not surprisingly, were strong.

The next letter was written on April 11, 1895:

Gloomy times, unbelievably gloomy. Above all, this Eckstein affair, which is rapidly moving toward a bad ending. Last time I reported to you that Gussenbauer inspected the cavity under anesthesia, palpated it, and declared it to be satisfactory. We indulged in high hopes, and the patient was gradually recovering. [However,] 8 days [ago] she began to bleed, with the packing in place, something that had not been the case previously. She was immediately packed again; the bleeding was minimal. Two days [ago] renewed bleeding, again with the packing in place, and by then overabundantly. New packing, renewed perplexity. Yesterday Rosanes wanted to examine the cavity again; by chance a new hypothesis about the source of the

bleeding during the first operation (yours) was suggested by Weil. As soon as the packing was partly removed, there was a new, life-threatening hemorrhage, which I witnessed. It did not spurt, but it surged. Something like a [fluid] level rising extraordinarily rapidly, and then overflowing everything. It must have been a large vessel, but which one and from where? Of course, one could not see anything and was glad to have the packing back in again. Add to this the pain, the morphine, the demoralization caused by the obvious medical helplessness, and the tinge of danger, and you will be able to picture the state the poor girl is in. We do not know what to do. Rosanes is opposed to the ligation of the carotid that was recommended. The danger that she will run a fever also is not far off. I am really very shaken [to think] that such a mishap [*Malheur*] could have arisen from the operation, which was purported to be harmless.

The last line seems accusatory.

Fliess did not miss the overtones of this letter. Freud's next letter to Fliess, dated April 20, 1895, was clearly written in response to a demand from Fliess for either an apology from Weil or a letter from Gersuny:

I did of course immediately inform Rosanes of your recommendations concerning E. At close range many things look different, for instance the hemorrhages; I can confirm that in their case there could be no question of biding one's time. There was bleeding as though from the carotid artery; within half a minute she would have bled to death. Now, however, she is doing better; the packing was gently and gradually removed; there was no mishap [*Malheur*]; she is now in the clear.

The writer of this is still very miserable, but also offended that you deem it necessary to have a testimonial certificate from Gersuny for your rehabilitation.

Freud repeated the word *Malheur* from his letter of April 11, as if to say to Fliess: *this* time nobody slipped. Yet Freud continued:

For me you remain the physician, the type of man into whose hands one confidently puts one's life and those of one's family—even if Gersuny should have the same opinion of your skills as Weil. I had wanted to pour forth my tale of woe and perhaps obtain your advice concerning E., but not reproach you with anything. That would have been stupid, unjustified, and in clear contradiction to all my feelings.

But unless we are missing a letter, this was the first time that Freud even suggested to Fliess that somebody, in this case another surgeon, Weil, held a low opinion of his "*Kunst*" (art), a word which possibly encompasses more than just surgical skill.

On April 26, he wrote that "she [Emma Eckstein], too, my tormentor and yours, now appears to be doing well." And on April 27, "Eckstein once *again* is in pain; will she be bleeding next?" The question was not quite so rhetorical as it seems, for Freud was preparing the ground for a diagnosis, a year later, of hysterical bleeding, as if to say: her

pains are unreal, and the hemorrhages that may have appeared to come from your operation were in fact psychologically caused—they were hysterical in origin, deriving from repressed wishes, not an unskilled surgeon. The last reference to Emma Eckstein that year was on May 25: "Emma E. is finally doing very well and I have succeeded in once again alleviating her weakness in walking, which also set in again."



THE STORY OF FREUD'S SEDUCTION THEORY, ITS relation to Fliess's operation on Emma Eckstein, and Freud's eventual renunciation of the theory is intertwined with the story of Freud's relationship with Fliess, who was to play a major role in Freud's intellectual, emotional, and scientific life over the next fifteen years, and possibly beyond. The precise influence that Fliess exercised on Freud through their meetings and letters is, of course, impossible to reconstruct, since we have only Freud's side of the correspondence; the letters from Fliess to Freud have never been found.

At first it seemed, especially to Freud, that the two men thought along parallel lines; later, they would diverge over the primacy of physical versus psychological causation. On February 8, 1893, Freud sent Fliess a letter and a draft entitled "The Etiology of the Neuroses" (about the actual neuroses, primarily neurasthenia). It contains the first mention of an assault (*Attentat*), presumably sexual, on a patient of Freud's: "In a case of tormenting hypochondria that began at puberty, I was able to prove an assault in the eighth year of life." Freud did not, however, accord it any deep etiological or theoretical significance, saying that such "psychic traumas" are "only the precipitating cause" of periodic depressions. At Easter in 1893, Freud visited Fliess in Berlin.

At some point after that meeting, Fliess sent Freud a paper entitled "*Die nasale Reflexneurose*" ("The Nasal Reflex Neurosis"), which he intended to deliver at the 12th Congress for Internal Medicine, in Wiesbaden, in June of 1893. Freud commented on the paper in an undated letter to Fliess, written sometime between the Easter meeting and June:

I think that you cannot avoid mentioning the sexual etiology of neurosis without tearing the most beautiful leaf

out of the wreath. So do it immediately in a manner suitable to the circumstances. Announce the forthcoming investigations; describe the anticipated result as that which it really is, as something new; show people the key that unlocks everything, the etiological formula; and if in the process you give me a place in this by incorporating a reference such as "a colleague and friend," I shall be very glad rather than angry. I have inserted such a passage on sexuality for you, merely as a suggestion.

In the work itself, published in the proceedings of the Congress, it seems that Fliess took Freud's advice, and incorporated some of what Freud wrote.

At this point Freud was still interested in the pathogenic effects of masturbation and was still looking to Fliess for a physical solution to the problem of neurasthenia. So Fliess could incorporate Freud's views, and collaboration was still possible.

The book that emerged from Fliess's address was published in 1893 as *Neue Beiträge zur Klinik und Therapie der nasalen Reflexneurose* (*New Contributions to the Theory and Therapy of the Nasal Reflex Neurosis*). Because no complete text by Fliess has been translated into English—his articles are difficult to obtain even in German—and because of the importance of Fliess's influence on Freud, I have translated several key passages from his work. Fliess was addressing his book to psychiatrists, as he said explicitly on page 4; no doubt this was at the behest of Freud, who saw the book as a means of further cementing their collaboration and demonstrating the usefulness of Fliess's views to Freud's specialty. There are 131 cases of "actual neuroses" reported in this book of seventy-nine pages, and the treatment in every case is mild—that is, nonsurgical: cocaine to the nose, cauterization, and, at most, what Fliess called *galvanokautische Behandlung*, treatment involving cauterization with a wire heated by a galvanic current. There is no evidence from the cases given in the book that Fliess performed major surgery, as he was to do in the case of Emma Eckstein.

But at some point between writing this book, in 1893, and performing the operation on Emma Eckstein, early in 1895, Fliess decided that more-radical intervention was called for. To learn more about Fliess's views on the theme of masturbation, the nose, and neurosis during the time of his collaboration with Freud, we must turn to the last book that Fliess sent to Freud, *Über den ursächlichen Zusammenhang von Nase und Geschlechtsorgan* (with the dedication "To my dear Sigmund"). It was published in 1902, but it represents Fliess's views from 1893 on (many of the cases date from 1893 to 1897). Here is the entire text of the passage that Freud marked in his copy; it no doubt provides the background for the conversations that the two men had had in 1894 and 1895:

The typical cause of neurasthenia in young people of both sexes is masturbation (Freud). . . . Naturally, bad sexual practices [masturbation, etc.] affect by no means only the nose; the nervous system is directly harmed. Still, the

nose is regularly influenced by abnormal sexual satisfaction, and the consequences of this influence are not merely a very characteristic swelling and sensitivity of the nasal "genital spots"; the entire symptom group of distant complaints [*Fernbeschwerden*] which I have described as "the nasal reflex neurosis" depends on this neuralgic alteration. And so it happens that this complex of painful spots, which is generally termed neurasthenic, can be removed through a treatment consisting of the use of cocaine, and the elimination of the pain lasts as long as the effect of the cocaine. They can be removed for a longer time through cauterization or electrolysis. But they return as long as the causes of the abnormal sexual satisfaction are in effect, and only cease when normal satisfaction finally takes over. Girls who masturbate normally suffer from dysmenorrhea. In such cases, nasal treatment is only successful when they truly give up this aberration. Among the pains which derive from masturbation, I would like to emphasize one in particular, because of its importance: neuralgic stomach pain. One sees it very early on in the case of women who masturbate, and it is to be found among "young ladies" as frequently as masturbation itself.

Fliess went on to say that masturbation altered the left middle turbinate bone in its frontal third, and that therefore he had decided to call this spot the "stomach-ache spot." He added that hemorrhages from the nose were well known among women who masturbated (*die Epistaxis der Onanisten ist ganz bekannt*). This opinion had had fateful consequences for Emma Eckstein. Fliess continued:

I remember a patient who had been handed over to me by the Royal Gynecological Clinic because of massive uterine bleeding. All gynecological methods had failed in her case. The very moment that I removed the hypertrophic [over-developed] left middle turbinate bone, the uterine bleeding ceased completely. . . . It is to be noted that the middle turbinate bone seems to play a role precisely in the mechanism of uterine bleeding. Functional [i.e., neurotic] uterine bleeding is especially to be seen in women who masturbate. Here, as well, the way [of treating it] is through the nose, as in the case for dysmenorrhea [caused by] masturbation.

Fliess's major work, *Die Beziehungen zwischen Nase und weiblichen Geschlechtsorganen* (*The Connections Between the Nose and the Female Sexual Organs*), was published in 1897; Freud's copy is inscribed: "To my dear Sigmund—affectionately, the author." The last part of chapter 6 discusses these "stomach-ache spots" and "*Dauererfolg durch Exstirpation jener Stelle*" (a lasting cure through extirpation of these spots). The dates of the case histories make it clear that Fliess's views belong to the period of Emma Eckstein's operation. Here is an important passage from page 108:

The effect of masturbation on this organ [the nose] is by no means exhaustively described by the statement that the result is a change in the genital spots of the nose, certainly not if one understands the genital spots to be



the lower turbinate bone and the *tuberculi septi*, as we have done so far for good reason. Another area of the nose undergoes a typical transformation as a result of masturbation, namely the middle turbinate bone on the left, primarily in its frontal third. . . . If one completely removes this segment of the middle turbinate bone on the left, which can easily be carried out with suitable bone forceps, the stomach pains can be permanently cured.

So, between 1893 and 1897, Fliess had carried his nasal treatment a step further and employed "daring" techniques. It is probable that the first person to be treated with this new technique was Emma Eckstein.



IN THE UNDATED LETTER WRITTEN BY FREUD TO FLIESS between Easter and June of 1893, there is an important passage that was, curiously, omitted from the published version:

I am not clear about the naval cadet. He confessed to masturbating already in the morning; did you establish that the attack followed directly upon a masturbatory excess? Certain fantasies about the possibility of suppressing the impulse to masturbate via the nose, to explain such impulses, to undo anesthesia, and the like should remain only fantasies?

Presumably Fliess had as a patient a naval cadet who had had some kind of (hysterical?) attack related to masturbation. It can be assumed that Fliess had written to Freud about the case, telling him that he intended to treat the young man by performing nasal therapy. Freud, in his response, seems to be telling Fliess something he would not risk saying during their later and more intense friendship—namely, that the efficacy of "nasal treatment" was a fantasy of Fliess's, and that a nose operation was perhaps not the best way to treat a problem connected with masturbation.

On May 30, 1893, Freud wrote a letter to Fliess in which, for the first time, he suggested to him the possibility of sexual seductions in early childhood. In the published edition of the Freud–Fliess letters, this passage is omitted without explanation:

I continue, because now I am writing more easily, to submit the following problem to you:

Undoubtedly there exist cases of juvenile neurasthenia *without* masturbation, but *not* without the usual preliminaries of overabundant pollutions—that is, precisely as though there had been masturbation. I have only the following unproven surmises for the understanding of these cases:

- 1) Innate weakness of the genital and nervous systems
- 2) Abuse in the prepubertal period
- 3) Could it not be that organic changes of the nose produce the pollutions and thereby the neurasthenia, so that here the latter develops as a product of the nasal reflex noxa?

What do you think and do you know something about it?

Since the word *abuse* (*Missbrauch*) cannot refer to masturbation (Freud is speaking here of "juvenile neurasthenia *without* masturbation"), it must refer to an abuse by another person—a sexual trauma, a seduction—since, for Freud, the etiology of the actual neuroses was always sexual. In fact, in Freud's entire collected works, the word *Missbrauch* is used exclusively to refer to externally caused abuse, never to masturbation. This usage becomes especially clear in light of a subsequent letter that is quoted below.

This is the first evidence we have that Freud was beginning to explore areas that were outside the realm of Fliess's interests. Whereas the psychopathology of masturbation permitted a collaboration between Freud and Fliess (Freud could encourage the patient to give up the practice, and Fliess could use his surgical skills to repair the "damage" already done), if the cause of illness lay in something previously ignored, such as a real trauma from the external world, there would be little reason for Fliess's medical intervention.

Moreover, the preponderance of the psychological factor (both in the damage done and in the cure needed) would preclude any close collaboration. Their physical and psychological explanations were fundamentally incompatible, though this seems not to have become apparent to either Freud or Fliess for some time. It is evident, however, that Freud was embarking on a new kind of search.

The letter of which a portion follows, dated August 20, 1893, was omitted from the published version of the Freud–Fliess correspondence. Unlike the other omitted letters and passages, however, it was never seen by Ernst Kris, and it was not excised after the transcript was made. I came across it in Freud's desk at Maresfield Gardens. The relevant passage, from the end of the letter, reads:

For the rest, the etiology of the neuroses pursues me everywhere, as the Marlborough song follows the traveling Englishman. Recently I was consulted by the daughter of the innkeeper on the Rax; it was a nice case for me.

Fliess may not have perceived the implications of this important passage. He had already seen Freud's paper "The Etiology of the Neuroses," which referred to the actual neuroses, that is, neurasthenia (as opposed to the psychoneuroses—hysteria and obsessional neurosis), whose

etiology, according to Freud, lay in masturbation. But in this letter Freud was no longer referring to masturbation and coitus interruptus (Fliess's *abusus sexualis*) as "the etiology of the neuroses"; he was on the trail of something far more essential: childhood sexual seductions. For "the daughter of the innkeeper on the Rax" was none other than Katharina, whose story is told in *Studies on Hysteria*, which was not published until May of 1895. (This is the only reference Freud made to her outside of that book.)

That remarkable case history, written in a style unusual for the medical literature of the time, proceeds in dialogue form to reveal that Katharina had been sexually assaulted (*nächtlicher Überfall*, literally a nocturnal "attack") when she was thirteen or fourteen. That her seducer was her own father, however, we learn only from a footnote that Freud added to the 1924 edition of the book:

I venture after the lapse of so many years to lift the veil of discretion and reveal the fact that Katharina was not the niece but the daughter of the landlady. The girl fell ill, therefore, as a result of sexual attempts on the part of her own father. Distortions like the one which I introduced in the present instance should be altogether avoided in reporting a case history.

Freud said explicitly that Katharina was suffering from hysteria (hence not from an actual neurosis). So Freud had now applied his new etiological formula beyond the actual neuroses, to the psychoneuroses. He had, without knowing it, entered a realm where nobody was prepared to follow him.

In 1894, Freud was absorbed in collecting cases for his *Studies on Hysteria*, on which he was collaborating with his onetime mentor Josef Breuer, and we know from other sources how reluctant Breuer was to publish it. But nowhere is the reason for this reluctance more clearly revealed than in another passage omitted from the published version of a letter dated May 21, 1894, in which Freud wrote to Fliess:

Was not Marion Delorme a jewel? She will not be included in the collection with Breuer because the second level [*Stockwerk*, that is, of a building], that of the sexual motive, is not supposed to be disclosed there. The case history that I am writing now—a cure—is among my most difficult pieces of work. You will receive it before Breuer if you return it promptly. Among the gloomy thoughts of the past few months there was one, in second place, right after wife and children—that I shall no longer be able to prove the sexual thesis. After all, one does not want to die either immediately or completely.

When Freud said that he was afraid he might not be able to prove the "sexual thesis," he almost certainly meant that he might be prevented from proclaiming his new discovery that sexual violence against a child was the source of hysteria and obsessional neurosis. It is quite possible, then, that Freud altered the Katharina case for this book, by neglecting to identify her seducer as her father, at Breuer's request.

If one of Breuer's conditions for agreeing to joint publication was that this thesis of Freud's be omitted from the book, then some of the case histories take on a new meaning. For we can presume that Freud first wrote them with such seductions in mind. The following scene from the case history of one of Freud's patients, a "lively and gifted girl," now makes sense:

... I told her that I was quite convinced that her cousin's death had had nothing at all to do with her state, but that something else had happened which she had not mentioned. At this, she gave way to the extent of letting fall a single significant phrase; but she had hardly said a word before she stopped, and her old father, who was sitting behind her, began to sob bitterly. Naturally I pressed my investigation no further; but I never saw the patient again.

It seems likely that Freud was here depicting a scene in which a young girl accused her father of having raped her, whereupon he began to sob, acknowledging his guilt.

The reading that Freud was doing at this time was related to the subject of seduction. In his personal library are four copies of Krafft-Ebing's *Psychopathia Sexualis*: the fifth edition (1890), seventh (1892), ninth (1894), and eleventh (1901). If we examine the passages that Freud marked in the 1894 edition, the only one he annotated, it becomes clear that most of his notations have to do with the sexual abuse of children (though Krafft-Ebing himself held no theories about this).

Two dominant influences were thus at work on Freud, encouraging his newly developed thesis about the importance of sexual seductions: the reading he was doing and the clinical work he was engaged in with his patients (which we can read about in the published letters to Fliess). Offsetting these influences was the disapproval of his onetime friend and protector Josef Breuer. But perhaps nothing would have a greater effect on Freud than the attitude taken by Fliess toward the subject, for Freud was now prepared to acknowledge publicly his scientific collaboration with Fliess.

In a published letter to Fliess dated August 29, 1894, Freud referred to the "Migraine of M.," which Kris took to be a reference to a work by Theodor Meynert. Actually, it is to a book by Möbius on migraine, which Freud reviewed in 1895, though his review was not known to Freud scholars or to the editors of the *Standard Edition of the Complete Psychological Works of Sigmund Freud*. This review contains Freud's first published recognition of Fliess's work. Its last paragraph reads as follows:

I would further like to emphasize a relationship—one that Möbius does not reject—between migraine and the nose . . . [which I mention because of my] intimate acquaintance with the work and the surprising therapeutic success of a researcher well known to the readers of this journal, Dr. W. Fliess in Berlin. According to Fliess, who went beyond his predecessor Hack in using cocaine as a diagnostic aid, in [adopting] the daring technique of mod-

ern therapy, and in [entertaining] viewpoints of general significance, the nose has to be accorded a role in the pathogenesis of all headaches whatsoever as well as of migraine, not only in exceptional cases but rather as a rule. . . .

By this time Freud knew the exact nature of the new therapy: surgery—and perhaps that was why he characterized it as “daring” (*kühn*). Thus, not only had Freud turned Emma Eckstein over to Fliess for an operation but he was now openly acknowledging his admiration for Fliess as a physician, after the operation had taken place.



IT IS MY CONTENTION THAT EMMA ECKSTEIN CATALYZED Freud's formulation of the seduction theory, and my reasons for suggesting this will become apparent in what follows. But is there any evidence that Emma Eckstein had herself been abused as a child? In “The Etiology of Hysteria,” written in 1896, while Eckstein was still a patient, Freud wrote:

If you submit my assertion that the etiology of hysteria lies in the sexual life to the strictest examination, you will find that it is supported by the fact that in some eighteen cases of hysteria I have been able to discover this connection in every single symptom, and, where the circumstances allowed, to confirm it by therapeutic success. . . . these eighteen cases are at the same time all the cases on which I have been able to carry out the work of analysis. . . . I therefore put forward the thesis that at the bottom of every case of hysteria there are one or more occurrences of premature sexual experience [seduction]

Freud certainly considered Emma Eckstein a hysteric, and it is apparent, therefore, that Freud believed that she had been seduced as a child.

Additional information on this point lies in Freud's “Project for a Scientific Psychology,” which he wrote in the autumn of 1895. Part II, Section 4, of the “Project” is an attempt to explain the origins of an apparently indecipherable symptom in a patient who is called Emma. The patient was, in fact, Emma Eckstein. Freud began (in the translation by James Strachey, the editor of the *Standard Edition*):

Emma is subject at the present time to a compulsion of not being able to go into shops *alone*. As a reason for this, [she produced] a memory from the time when she was twelve years old (shortly after puberty). She went into a shop to buy something, saw the two shop-assistants (one of whom she can remember) laughing together, and ran away in some kind of *affect of fright*. In connection with this, she was led to recall that the two of them were laughing at her clothes and that one of them had pleased her sexually.

In other words, Eckstein herself explained her symptoms by reference to this earlier experience. But Freud pushed on:

Further investigation now revealed a second memory, which she denies having had in mind at the moment of Scene I. . . . On two occasions when she was a child of eight she had gone into a small shop to buy some sweets, and the shopkeeper had grabbed at her genitals through her clothes. [Strachey has altered something here: Freud did not say “the shopkeeper,” he said “*der Edle*,” “the high-minded man”—Freud was expressing with sarcasm his contempt for the act of the shopkeeper, no doubt in sympathy with Emma Eckstein.] In spite of the first experience she had gone there a second time; after the second time she stopped [stayed] away. She now reproached herself for having gone there the second time, as though she had wanted in that way to provoke the assault. In fact a state of “oppressive bad conscience” is to be traced back to this experience.

At the end of the section, Freud concluded:

Here we have the case of a memory arousing an affect which it did not arouse as an experience, because in the meantime the change [brought about] in puberty had made possible a different understanding of what was remembered.

Now this case is typical of repression in hysteria. We invariably find that a memory is repressed which has only become a trauma by *deferred action*. The cause of this state of things is the retardation of puberty as compared with the rest of the individual's development.

Freud thus used the case of Emma Eckstein to explain repression. We do not know what Freud considered to be the root of Eckstein's problems. His theoretical position, often expressed, was that hysterical symptoms in latency (after the age of eight) or in adolescence almost invariably represent the effects of a much earlier sexual assault.

Freud was at that time convinced that Emma Eckstein's memories were real. “Scene” [*Szene*] as Freud used it in this passage from the “Project” is beyond any question a reference to something that actually took place. It was not until later that Freud would view such “scenes” as fantasies. This passage from the “Project” shows that in the aftermath of Emma Eckstein's operation, Freud was concerned with actual early events and traumas and their effects on the later emotional life of the victim.



FREUD'S NEW THEORY WAS FIRST MADE PUBLIC IN the French journal *Revue neurologique* on March 30, 1896. His article was entitled "*L'Hérédité et l'étiologie des névroses*." It contains the first published use of the words "psychoanalysis" and "psychoneurosis." Freud reported carrying out "a complete psychoanalysis in thirteen cases of hysteria." "In none of these cases," Freud wrote, "was an event of the kind defined above [seduction in childhood] missing. It was represented either by a brutal assault committed by an adult or by a seduction less rapid and less repulsive, but reaching the same conclusion."

Freud went on to say:

How is it possible to remain convinced of the reality of these analytic confessions which claim to be memories preserved from the earliest childhood? and how is one to arm oneself against the tendency to lies and the facility of invention which are attributed to hysterical subjects?

The answer that Freud gave is as true today as it was then—namely, that the feelings evoked by such memories cannot be the product of invention. Long-lost affects, which belong to the original event and have been locked away for years, surface:

The fact is that these patients never repeat these stories spontaneously, nor do they ever in the course of a treatment suddenly present the physician with the complete recollection of a scene of this kind. One only succeeds in awakening the psychical trace of a precocious sexual event under the most energetic pressure of the analytic procedure, and against an enormous resistance. Moreover, the memory must be extracted from them piece by piece, and while it is being awakened in their consciousness they become the prey to an emotion which it would be hard to counterfeit.

Freud ended this paper by saying:

I am convinced that nervous heredity by itself is unable to produce psychoneuroses if their specific etiology, precocious sexual excitation, is missing.

Freud submitted an even stronger paper to the *Neurologisches Zentralblatt*, "*Weitere Bemerkungen über die Abwehrneuropsychosen*" ("Further Remarks on the Neuro-psychoses of Defense"), on the same day; it was not

published, however, until May 15, 1896. In this paper, Freud was, for the first time, skeptical about the effect of masturbation (which Fliess, along with many other authors, regarded as one source of hysteria).

Active masturbation must be excluded from my list of the sexual noxae in early childhood which are pathogenic for hysteria. Although it is found so very often side by side with hysteria, this is due to the circumstance that masturbation itself is a much more frequent consequence of abuse or seduction than is supposed.

He noted that it is more common for girls to have been victims of sexual seductions, but Strachey's translation is misleading:

Furthermore, a path is laid open to an understanding of why hysteria is far and away more frequent in members of the female sex; for even in childhood they are more liable to provoke sexual attacks.

What Freud actually wrote (. . . *zu sexuellen Angriffen reizt*) was that it is the female sex that "stimulates [men] to sexual attacks." Strachey's version was to become the standard view, but it was not yet Freud's.

At some time during 1895 or 1896, Freud had become convinced that the persons most often guilty of the sexual abuse of young children (primarily girls) were their fathers. (In the published letter of September 21, 1897, to Fliess, Freud wrote: "Then the surprise that, in all cases, the *father* [emphasis in original], not excluding my own, had to be accused of being perverse.") But Freud did not say this publicly. The taboo against speaking about fathers seducing their children seems to have been handed down through the generations of analysts since Freud. Thus, the editors of *The Origins of Psychoanalysis*, Ernst Kris and Anna Freud, omitted from the letters several case histories in which a father seduced a child, thereby depriving posterity of the opportunity to judge or even become aware of the evidence Freud was finding in his clinical practice for his belief in the reality of early sexual traumas. This was systematically done for letters written after September 21, 1897 (the date on which Freud supposedly gave up the seduction hypothesis). The reason for these omissions, presumably, is that once Freud had given up this notion as a mistake, it would confuse future analysts to have information dating to a time when Freud had not yet understood the all-powerful nature of fantasy. An important document here is this case history, omitted from the published version of a letter of December 6, 1896:

A fragment from my daily experience: One of my patients, in whose history her highly perverse father plays the principal role, has a younger brother who is looked upon as a common scoundrel. One day the latter appeared in my office to declare, with tears in his eyes, that he was not a scoundrel but was ill, with abnormal impulses and inhibitions of will. By the way, he also complains, entirely as an aside, about what surely are nasal headaches. I direct him to his sister and brother-in-law, whom he indeed

visits. That evening the sister calls me because she is in an agitated state. Next day I learn that after her brother had left, she had an attack of the most dreadful headaches—which she otherwise never suffers from. Reason: the brother told her that when he was twelve years old, his sexual activity consisted in kissing (licking) the feet of his sisters when they were undressing at night. In association, she recovered from the unconscious the memory of a scene in which (at the age of four) she watched her papa, in the throes of sexual excitement, licking the feet of a wet nurse. In this way she surmised that the son's sexual preferences stemmed from the father; that the latter also was the seducer of the former. Now she allowed herself to identify herself with him and assume his headaches. She could do this, by the way, because during the same scene the raving father hit the child (hidden under the bed) on the head with his boot.

The brother abhors all perversity, while he suffers from compulsive impulses. That is to say, he has repressed certain impulses which are replaced by others with compulsions. This is, in general, the secret of compulsive impulses. If he could be perverse, he would be healthy, like the father.

Even if he did not go so far as to announce publicly that the father was the guilty party, by 1896 Freud was willing to take a stand on the reality of seduction.



BUT DURING THIS SAME TIME, FLIESS WAS MOVING in quite a different direction. Some of his ideas from this period contributed to Freud's final change of heart. For I believe that Fliess's views on the origin of neurosis were to affect Freud profoundly, causing him to adopt a totally new and skeptical attitude toward Emma Eckstein and her memories and, beyond that, toward his female patients from 1897 on. In his 1897 book, *Die Beziehungen zwischen Nase und weiblichen Geschlechtsorganen*, Fliess presented the case of three-year-old Fritz L.:

For one year the observant stepmother noticed that the little boy has very obvious feelings of shame, and is moreover quite clearly interested in the naked female body, touches it, etc. Since then he has pavor nocturnus [night terrors] and anxiety in the evening . . . that is almost always preceded by singultus [sobbing and crying] one or two days earlier, along with erections.

How did Fliess explain these observations? He said that the first attack of singultus came on October 11, the second on February 26, and the third on May 28—138 days apart, that is, six times 23, the "male period." "Female periods" of 28 days were carefully observed in the little boy. A few pages later, Fliess mentioned Freud's "The Etiology of Hysteria":

Here too I would like to refer to Freud's works, which are pathbreaking and which provide us with new and totally unsuspected insights into sexual relations and the effects of these on the nervous system.

But though he acknowledged Freud's work, he negated his praise by announcing elsewhere in the book that manifestations of infantile sexuality were entirely spontaneous and proceeded from biologically determined periods. A person's sexual life, according to Fliess, consisted in innate, inborn, constitutional givens that differed from individual to individual but were of no psychological significance and could not, by their very nature, be treated by psychological methods.

Whereas a certain amount has recently been written about Fliess's views, the passages quoted below have not been noted.

In the unpublished letters that Freud wrote to Fliess in 1896, periodicity came to play a greater and greater role. Freud was continually searching his own past to find what Fliess called "*Termine*," critical dates. These dates, according to Fliess, were always tied to 28 and 23 and numbers that were in some way related to them (for example, 5, the difference between the two). Fliess believed that all events in a person's life were determined by these critical dates. Along with this went a curious diagnostic megalomania. Fliess thought that his theories gave him special powers that allowed him to predict a person's death:

I have many times observed that the mother's last breath is taken at the exact same time as her daughter's monthly period sets in, even when the latter had no idea of the [impending] death. And, conversely, in cases of chronic disease which approached the final stage, I have been able to predict the dying day by tying it to such a day [menstruation]. "The mother will die on the day her daughter has her period." And then she died.

On November 24, 1937, when Marie Bonaparte visited Vienna to show Freud the letters from him to Fliess that she had purchased, she discussed Fliess with him. She wrote:

If he [Fliess] held so tenaciously to the theory of periods which determine people's death, if he imagined it, it must be, Freud believes, because of his remorse over the death of his younger sister. She died of pneumonia as Fliess was finishing his medical studies. He reproached himself for possibly having cared for her badly, or that she had been badly [cared for by others]. So if one died from a death [the date of which was] determined in advance, he could feel absolved.

Indeed, Fliess's own words strongly suggest this:

On the afternoon of March 24, 1899, my wife's sister, Melanie R., began to have labor pains, and six hours later her daughter Margaret was born. On the same afternoon my wife's period began, and, as we later learned, it was to be her last period [before becoming pregnant]. So one sister had continued the pregnant state of the other. This is more than a simple pattern. Behind it lies a hidden law of nature determining relationships. For if one continues 280 days from March 24, that is, 10 times 28, one comes to December 29, the very same date on which, 4 years earlier, my eldest son came into the world (December 29, 1895). And 20 years earlier, on December 29, 1879, my only sister became suddenly deathly ill with chills and died thirty hours later.

Hidden behind this supposed mathematical objectivity lies a peculiar grandiosity, since Fliess considered himself to be the only person to have understood these great laws of nature. It is not surprising, then, that Freud would have been under considerable pressure either to recognize the same laws or to begin to distance himself from Fliess.

A case history from Fliess's 1897 book (*Beziehungen*) alerts us to the explanations that he offered his patients. Mrs. N. was fifty-three years old. She had had her last period on March 1, 1892, when she was forty-nine. On March 12, 1896, Fliess probed what was left of her left middle nasal concha, most of which had been removed earlier (most likely by Fliess himself). As he was carrying out this examination, she began to bleed severely, and the flow could be stopped only by a very tight packing. At the same time, tears mixed with blood came pouring out of her right eye. On the night of the 13th she had a bloody discharge from her vagina. Fliess "explained" to her right away that the bleeding was vicarious. Proof: between March 1, 1892, and March 12, 1896, 1,472 days had elapsed, that is, 64 times 23, her male period.

Just as was to happen in the case of Emma Eckstein, Fliess's immediate response to the hemorrhage was to seek an explanation in terms of 28 and 23 rather than in terms of what he had done to the patient. While Freud could not go along with this in Eckstein's case without abandoning his views on the origins of neurosis, he, like Fliess (and no doubt for Fliess's benefit), turned his investigation away from the operation, that is, away from an external source, and sought the cause of the bleeding in Eckstein herself. To Eckstein, it would have been little comfort that Freud's was the more sophisticated procedure. The truth is that the source of her bleeding was to be found neither in series of 23-day and 28-day cycles nor in hysterical longing but in an unnecessary operation that was performed because of a *folie à deux* on the part of two misguided doctors.

Freud had the option to recognize this, confess it to Emma Eckstein, confront Fliess with the truth, and face the consequences. Or he could protect Fliess by excusing what had happened. But in order to do this, to efface the

external trauma of the operation, it would prove necessary to construct a theory based on hysterical fantasies, a theory whereby the external traumas suffered by the patient never happened, and were inventions. If Emma Eckstein's problems (her bleeding) had nothing to do with the real world (Fliess's operation), then her earlier accounts of seduction could well have been fantasies. The consequences of Freud's act of loyalty toward Fliess would reach far beyond this single case.

In the middle of 1896, Freud was faced with a conflict: on the one hand, his patients painfully recovered memories of traumas from their childhood; these he had no reason to disbelieve, and he published a series of fine clinical and theoretical essays embodying his new findings. On the other hand, one of the patients presenting him with evidence in this area had been severely injured by an operation that had been recommended by Freud and that had been carried out by his closest personal friend and scientific colleague. The tension between these two sets of events, which on their face did not seem irreconcilable, was bound to reach a breaking point. Freud would be forced to make a choice.

On April 16, 1896 (in a letter omitted from *The Origins of Psychoanalysis* but reproduced by Schur, as were the following two letters), Freud told Fliess that he had found

a completely surprising explanation of Eckstein's hemorrhages—which will give you much pleasure. I have already figured out the story, but I shall wait before communicating it until the patient herself has caught up.

On April 26, Freud wrote again:

First of all, Eckstein, I shall be able to prove to you that you were right, that her episodes of bleeding were hysterical, were occasioned by longing, and probably occurred at the sexually relevant times (the woman, out of resistance, has not yet supplied me with the dates).

It is clear from this passage that Fliess had told Freud that Emma Eckstein's nasal bleeding after the operation had nothing to do with the gauze he had left in her wound but was hysterical—caused by her fantasies, not by his inept medical care. The word Freud used for "sexually relevant times" was *Sexualtermine*, from Fliess's notion that sexual events were tied to special dates. The dates of the bleeding were what seem to have most interested Fliess.

On May 4, Freud provided the explanation:

As for Eckstein—I am taking notes on her history so that I can send it to you—so far I know only that she bled out of *longing*. She has always been a bleeder, when cutting herself and in similar circumstances; as a child she suffered from severe nosebleeds; during the years when she was not yet menstruating, she had headaches which were interpreted to her as malingering and which in truth had been generated by suggestion; for this reason she joyously welcomed her severe menstrual bleeding as proof that her illness was genuine, a proof that was also recognized as such by others. She described a scene, from the age of



treatment. Could Freud believe that he was seeing Emma Eckstein now merely to treat her for her hysterical reaction to the operation? Perhaps. But Fliess had not decided to operate on Emma Eckstein because of hysterical bleeding. The bleeding, even by Freud's account, was a product of the operation, not its causal antecedent. Yet there is no word, here, about the operation itself. It seems to have been completely forgotten, "wished away," to use one of Freud's own phrases.



ON JANUARY 17, 1897, FREUD WROTE TO FLIESS AND, in a passage omitted from the published letters but included by Schur, mentioned Emma Eckstein: "Emma has a scene where the *Diabolus* sticks pins into her finger and puts a piece of candy on each drop of blood." When Freud had used the word "scene" in his 1896 papers, he had been referring to a real event. But his usage had changed. Max Schur writes about this passage:

The use of the word "scene" here . . . is very significant. We know from Freud's correspondence with Fliess that he still believed in the "seduction etiology" of hysteria. However, in the published portion of this letter and the preceding one he clearly describes what he later called fantasies. This holds true for Emma's "scenes." It would therefore seem that Emma was one of the first patients who offered Freud a clue to the crucial realization that what his patient had described to him as actual seduction episodes were fantasies. As we know, this realization opened the way to the discovery of early infantile sexuality and its manifestations in infancy.

The letter in which this passage occurs is the first letter that Freud wrote to Fliess on the subject of witchcraft. He stated:

What would you say, by the way, if I told you that my brand-new theory of the early etiology of hysteria was already well known and had been published a hundred times over, though several centuries ago? . . . But why did the devil who took possession of the poor things invariably abuse them sexually and in a loathsome manner? Why are their confessions under torture so like the communications made by my patients in psychological treatment?

The answer to this question is important, though. Freud did not provide it. For it very much matters whether one says that the reason the devil invariably abuses the witch sexually is that this is a fantasy on the part of the witch, originating in a childhood wish to be possessed by the father, or that the account of abuse is a distorted memory of a real and tragic event that is so painful it can only be recalled by means of this subterfuge. Schur is right: the hint that Freud threw out in this letter was that the witches *invented* the seductions out of longing. Similarly, Emma Eckstein associated blood with the devil and (sexual) pleasure. Freud continued his letter to Fliess with an astonishing sentence: "As far as the blood is concerned, you are completely without blame!"

A week later, on January 24, 1897, Freud again wrote to Fliess about witches, blood, and sexuality, in a passage (published by Schur) that could only be about Eckstein.

Imagine, I obtained a scene about the circumcision of a girl. The cutting off of a piece of the *labia minora* (which is still shorter today), sucking up the blood, following which the child was given a piece of the skin to eat.

Again, by "scene" Freud meant a fantasy, and he was providing Fliess with evidence that Eckstein was a hysteric who invented traumas. The point of doing this was to demonstrate to Fliess that his conduct of the operation had been completely blameless: Eckstein had hemorrhaged because she was filled with fantasies. Freud continued: "An operation once performed by you was affected by a hemophilia that originated in this way." In other words, Eckstein would have hemorrhaged no matter what was done to her. Fliess was not to blame. Freud went even further, for his mind was taken up with the question of the fantasy nature of seductions:

I dream, therefore, of a primeval devil religion whose rites are carried on secretly, and *I understand the harsh therapy of the witches' judges* [emphasis added].

Freud was implying here that the Sabbats (part of a ritualized religion in which sexual perversions were acted out) were *real* events. He seems to have been saying: The torture and the murder of the witches are understandable, for the judges were attempting to curtail a heinous cult.

Unpleasant chains of associations are set off: if Fliess was the judge, and Eckstein was the witch, then Freud, as the observer, suddenly understood why Fliess had to be so harsh in his punishment of her—she was, during the operation, secretly enacting her own ritual; using Fliess's operation as a kind of somatic compliance, she bled not in response to Fliess but in response to her own private, internal theater of fantasy. So if she nearly bled to death, it was not because of Fliess but because of her own perverse imagination.



FROM 1894 THROUGH 1897, FREUD WAS PREOCCUPIED with the reality of seduction and the fate of Emma Eckstein. The two topics seemed bound together. It is, in my opinion, no coincidence that once Freud had determined that Emma Eckstein's hemorrhages were hysterical, the result of sexual fantasies, he was free to abandon the seduction hypothesis. His preoccupation with seduction seemingly came to an abrupt end September 21, 1897, with a remarkable letter to Fliess. Ernest Jones's account of this letter in his biography of Freud is dramatic.

Up to the spring of 1897 Freud still held firmly to his conviction of the reality of childhood traumas, so strong was Charcot's teaching on traumatic experiences and so surely did the analysis of the patient's associations reproduce them. At that time doubts began to creep in although he made no mention of them in the records of his progress he was regularly sending to his friend Fliess. Then quite suddenly, he decided to confide to him "the great secret of something that in the past few months has gradually dawned on me." It was the awful truth that most—not all—of the seductions in childhood which his patients had revealed, and about which he had built his whole theory of hysteria, had never occurred. . . . The letter of September 21, 1897, in which he made this announcement to Fliess is perhaps the most valuable of that valuable series which was so fortunately preserved.

Because of the critical place this letter occupies in the history of Freud's thinking, it deserves to be quoted at length:

Dear Wilhelm:

Here I am again, arrived yesterday morning, refreshed, cheerful, impoverished, at present without work, and, having settled in again, I am writing to you first.

And now I want to confide in you immediately the great secret of something that in the past few months has gradually dawned on me. I no longer believe in my *neurotica* [theory of the neuroses]. This is probably not intelligible without an explanation; after all, you yourself found what I was able to tell you credible. So I will begin historically [and tell you] from where the reasons for disbelief came. The continual disappointment in my efforts to bring any analysis to a real conclusion; the running away of people who for a period of time had been most gripped [by analysis]; the absence of the complete suc-

cesses on which I had counted; the possibility of explaining to myself the partial successes in other ways, in the usual fashion—this was the first group. Then the surprise that, in all cases, the *father*, not excluding my own, had to be accused of being perverse—the realization of the unexpected frequency of hysteria, with precisely the same conditions prevailing in each, whereas surely such widespread perversions against children are not very probable. (The [incidence of] perversion would have to be immeasurably more frequent than the [resulting] hysteria because the illness, after all, occurs only where there has been an accumulation of events and there is a contributory factor that weakens the defense.) Then, third, the certain insight that there are no indications of reality in the unconscious, so that one cannot distinguish between truth and fiction that has been cathected with affect. (Accordingly, there would remain the solution that the sexual fantasy invariably seizes upon the theme of the parents.) Fourth, the consideration that in the most deep-reaching psychosis the unconscious memory does not break through, so that the secret of the childhood experiences is not disclosed even in the most confused delirium. If one thus sees that the unconscious never overcomes the resistance of the conscious, the expectation that in treatment the opposite is bound to happen to the point where the unconscious is completely tamed by the conscious also diminishes.

I was so far influenced [by this] that I was ready to give up two things: the complete resolution of a neurosis and the certain knowledge of its etiology in childhood. Now I have no idea of where I stand because I have not succeeded in gaining a theoretical understanding of repression and its interplay of forces. It seems once again arguable that only later experiences give the impetus to fantasies, which [then] hark back to childhood, and with this, the factor of a hereditary disposition regains a sphere of influence from which I had made it my task to dislodge it—in the interest of illuminating neurosis.

If I were depressed, confused, exhausted, such doubts would surely have to be interpreted as signs of weakness. Since I am in an opposite state, I must recognize them as the result of honest and vigorous intellectual work and must be proud that after going so deep I am still capable of such criticism. Can it be that this doubt merely represents an episode in the advance toward further insight?

It is strange, too, that no feelings of shame appeared, for which, after all, there could well be occasion. Of course I shall not tell it in Dan, nor speak of it in Askalon, in the land of the Philistines, but in your eyes and my own, I have more the feeling of a victory than a defeat (which is surely not right). . . . I vary Hamlet's saying: "To be in readiness": To be cheerful is everything! I could indeed feel very discontented. The expectation of eternal fame was so beautiful, as was that of certain wealth, complete independence, travels, and lifting the children above the severe worries which robbed me of my youth. Everything depended upon whether or not hysteria would come out right. Now I can once again remain quiet and modest, go on worrying and saving. A little story from my collection occurs to me: "Rebecca, take off your gown, you are no longer a bride [*Kalle*]."

Despite the many commentaries this letter has received from psychoanalysts, it still bristles with obscurities. The objections Freud raised in the letter to the reality of the sexual abuse of children sound like those raised earlier by his colleagues, critical of the theory from the beginning. Freud had answered those objections in his three 1896 papers on seduction, the papers in which he had established his belief in the reality of childhood seduction, providing evidence and answers to possible refutations. Let us briefly consider Freud's other objections. Is it really so surprising that people in analysis would "run away" after revealing



MOTHER RUIN

One fall after another. The snow
will oblige. It lies on its back in the drainage
of streetlight. It opens its dress
for the rain. *Old friend. I knew*

we'd be meeting again. Old prompter.
It gives up the bushes, gives up the stairs,
gives up the semblance of order
we've made, the pathways

that signify neighborliness. I am not a learned
iconographer, but I've seen how the patches hold out
under soot. Live long, said my father,
It'll do your mean heart good. Which the rain,

infecting the airborne and earthbound alike
with its news from the yellow sky,
rehearses to obsession: You'll have
your way with your betters at last.

And how the mild hands loosen
their hold. The snow has a mind to simplify,
as I do, I hope, and a body of blessed
amnesia. But always the rain

insinuates, which is death to abide by,
and always the honey-mouthed wind,
till the fastness that made things all of a piece
dissolves.

—Linda Gregerson

such tragic secrets about their pasts? Freud's doubts about the frequency of the father's guilt may be biographically interesting, but do they have any theoretical significance? Freud is right that the incidence of perversion would have to be widespread in order for the seduction theory to be true, but that possibility is conceivable once we abandon the kind of mystifying piety about "the family" that Freud never ceased to expose in other areas of human existence. Freud said that there are no indications of reality in the unconscious; still, there are means of distinguishing truth from fiction in the real world. Freud's expectation that in a psychosis the precipitating trauma would be remembered without distortion or resistance is unjustified, though certain psychotic symptoms could well hint at the nature of their underlying cause. Moreover, by speaking of "unconscious memories," Freud explicitly acknowledged the existence of a reality from which the memory stems. Finally, Freud was able to recover fragile memories in analysis by granting his patients permission to remember and by empathizing with their earliest sorrows. Once he began to doubt the reality of the events behind the memories, however, he quite naturally met with retreat and withdrawal. Taken all in all, then, this letter clearly symbolizes the beginning of an internal reconciliation with his colleagues. It is as if Freud were standing before his colleagues at the Society for Psychiatry and saying, "You were right, after all—what I thought was true is nothing but a scientific fairy tale."

The idea that Freud made a firm and permanent decision about seductions—that they were, by and large, unreal, the fantasies of hysterical women—has become standard in psychoanalytic thought. Marie Bonaparte, after she bought Freud's letters to Fliess, was the first to record this opinion. She kept a notebook about the letters, in which she summarized the contents of each. These summaries are remarkably objective and accurate. I found only a single misrepresentation of Freud's remarks in the letters. That single misrepresentation is her comment on the letter of September 21, 1897, which shows yet again how deeply charged with emotion the topic is for all analysts. For Marie Bonaparte wrote: "*Freud a percé à jour le 'mensonge' des hystériques. La séduction régulière par le père est un 'fantasme.'*" ("Freud dragged into the light the 'lie' of hysterics. The frequent seduction by the father is a 'fantasy.'") In fact, as we can see from reading the letter, Freud did not say that hysterics "lie," yet this is how the letter was to be understood by generations of psychoanalysts.

For example, Ernst Kris, who, with Anna Freud, made the selection of Freud's letters to Fliess for publication, wrote in his introduction to the volume:

In the spring of 1897, in spite of accumulating insight into the nature of infantile wish-phantasies, Freud could not make up his mind to take the decisive step demanded by his observations and abandon the idea of the traumatic

role of seduction in favour of insight into the normal and necessary conditions of childish development and childish phantasy life. He reports his new impressions in his letters, but does not mention the conflict between them and the seduction hypothesis until one day, in his letter of September 21st, 1897 (Letter 69), he describes how he realized his error.

In explanation of this important step, Kris writes in a note:

He had drawn near to the Oedipus complex, in which he recognized the aggressive impulses of children directed against their parents, but had still remained faithful to his belief in the reality of the seduction scenes. It seems reasonable to assume that it was only the self-analysis of this summer that made possible rejection of the seduction hypothesis.

Kris is correct: Freud had altered the direction of his thinking. Earlier, Freud had recognized the aggressive acts of parents against their children—for seduction is an act of violence. In 1897, a new insight was emerging, that children have aggressive impulses against their parents: "Hostile impulses against parents (a wish that they should die) are also an integral part of neuroses." Indeed, why should children not wish for vengeance for crimes committed against them? If the seductions had actually taken place, these aggressive impulses would have been healthy signs of protest. But once Freud had decided that the seductions had never occurred, that the parents had not done anything to their children in reality, then these aggressive impulses replaced seduction in Freud's theories. An act was replaced by an impulse, a deed by a fantasy. This new "reality" came to be so important for Freud that the impulses of parents against their children were forgotten, never to reclaim importance in his writings. It was not only the aggressive acts of a parent that were attributed to the fantasy life of a child; now aggressive impulses, too, belonged to the child, not the adult.

In a letter in response to my view that Freud was wrong to abandon the seduction hypothesis, Anna Freud wrote to me, on September 10, 1981:

Keeping up the seduction theory would mean to abandon the Oedipus complex, and with it the whole importance of phantasy life, conscious or unconscious phantasy. In fact, I think there would have been no psychoanalysis afterwards.

This is the standard view—that if Freud had not given up his seduction theory, he would never have become aware of the power of internal fantasy and would not have been able to go on to make the discoveries he did, including the Oedipus complex, leading to the creation of psychoanalysis as a science and a therapy. Of course, nobody can know what would have happened had Freud not abandoned the seduction hypothesis. What we do know for certain, however, is that the view held by Anna Freud and almost all other analysts is deeply engrained.



I MAINTAIN THAT BETWEEN 1897 AND 1903, FREUD came to believe that the case of his early patient Emma Eckstein was typical: most (though not all) of his women patients had deceived themselves and misled him. Their memories of seduction were nothing more than fantasies, or memories of fantasies—they were products of the Oedipus complex, part of normal childhood sexuality.

The new world that opened up to Freud with this "discovery" was a remarkable one, and it permitted him to make a large number of genuine discoveries that have retained their value over the years: the sexual and emotional passions of childhood; the reality of the unconscious; the nature of transference and resistance, repression, and unconscious fantasies; the power of unconscious emotions; the need to repeat early sorrows, and so on.

Whether psychoanalysis could have emerged had Freud retained his earlier belief that the memories of his patients were real, not fantasies, is hardly peripheral to the practice of psychoanalysis (and perhaps to the practice of psychotherapy in general, since most therapies are based, openly or implicitly, on Freudian theory). Psychoanalysts, beginning with Freud himself, agree that the abandonment of the seduction theory was the central stimulus to Freud's later discoveries. The original existence as well as the persistence of psychoanalysis is, by universal agreement, linked to the abandonment of the seduction theory. The preceding pages have been concerned with the influences that came to bear on Freud, leading him away from the initial and unpopular insights he gained concerning the reality of abuse, physical and sexual, of children. I have adduced a large number of facts that were unknown before, or simply unnoticed, to support my opinion that Freud gave up this theory not for theoretical or clinical reasons but for complex personal ones that had nothing to do with science. I do not think that Freud ever made a conscious decision to ignore his earlier experiences. No doubt he believed he was doing the right thing, and the difficult thing, when he shifted his attention from external trauma to internal fantasy as the causative agent in mental illness. But that does not mean it represents the truth.

In fact, in my opinion, Freud had abandoned an important truth: that sexual, physical, and emotional violence is a real and tragic part of the lives of many children. For this

abandoned truth to be erased from the history of psychoanalysis (it was certainly present at the beginning), the traces of it would also have to be removed from the later theory. This was a task best left to the psychoanalysts who came after Freud. I believe they have succeeded: by and large, most analysts would not agree with the insights that in my view are implicit in Freud's 1896 paper "The Etiology of Hysteria"—that many (probably most) of their patients had violent and unhappy childhoods not because of some character trait but because of something terrible that had been done to them by their parents. If this etiological formula is true, and if it is further true that such events form the core of every severe neurosis, then it will be impossible to achieve a successful cure of a neurosis if these central events are ignored. I am inclined to accept the views of many recent authors—Florence Rush, Alice Miller, Judith Herman, Louise Armstrong, and Diana Russell, among others—that the incidence of sexual abuse in the early lives of children is much higher than is generally acknowledged. (In a recent study, Diana Russell found the figure to be as high as one in every four women; it is undoubtedly higher among women who seek psychotherapy.) The analyst who sees a patient with memories of sexual abuse is trained to believe (whether it is openly stated or merely accepted as a hidden theoretical premise) that those memories are fantasies. An analyst trained this way, no matter how benevolent otherwise, does violence to the inner life of his patient and is in covert collusion with what made her ill in the first place.

Genuine psychological discoveries—the reality of the unconscious, for example—cannot be properly used in such an atmosphere. No doubt much of the humiliation, hurt, and rage of the abused child must, in order for that child to survive, be repressed. If the analyst does not believe in the reality of events that would cause such emotions, he has to ascribe the feelings to some constitutional factor in the patient (a greater-than-usual need to be loved, for example). The entire analysis is skewed. The irrational feelings that the patient develops for the analyst (the transference) become inexplicable, since they would be rationally based on rage at the analyst for behaving like a parent who denied what he or she had done to the child. This is not a transference; it is a dim awareness of something that was done to the patient in childhood surfacing in the adult. Though justified, such emotions escape the comprehension of the analyst. In such an atmosphere, treatment can be "successful" only if the patient continues to suppress her (or his) own knowledge of the past, and is led to believe, with the analyst, that she is in the throes of displaced emotions. To become "healthy," the patient would

have to come to share the view of the analyst—that is, to become more like him, or more like what the analyst wants her to be. This involves denying the patient's very self. It spells the death of the patient's independence and freedom. The silence demanded of the child by the person who violated her is perpetuated and enforced by the very person to whom she has come for help. Guilt entrenches itself, the patient's uncertainty about the past deepens, and her sense of who she is is undermined.

Free and honest retrieval of painful memories cannot occur in the face of skepticism and fear of the truth. If the analyst is frightened of the real history of his own science, he will never be able to face the past of any of his patients. Freud's announcement of his new discoveries in the 1896 address on the etiology of hysteria met with no reasoned refutation or scientific discussion, only disgust and disavowal. The idea of sexual violence in the family was so emotionally charged that the only response it received was irrational distaste. When Ferenczi, a generation later, was led by his patients to the same discovery, he met with a similar response, only this time Freud played the role that some forty years earlier had been Krafft-Ebing's. In 1981, I attempted to call the attention of psychoanalysts to new evidence suggesting that the seduction theory deserved serious reconsideration. Like Freud and Ferenczi, I met with irrational antagonism and ostracism. I was challenged not on the basis of my evidence but because I had revealed the evidence. It seems clear that this recurring hostility has not been based on any pre-existing animosity toward any individual proponent of the seduction theory but has its source in an emotionally charged aversion to the theory itself.

The time has come to cease hiding from what is, after all, one of the great issues of human history. For it is unforgivable that those entrusted with the lives of people who come to them in emotional pain, having suffered real wounds in childhood, should use their blind reliance on Freud's abandonment of the seduction theory to continue the abuse that their patients suffered as children. By shifting the emphasis from an actual world of sadness, misery, and cruelty to an internal stage on which actors perform invented dramas for an invisible audience of their own creation, Freud began a trend away from the real world which, it seems to me, is at the root of the present-day sterility of psychoanalysis and psychiatry throughout the world. If it is not possible for the therapeutic community to address this serious issue in an honest and open-minded manner, then it is time for patients to stop subjecting themselves to needless repetition of their earliest and deepest sorrow. □

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