

REVOLUTION IN MIND

The Creation of Psychoanalysis

GEORGE MAKARI

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Prologue

When the twenty-nine-year-old doctor stepped off the train in the fall of 1885, he was a failure. Ambitious but poor, he had tried his hand at a number of sciences but still had nothing to secure his future. As he made his way onto the boulevards of Paris, he left behind him a growing storm of controversy regarding his claims for a new wonder drug called cocaine. With hopes of marriage to his fiancée pressing upon him, the doctor accepted what now seemed unavoidable: he would not become a university scientist and would have to open a medical practice to earn a living. He might be forced to emigrate to England or Australia or America. But first, he would try to make a living in his hometown of Vienna. Before that inevitable fate, in a last gasp of high-minded scientific aspiration, he had applied for and received a grant to study in Paris. What he would discover in that city would propel him forward on a long, winding journey that led to one of the great intellectual revolutions of the twentieth century.

Or, perhaps not.

Today, this young man's identity and legacy are hotly disputed. Sigmund Freud was a genius. Sigmund Freud was a fraud. Sigmund Freud was really a man of letters, or perhaps a philosopher, or a crypto-biologist. Sigmund Freud discovered psychoanalysis by delving deep into his own dreams and penetrating the mysteries of his patients. Sigmund Freud stole most of his good ideas from others and invented the rest out of his own odd imagination. Freud was the maker of a new science of the mind that dominated the West for much of the twentieth century. Freud was an unscientific conjurer who created a mass delusion. Who was Freud? Who are the Freudians, Freudian psychoanalysts, and psychoanalysts? And who are we, those of us in the West who have found the terms and concepts of psychoanalysis permeating our everyday language, changing on

the most intimate levels the ways in which we think about ourselves, surrounding us in what the poet W. H. Auden called “a whole climate of opinion”?

For many years, these questions seemed to have been answered. The history of psychoanalysis had been handed down by Freud’s compatriots. They portrayed the father of their field as a man of stunning originality, great virtue, and nearly unfathomable genius. Freud discovered everlasting truths about the mind, it was said, and these truths had been preserved by his followers. In postwar America and in parts of the Western world, this Freud became an essential coin of intellectual life. But over the last thirty years, these standard accounts have been increasingly questioned. New documents, new sources, and new histories have made the older, adoring portrait more improbable. As Freud’s genius and virtue were cast into doubt, contemporary psychoanalysts struggled with numerous forces that seemed to undermine their enterprise—ranging from improved pharmaceuticals and the rise of cognitive neuroscience to the exigencies of insurance companies. Soon, a new coin began to circulate. It read: “Freud is dead.” As the twenty-first century unfolds, it would seem we have to choose: Freud as everlasting genius, or Freud as relic and fraud.

This book offers a different choice and another kind of history. In all the recent tumult over Freud, it has often gone unnoticed that these seemingly antithetical accounts are flip sides of the same coin. The most devout admirers and fiercest detractors of Sigmund Freud both assume that the answers to the critical questions posed by psychoanalysis can be found in the biography of the young man who stepped off that train in Paris in 1885. Consequently, while hundreds of Freud studies and biographies have been written pro and con, no broader account has yet been given of the rise of psychoanalysis in its birthplace: western and central Europe. As a result, a wide array of ideas, experiences, judgments, and debates have disappeared. We have lost a good deal of the logic and illogic of what was a very human undertaking, but more than that we have lost a world, a world not so distant, but one made more remote by the European slaughters of the twentieth century. It was a world that made Freud, the Freudians, and the psychoanalysts, and it was a world in part made by them.

Psychoanalysis emerged between 1870 and 1945 in European communities that were ultimately decimated and dispersed. While psychoanaly-

sis survived on foreign shores, it was severed from its own past. Remnants of a great discussion on the nature of the mind and its troubles continued in these new lands without the contexts that had once given these debates broader definition. With the rich tapestry of Mittel Europa shredded and Germany in ruins, it became simpler to imagine that one immortal figure was responsible for this strange new mode of understanding, whether it was a science or a massive hoax.

In 1993, *Time* magazine captured this odd state of affairs when it ran a cover story bearing the ghoulish headline: “Is Freud Dead?” Not to be outdone, thirteen years later *Newsweek*’s cover declared: “Freud Is Not Dead.” After leaving the earth one autumn day in 1939, a ghostly Freud, it would seem, still walked outside of time. And yet, Sigmund Freud was very much a man *in* time. As a large number of historians have now shown, many aspects of Freud’s thinking were dependent on ideas put forth by others in medicine, politics, theology, literature, philosophy, and science, ranging from the ancients to his contemporaries. This revisionist work has been so rich, so plentiful, and at times so promiscuous in its conclusions that it has been difficult to synthesize. When we step back and take in all these attributions, they can appear to cancel one another out. If Sigmund Freud really derived psychoanalysis from Aristotle, Sophocles, and the Bible, as well as Shakespeare, Wordsworth, Goethe, and Nietzsche, not to mention Johann Herbart, Ernst Brücke, and Pierre Janet (to name but a few), it seems only fair to conclude that this strange amalgam was his alone.

But such is not the case. Psychoanalysis emerged at a time when Europeans were dramatically changing the ways they envisioned themselves. It shot forth from a mass of competing theories that had all been thrown up by seismic shifts in philosophy, science, and medicine. This book is an attempt to take in those grand shifts and locate the specific origins of psychoanalysis as a body of ideas and a movement. A broad canvas is required to locate the particular influences that defined psychoanalysis, for Sigmund Freud did not derive the field’s central tenets from any single thinker or field. Rather, he pulled together new ideas and evidence from a number of domains to fashion a new discipline. The goal was to win for science the traditional object of humanist culture—the inner life of human beings.

Freed from religious doctrines of the soul, many late nineteenth-

century Europeans struggled to reconcile their own inner experience with the demands of scientific positivism, the mechanistic universe of Isaac Newton, and the evolutionary biology of Charles Darwin. They tried to make sense of what it meant, alongside all that, to have an interior world, a mental life, to be conscious and psychologically human. Freud was one of many late nineteenth- and early twentieth-century intellectuals who responded to this confusion by trying to forge a science of inner life. The rules for this new hybrid science would not stem from evolutionary biology or Newtonian physics alone, for there was something peculiar and distinctly problematic about this endeavor. How could one make an objective science of subjectivity? For centuries, Western science made great strides by insisting that reliable knowledge was only possible if the object of study was observable or quantifiable. But what about mental life, a realm that seemed to be neither? Such a vexing domain might be simply dismissed as unreal, if everyone didn't already know that the psychic realm existed, if only for themselves in their own consciousness. This was a critical conundrum that would-be scientists of the mind faced. Sigmund Freud was one of a number of thinkers who tried to solve this riddle, and ultimately his solutions won him followers and a great future.

Throughout this book, Freud will play a large part, as he must. But this is less the story of one man than it is the history of a series of heated intellectual contests. In the course of these struggles, individuals banded together, formed alliances, and faced off. In the end, these pitched disputes defined a way of thought that came to be closely allied with Freud's name. Alongside the doctor from Vienna, we will meet the creative men and women who contributed greatly to this new way of thinking about the mind. Some were skeptics and naysayers; others were innovators who were later marginalized, defamed, or just forgotten. Over time, Freud became the name for a whole community of seekers. Consequently, it has been difficult to discern the essential considerations that went into the making of psychoanalysis. They have often seemed to be only a question of one man's biography.

By pulling back our focus from Freud, however, we find a new history emerging. The making of psychoanalysis can be divided into three closely intertwined, sequential phases. First, Sigmund Freud created a scientifically tenable theory of the mind and a model for psychological therapy out of his engagement with three preexisting nineteenth-century intellectual

communities. Freud immersed himself in these different fields of study, taking a great deal of lock, stock, and barrel from each, while renaming and reconceptualizing critical elements along the way. He proposed creative solutions to long-standing problems that split those older fields, and then, in 1905, he pulled together an overarching synthesis that consolidated his prior work into a new Freudian field. Over the next decades, men and women migrated from those other disciplines to Freud. In this way, it can be said that Sigmund Freud did not so much create a revolution in the way men and women understood their inner lives. Rather, he took command of revolutions that were already in progress.

The second phase commenced during the first years of the twentieth century when a growing band of Freudians formed and began to spread their ideas throughout Europe and America. After only a decade, this community fractured and fell apart amid accusations that it had become authoritarian and unscientific. The schisms that resulted in the departure of Eugen Bleuler, Carl Jung, and Alfred Adler, among others, exposed the highly tenuous nature of the knowledge claims that were supposed to hold the Freudians together.

The third and last phase of this history came in the wake of these splits. After the Great War, a newly constituted community emerged that was not so much Freudian as more generally psychoanalytic. During the 1920s and 1930s, this pluralistic community drew up different boundaries and central commitments in an effort to stabilize their field and better manage the ever-troubling question of how to know the darkest recesses of another's inner world. The answers they settled on would help shape psychoanalysis for the next half century.

As the twenty-first century begins, there are compelling reasons to return to the great debates that defined psychoanalysis. The field is now in turmoil. Its future is said to be in doubt. Some believe psychoanalysis is a hopeless pseudoscience. Others want to save it by shoring up its scientific claims. Still others believe salvation will come only when psychoanalysts recognize their endeavor is not scientific but akin to work in the humanities. And yet despite this confusion, despite all its extravagant flaws, psychoanalysis remains the most nuanced general account of interior life we possess. Read between the lines of biographies, novels, journalistic portraits, and screenplays and you will find explanations of human character that are deeply, inextricably indebted to this history. Talk to the record

numbers of people in some form of therapy derived from psychoanalysis, and you will hear echoes of this past. When we speak about who we are, wittingly or not, we often use the language of psychoanalysis.

Revolution in Mind is a historical examination of the core questions at the heart of this most influential theory of human inner life. Many of those questions remain unresolved to this day, for this is an unfinished story of a complex, perhaps impossible endeavor. It is the story of a group of doctors, philosophers, scientists, and writers trying to grasp that most ephemeral and yet maddeningly obvious thing: the mind. It is the story too of a political world that for a short, fertile time allowed men and women the freedom to examine the potentially explosive questions of what makes us human. And it is the story of how in the process some failed, some fell into despair, while others tried to refine their methods, attempting again and again to map out that place we all hide in our heads.

PART ONE



Making Freudian Theory

A Mind for Science

It's wrong to say I think. Better to say: I am thought . . . *I* is an *other*.

—Arthur Rimbaud, 1871

I.

AS THE ENLIGHTENMENT cast scientific rationalism up to celestial bodies and down to squirming microscopic life, there was one object that seemed impossible to penetrate: the mind. The French champion of science and rational skepticism, René Descartes, established this in his *Discourse on Method* when he declared the “I” was beyond rational inquiry, being nothing other than the immaterial soul described by Church fathers. Religious beliefs regarding inner life would prove durable and influential, but during the second half of the nineteenth century such notions began to lose some credence, and in that ceded ground a science of mental life took root.

When Sigmund Freud arrived in Paris in 1885, France had established itself as the center for cutting-edge research on psychological matters. Few scientists in Berlin or Vienna bothered to investigate the psyche, the “I,” the soul, the self, or the mind—realms tainted by religion or speculative metaphysics. In Paris, however, scientists were drawn to the study of the inner world, thanks to a new method. That method, the *psychologie nouvelle*, transformed France into a hotbed of study for somnambulism, human automatism, multiple personality, double consciousness, and second selves, as well as demonic possessions, fugue states, faith cures,

and waking dreams. The marvelous and miraculous made their way from isolated villages and abbeys and carnival halls, from exorcists and charlatans and old mesmerists, into the great halls of French academic science.

The birth of this new psychology came as France itself was being reborn. Nearly a century after its revolution, the French suffered a humiliating defeat to the Prussians in 1870, resulting in the fall of Emperor Louis Napoleon III and the birth of the Third Republic. Many blamed this military debacle on French science and its failure to keep up with the advances made in German lands. French Republicanism combined anticlericalism with a commitment to revitalizing science. As the authority of the French Catholic Church to dictate thinking on the soul waned, a bold, new scientific psychology emerged.

At the time, psychology was considered a branch of philosophy, not science, but the champion of the *psychologie nouvelle*, Théodule Ribot, set out to change that. Born in 1839, the son of a provincial pharmacist, Théodule was forced by his father to become a civil servant. After three years of drudgery, he announced that he was off to Paris to try and gain entrance into the elite *École Normale Supérieure*. Two years later, Ribot won a spot at that university, where he quickly took a dislike to the reigning spiritualist philosophy championed by Victor Cousin. A strange brew of reason and faith, Cousin's psychology mixed notions of the soul and God along with naturalistic descriptions of the mind.

Ribot could not abide this. Despite being denounced by local clergy, he set out in search of a method that might make psychology fully amenable to scientific inquiry. Plunging into the writings of British thinkers, Ribot emerged in 1870 with *Contemporary English Psychology (The Experimental School)*. Despite the dry title, the book opened with a spirited manifesto that would define psychology in France for decades to come.

Conventional notions of philosophy and science both made objective study of the mind impossible, Ribot explained. He attacked philosophies like those of Descartes and Cousin, insisting that psychology must rid itself of metaphysics and religion. Psychologists could not comment on transcendental questions, nor honestly speak of the soul. And they could not rely on the armchair methods of philosophy, but needed to employ the methods of natural science.

For all this, Ribot had an eager audience. Many of his contemporaries

were ready to jettison older philosophies of the soul for naturalistic study. But how was psychology to be remade into a science? To answer that question, Ribot took on a different set of critics, led by the fiery prophet of science, Auguste Comte. Despite leading a marginal erratic life, Auguste Comte achieved extraordinary influence over late nineteenth-century European intellectuals, politicians, and scientists. In 1855, the Frenchman laid out a history of all human knowledge, declaring that the most primitive stage was theology, myth, and fiction, which then progressed to a second stage of metaphysical abstraction. In the end, philosophical notions would be surpassed by the most perfect state of knowledge which was scientific and “positive.” Hence Comte’s program was dubbed positivism. With the rise of the Third Republic in 1870, Comte’s vision of progress was embraced by the French political elite as a model for both science and social reform.

Comte’s thinking posed a great dilemma for Ribot, for the founder of positivism believed an insoluble problem lay at the heart of psychological knowledge. Psychologists relied on self-observation to get at things like thought, feeling, and desire. Such interior observation—the knowledge that came from a mind looking in at itself—was exactly what constituted subjectivity. Therefore, Comte concluded psychology could never be objective, and his quick survey of prior efforts seemed to support this damning conclusion:

After two thousand years of psychological pursuit, no one proposition is established to the satisfaction of its followers. They are divided, to this day, into a multitude of schools, still disputing about the very elements of their doctrine. This interior observation gives birth to almost as many theories as there are observers.

In the second half of the nineteenth century, anyone who sought to establish principles for a scientific psychology—including John Stuart Mill in England, Franz Brentano in Austria, and William James in the United States—would have to take on Auguste Comte’s devastating indictment.

Comte pointed positivists down the only tenable path he saw for psychology: the field should restrict itself to observable signs such as physiology or behavior. To the embarrassment of his admirers, Comte thereby predicted that the future of psychology lay in phrenology. Initially con-

ceived as the study of brain localization, phrenology had degenerated into quackery and the study of cranial lumps and bumps, based on the belief that these protuberances reflected mental capacities and deficits. By the time Ribot took up his pen, Comte's suggestion was ridiculous.

Furthermore, Ribot was unwilling to gut psychology of thought, emotion, and all other inner experiences. Instead, he proposed a different kind of science of the mind, in which lawful claims might be made about that dark and shifting domain. Psychology needed to carefully mix introspection and external observation. Introspection was critical to get at mental phenomena, but those subjective impressions needed to be stabilized and corroborated by a myriad of methods, including "the perception of signs and gestures, the interpretation of signs, induction from effects to causes, inference, reasoning by analogy." Arguments between subjective and objective methods were sterile: Ribot's scientific psychology required both.

That was Ribot's hybrid method, but he still needed to circumscribe his object of study. If not overt behavior or cranial bumps, what would define the psyche in his psychology? Instead of taking any one approach, Ribot proposed three related perspectives. Inner experience could be studied by a bare-bones assessment of how perceptions, ideas, and feelings were linked, synthesized, and brought before consciousness. Such an "associational psychology" had been pioneered in seventeenth-century England by John Locke and David Hume, the philosophers who also founded scientific empiricism. The two bodies of thought were related. Empiricism sought to explain how humans came to know the world around them, placing emphasis on observation and the causal, synthetic connections that could be forged through human experience (even staged human experiences or experiments). Attempts to explain how humans came to know the outer world inevitably led these philosophers to model our knowing machine, the mind, and in this way inaugurated associational psychology.

Later developed by David Hartley, James Mill, John Stuart Mill, and Alexander Bain, associationalism did away with assumed, inborn faculties like reason, imagination, or morality, instead seeking to show how such complex functions could emerge solely from the combination of basic psychic elements like ideas and sensory perceptions. They thought of the mind as a loom, weaving together sights, sounds, ideas, and feelings into a unified whole. Of course much could go wrong in this process; mis-asso-

ciations accounted for human errors, illusions, and delusions. John Locke thought such false linkages as common as unreason, as common as childhood, as common as the everyday madness of “most men.”

Associationalism held great advantages for a scientific psychology, for it did not speak of the soul or insist on hypothetical faculties that in the end often seemed arbitrary. Instead, this theoretically minimal tool allowed for a close analysis of the fleeting currents of inner experience. Furthermore, this theory of the mind cohered nicely with the (implied) mind at work in empirical science. To know another’s inner world, it sufficed to explore and draw associations about another person’s associations. Ribot predicted—rightly it turned out—that associationalism would provide a sturdy framework for psychological experimentation.

This British doctrine, however, also had limitations. Associationalists pressed forward only one simple precept regarding emotion: humans were pleasure seeking and pain avoidant. Pleasure and pain, they argued, could serve as the building blocks for complex human passions like love, hatred, hope, and sorrow. Despite this powerful notion, as Ribot pointed out, associationalism generally led to a focus on the inner play of ideas, more than “the sentiments, the emotions, affective phenomena in general.” Secondly, most associational psychology assumed that experience solely furnished a mind that was otherwise bare. To offset this prejudice, Ribot suggested a second focus for psychology: heredity. In 1873, Ribot published *Heredity: A Psychological Study of Its Phenomena, Laws, Causes, and Consequences*, where he argued that evolution and biologic inheritance accounted for a good deal of psychological functioning.

With that, Ribot created a sturdy framework that organized French psychological inquiry for the next thirty years. Psychological content would be studied by associational tenets, while claims regarding psychic capacities and functions would be based on hereditary theories. In addition, he added a final leg to this research program. Since lab experiments were difficult to perform on the brain and mind, Ribot proposed that mental disease would act as the experimental arm of psychology: “(T)he morbid derangements of the organism that produces intellectual disorders; the anomalies, the monsters of psychological order, are for us like experiments prepared by Nature and all the more precious since experimentation is more rare.”

Théodule Ribot’s solutions were adopted by many, and before long he

sat at the center of a growing interdisciplinary community of psychological researchers. Burning with new ideas and surrounded by an array of brilliant colleagues, he exclaimed: "What a cerebral orgy!" Appointed editor of the *Revue philosophique de la France et de l'étranger* in 1876, Ribot proceeded to spread *la psychologie nouvelle* along a network of alienists, doctors, philosophers, and scientists in Europe and the United States. Between 1881 and 1885, he published *Diseases of Memory*, *The Diseases of the Will*, and *The Diseases of Personality*. All were wildly popular, going through twenty to thirty-six editions in France alone. In 1888, Ribot was awarded a chair in experimental psychology at the prestigious Collège de France. Fourteen years later when he retired, his successor, Pierre Janet, lauded him as the man most responsible for defining French psychology and giving it such a highly original, rich orientation.

Janet did not exaggerate. Between 1870 and 1900, Ribot forged a scientific psychology that made France famous. But his fame would be eclipsed by a physician who for years seemed to have no respect for psychology. In 1884, Ribot innocently reported that he had found an easy way to get new articles for the *Revue*: "Charcot and his students (the Salpêtrière School) would very much like to make a foray into physiological psychology. Since I see them constantly and am on very good terms with them, I have a good foothold there."

THE FRENCHMAN JEAN-MARTIN CHARCOT was one of the most fabled physicians in Europe, but before 1884 he had shown little interest in Ribot's line of work. A physician, neurologist, and strict positivist, he believed the mind was simply an epiphenomenon of brain functioning, nothing more than the froth stirred up by the sea. But as Ribot himself discovered, the famed neurologist had been forced to reconsider this assumption, and in the process he began to make extraordinary claims about psychic life that would captivate medical circles throughout the Western world.

Born and educated in Paris, Charcot saw his career take off in 1862 when he was appointed physician to the Salpêtrière, a sprawling complex housing some 5,000 women, many of whom were insane, demented, destitute, or deemed incurable. A follower of Comte, Charcot and his team of doctors proceeded to study the chaotic mass of suffering they found. While many physicians hoped lab study of diseased tissue would make

medicine more scientific, Charcot adopted positivist methods for clinical medicine and advocated close observation of patients as a way of newly classifying diseases. By 1870, Charcot and his coworkers had succeeded in giving classic descriptions of amyotrophic lateral sclerosis and multiple sclerosis and made important contributions to the study of rheumatism, gout, arthritis, and locomotor ataxia.

Charcot then entered the dubious terrain of the *névroses*, or “neuroses” as the English called them. Defined by what they were not, the *névroses* were nervous disorders that showed no brain or spinal lesions. A tangle of difficult-to-define symptom complexes and disorders, they included one of the oldest and most mysterious of them all: hysteria. According to his assistant, Pierre Marie, Charcot began to investigate this enigmatic disease for the most serendipitous of reasons. Hospital administrators needed to repair a decrepit facility, so they moved a ward of epileptics into one filled with mentally ill women. Suddenly, the female hysterics began having seizures. The doctors now faced the quandary of trying to distinguish hysterical seizures from real ones. With that, Charcot and his coworkers were forced to confront an even more vexing question: what was hysteria?

A diagnosis first made over 2,500 years ago, hysteria was long thought to be a woman’s disease. As the etymology of the word denoted, this affliction was first considered a wandering of the womb, and in the first half of the nineteenth century, hysteria remained tied to female sexuality. That began to change when in 1859, the Parisian physician Paul Briquet published a landmark study. Examining over four hundred cases, he found that hysteria, while predominantly found in females, was not exclusively so; for every twenty female cases, Briquet found one male case. The doctor also reported a low incidence of the disease among nuns and a high incidence in prostitutes, refuting the old idea that sexual frustration caused this illness. Hysteria, he concluded, was a neurosis of the brain that disrupted emotional expression. Briquet further emphasized how poor heredity worked in combination with violent emotions to set the disease in motion. While many gynecologists still insisted hysteria was due to *une chose génitale*, Briquet allowed neurologists and psychiatrists to see this disorder in these newer terms.

Following Briquet and others, Charcot took up this Proteus of illnesses. A shifting kaleidoscope of bewildering symptoms that long frustrated attempts at classification, hysteria appeared to have no objective pattern.

Many thought it was not a disease at all but rather female subterfuge and fakery. Jean-Martin Charcot found order where others saw none. Hysterics suffered from attacks that had discrete pathophysiological stages, he concluded after much study. In its purest state, “*grande hystérie*” was marked by the “*grande attaque*,” in which sufferers marched through an elaborate four-stage sequence. The symptoms were readily observable; the cause was poor heredity. Nothing needed to be said about the hysteric’s thoughts or feelings, her psychology, her subjective world. Hysteria could be understood by objectively observable outward signs alone.

Word of Charcot’s achievement spread. Astonished onlookers filed into the auditorium at the Salpêtrière, where hysterics writhed and shook and froze during their elaborate attacks. Charcot and his group began to photograph hysterics in different stages of their illness, in the hope that this would be scientific proof, their version of the pathologist’s microscopic slide.



A hysteric in a state of “provoked somnambulism.” Salpêtrière Hospital, Paris, circa 1879.

Charcot's study reached beyond medical circles. Close to positivists and reformers in the government, he shared the belief that progress would come when religion yielded to science. During the first years of the Third Republic when clerical forces still had a foothold in political circles, spies who attended Charcot's classes reported his frequent anticlerical jokes. No spy, however, was needed to recognize the political impact of studies that pathologized ecstatic and holy visions. It was only necessary to read Charcot's colleague, Désiré-Magloire Bourneville, who predicted that before long both the miraculous and the demonic would be exposed as simply hysterical.

A demystifying, anticlerical agenda may have also encouraged Charcot to take his next fateful turn. In 1878, the neurologist took up the study of hypnotism. A century earlier, a Viennese doctor named Franz Anton Mesmer had arrived in Paris, having fled his hometown amid charges of quackery and sexual impropriety. Mesmer became a sensation in Paris with dramatic cures attributed to the invisible force of animal magnetism, but the French Academy of Sciences convened a panel to judge the merits of his claims and condemned him as a seducer and a fraud, thus pushing the study of altered mental states into the backwoods of France for decades to come.

The distinguished French physiologist Charles Richet reignited mainstream interest in mesmeric states during the 1870s. Using the British doctor James Braid's term, Richet attributed "hypnosis" to a physiological dysfunction. In 1878, Charcot brought his reputation to the study of these bizarre states, and five years later he appeared before the same Academy of Sciences that condemned Mesmer, to demonstrate how his own study of hypnotism would be different. Hypnotism was a physiological and neuropathological disruption, not some spooky mesmeric power. Two of Charcot's allies, Alfred Binet and Charles Féré, explained that unlike prior experimenters, they would not even bother with "complex psychological phenomena," for these lacked the material characteristics that would place them beyond question. And so, a revived study of hypnosis became scientifically legitimate, thanks to this strict emphasis on bodily symptoms. Speaking to the academy, Charcot detailed the dramatic contractions and seizures of the "*grand hypnotisme*," all of which proved hypnosis was neither miraculous nor quackery, but simply the sad result of an abnormal nervous state.

With remarkable speed, Charcot had conquered two monumental medical mysteries: hysteria and hypnotism. All the while, he studiously kept his distance from magical interpersonal forces or obscure psychological influences that might in any way hint of immaterial, invisible forces. These mental states were all the result of neurological disruption. Causality was a one-way street that ran from body to mind. Or so Charcot thought.

The transformation of Jean-Martin Charcot began rather simply. He and his coworkers discovered that if they suggested to a hypnotized hysteric that her arm was paralyzed, a paralysis would ensue. Incredibly, in this strange state, the idea of a paralysis seemed to create a paralysis. To explain how this could possibly be, one needed a model for how an idea could affect the body. That is to say, Charcot needed a psychology. And with that, the renowned positivist and his followers headed straight into Auguste Comte's forbidden garden.

SIGMUND FREUD ARRIVED at the Salpêtrière in 1885 as Charcot and his team had become engrossed in the study of how unconscious ideas and emotions might cause neurological symptoms. Adopting Ribot's model, the French neurologist employed associational psychology alongside hereditary explanations. A hypnotic suggestion, he concluded, allowed an idea to enter the mind in a disassociated, unconscious, quite isolated state. Suggestions fell into a space distinct from the interwoven collection of associations that normally made up consciousness. In that dark region, disassociated ideas seemed to act on the body freely and automatically.

Notions of unconscious physiological action were commonplace in the late nineteenth century. In fact some, like William Carpenter in England and William James in America, speculated that human beings might be automata wholly governed by unconscious physiology. But Charcot's explanation of hypnotic suggestion did not rely on physiology but rather psychology. Unconscious ideas could take hold of a body. Suggest to a hypnotized hysteric that her leg was paralyzed and *voilà!* Without her knowing what was happening, the leg went dead.

The Salpêtrière doctors grew particularly fascinated by the strange cases of two men they named Pin and Porez. These French laborers presented

with paralyses that were, anatomically speaking, impossible. At the same time, Pin and Porez didn't seem to be faking their illnesses. Perhaps they were hysterics under the sway of unconscious ideas. But neither man was hypnotizable, and for Charcot that meant they could not be hysterics. He believed all hysterics were hypnotizable; it was one of their most salient characteristics.

Pin and Porez suffered blows to their arms, but these injuries were too minor to result in real nerve damage. Each man shook himself off and went about his life, only to suffer a paralysis days later. Fascinated, Charcot examined the men and concluded that their traumas had acted on their minds as well as their bodies. He set out to investigate and was stunned to find that a sharp blow to the arm of a hysteric under hypnosis could create the same symptoms that afflicted Pin and Porez. The blow by itself had acted as if it were a verbal suggestion.

These were all psychical paralyses or paralyses of the imagination, Charcot concluded. In the cases of Pin and Porez, he reasoned that the shock of the initial trauma sent their nervous systems spiraling into something like a hypnotic state, at which point each man entertained the idea: *I can't move my arm*. This panicky thought normally would be greeted by a host of associated ideas, including reassuring ones that might follow testing the arm and seeing that it seemed fine. But "the annihilation of the ego" produced by the traumatic shock left that frightening idea—*I can't move my arm*—isolated, unconscious. From there, it worked with all the impunity of a hypnotic command. His fear of becoming paralyzed acted as an autosuggestion, and the paralysis became real.

Imagination, it seemed, could make a man ill. But only in cases of trauma. Borrowed from the lexicon of surgery, trauma emerged in nineteenth-century psychiatry and neurology to account for nervous shocks like "railway spine" and "railway brain," which were thought to be brought on by the jarring rides in that new monster, the locomotive. It was accepted that a traumatic shock might disrupt associative processes in the brain. But Charcot's focus on self-suggestion was novel and created confusion. If autosuggestion had its origin in the patient's own mind, how did that idea end up outside the confines of consciousness? Hypnosis demonstrated how external suggestions could land in the unconscious, but how could

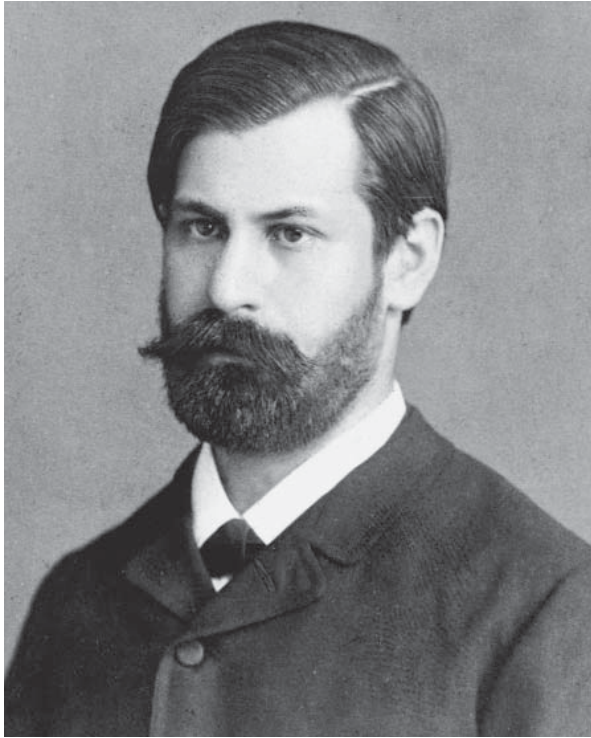
this be with one's own ideas? Charcot reasoned that a traumatized mind was prone to dissociation, so that ideas peeled off from the stable matrix of conscious associations. Moreover he suggested that strong emotions like rage or terror could serve as traumas, resulting in dissociation and self-suggestion.

Charcot's growing psychological theory held fascinating therapeutic implications. If an idea could make a paralysis, then perhaps an idea could cure one. From 1885 to 1886, Charcot and his colleagues tried a talking treatment on Pin and Porez:

In the first place we acted, and continue to act every day on their minds as much as possible, affirming in a positive manner a fact of which we are ourselves perfectly convinced—that their paralysis, in spite of its long duration, is not incurable, and that, on the contrary, it will certainly be cured by means of appropriate treatment . . . if they will only be so good as to aid us.

Therapeutic suggestion aimed to counter autosuggestion and alleviate symptoms, though this was no cure. Charcot never wavered from his belief that traumatic neurosis could only befall individuals tainted by degenerative heredity. That no talk could remedy.

When Freud arrived in Paris, a whole community of French psychologists and physicians were busy tracking inner life by investigating associations and dissociations, the role of heredity, and the light that psychopathology might throw on normal mental functioning. Having first conquered hysteria and hypnotism without entering the scientifically iffy zone of psychology, Jean-Martin Charcot and his coworkers found themselves discussing the role of unconscious psychic states in cases of psychic automatism, dual consciousness, multiple personality, and fugue states. Doctors from around Europe flocked to Paris to witness stunning cases of hypnosis, strange dances performed by hysterics, and bizarre ailments provoked by ideas. They came to learn of studies based on the scientific method of the *psychologie nouvelle*, studies underwritten by the authority of men like Ribot and Charcot, studies based on a great deal that was about to crumble, for something had gone terribly wrong.



Sigmund Freud in 1885, the year he traveled to Paris to study with Charcot.

II.

WHEN SIGMUND FREUD received a traveling grant issued by the University of Vienna Jubilee Fund, he was a man who had tried on a number of futures, and none had quite fit. Having aspired to a career in zoology, then physiology and neuroanatomy, he had turned to medicine, where he considered specialties like neurology and psychiatry. At twenty-nine, he was still impoverished, no longer so young, with no prospects for a university position. His fiancée had been waiting for him to be able to afford marriage. Desperately looking for a break, he had set his hopes on a new histological method for staining nerve cells and then put his faith in a new pharmacologic agent called cocaine. But the wondrous effects of cocaine

started to show a dark side, and so, having heard of Charcot's researches on the neuroses, Freud came to Paris to try again.

Born to Jewish parents in Freiberg, Moravia, on May 6, 1856, Sigmund Freud was actually his name. When the boy was four, his family moved to the capital of the Austro-Hungarian Empire, Vienna, and there "Sigmund" attended the Leopoldstädter Gymnasium, where he proved an extraordinary student. Schooled in Latin and Greek and the classics such as Ovid, Horace, Cicero, Virgil, Sophocles, Homer, and Plato, he quickly made his way to the front of his class. As a Jew, he was a member of a mistreated, marginalized minority, but these were liberalizing years in the Habsburg Empire. Emperor Franz Josef had increased civil rights for Jews, and had even included a number of Jewish ministers in his cabinet. These men were heroes to Freud and his young Jewish friends. Drawn to historical figures like Brutus and Hannibal, the boy imagined himself a defender against tyranny and considered a future in the law. He declared himself an antiaristocratic, anticlerical republican, and a staunch materialist. After matriculating at the University of Vienna in the fall of 1873, the youth proved himself to be outspoken, even when that meant standing in the opposition. Though supported by many, he confronted anti-Semitism all around him and once faced down a small mob forming against the "dirty Jew."

By the time he entered university life, however, Sigmund was no longer primarily interested in politics and law. Captivated by Goethe's essay on nature, he shifted his plans to science and medicine. After enrolling in the medical curriculum, he signed up for anatomy, chemistry, "General Biology and Darwinism," botany, physiology, and physics. In the winter of 1874, he also began studies in philosophy, the only nonscientific discipline he pursued, working with a professor who had recently taken refuge in Vienna, Franz Brentano.

A Catholic priest and philosopher, Brentano became estranged from the church after its declaration of papal infallibility. His loud disdain for this doctrine made his academic position in Würzburg increasingly untenable. At the same time, Brentano discovered Comte and the work of British associational philosophers. Brentano resigned his professorship, left the church, and began planning a new life for himself. His ticket would be a work on scientific psychology.

Brentano, like Ribot, strove to separate psychology from philosophy

without letting the whole enterprise collapse before positivist notions of science. To do so, he took up the problem of introspection. In his 1874 *Psychology from an Empirical Standpoint*, Brentano took pains to distinguish introspection from inner perception. The former was a kind of trained inner observation that some claimed approximated empirical observation of the outer world. Brentano pronounced all this impossible rubbish. We cannot stand outside our own minds to observe our minds with our minds. But inner perception was a completely different matter. That was as common as feeling joy, recalling a memory, or considering a thought. Inner perception might not be objective, but it remained a critical starting point for any psychology. Luckily, human memory allowed for the recollection and examination of these transitory moments. In addition to emphasizing the stabilizing power of memory, Brentano called for a close study of language and gesture as a way of aiding our knowledge of another's inner world. Psychologists should also pay special attention to children and animals, as well as diseased mental states and weird psychological occurrences, he advised.

On the strength of this work, Brentano won a professorship in Vienna in 1874; the same year Sigmund Freud became one of his students. Initially amused that Brentano was arguing for the existence of God, Freud soon wondered if he could defend his materialism before Brentano's sharp logic. After sending their professor formal criticisms of his positions, Freud and his friend Josef Paneth found themselves invited to Brentano's home for discussions. Soon, Freud fell under the philosopher's sway. His professor was "a believer, a teleologist, (!) and a Darwinian and a damned clever fellow, a genius in fact," wrote the young man.

Brentano encouraged his student to see the whole tradition of philosophy as a road leading to science. He attacked theoretically driven approaches to psychology, railed against those who never bothered to test their ideas in the world, and "declared himself unreservedly a follower of the empiricist school which applies the method of science to philosophy and to psychology." Advising his students to study Locke, Hume, Kant, and Comte, Brentano also warned against any premature attempt to marry physiology with psychology, arguing that the science of the mind was too undeveloped for any such union. It was a lesson Freud would accept only after years of struggle, but it was one he would later repeat to his own students.

Simultaneously, this admirer of Hannibal began to reshape his notions of what made a man radical. Freud declared himself not unsympathetic to socialism, educational reform, the redistribution of wealth, and other reforms that might ease the Darwinian struggle for existence. But he believed true radicals manifested their revolutionary spirit by rejecting religious dogma and accepting the dictates of materialism and empiricism. Many of Freud's generation shared the belief that science would reform political and social life. Scientists would contribute to the defeat of superstitions, religious fictions, and ideological illusions, providing valid knowledge that allowed for a clearer vision of reality by which political elites could more justly and rationally govern.

After two and a half years of classes, Freud embarked on his first attempt to discover new knowledge by doing research in zoology, the field that had provided evolutionary theory with so much of its evidence. Six months after studying the gonads of eels, Freud joined the physiological lab of Ernst Wilhelm von Brücke, the man who had brought laboratory science to Vienna. For the next six years, Freud toiled in Brücke's lab, happily examining nerve cells. He made some minor discoveries, developed a new stain, and by the age of twenty-six could boast of a number of publications from his work.

In the middle of these studies, Freud served a year of compulsory military service, during which time to keep himself occupied, he translated some essays by John Stuart Mill on subjects like the emancipation of woman. Returning to Vienna, he finally sat for his medical exams in 1881, seven and a half years after he began his medical education and two and a half years longer than the average student. Freud passed and later attributed his success to his extraordinary memory, since he had not bothered to thoroughly prepare himself.

The fact was that becoming a physician was less of a priority for the young Freud than making scientific discoveries and becoming a university professor. Freud dreamed of staying in Brücke's lab, but in 1882 when he became engaged to Martha Bernays of Hamburg, this dream died. Freud informed Brücke of his intentions to marry, and his mentor took him aside and urged him to be realistic. Brücke's two assistants were extraordinary scientists and nowhere near retirement. There were no other paying positions to offer Freud, who now had a fiancée waiting. Disheartened, Freud accepted Brücke's advice and set out to become a practicing doctor.

For the next three years, Freud disappeared into the wards and clinics of the Vienna General Hospital. Living on the grounds, he returned home only on weekends. While continuing some lab research, he struggled to find his way as a clinician. He approached Hermann Nothnagel, a professor of medicine, hoping to become an *Aspirant* at the hospital, by which young doctors could work toward the role of *Sekundararzt* or assistant physician. Once a neuropathologist himself, Nothnagel was appreciative of Freud's histological work. He took Freud on and over the next two decades proved an important ally.

Nothnagel received a recommendation from another lab-oriented physician, the psychiatrist Theodor Meynert, with whom Freud had studied in the winter of 1877. Meynert's fame grew out of his anatomical studies of the nervous system, but he had also gained notoriety thanks to asylum doctors who cast doubts on his clinical skills. In 1875, the director of the asylum that housed Meynert's department even demanded his resignation, but the dean of the Vienna medical school flew into action and created a second chair in psychiatry for his protégé. Thanks to this accident of history, Vienna would retain two university chairs in psychiatry, allowing for a diversity of opinion that would prove critical to mavericks like Freud.

Secure in his academic position, Meynert had begun working on a magnum opus that he hoped would define psychiatry and elaborate the relative roles of mind and brain. For Meynert, brain disease was the sole cause of mental disorders; psychological factors were irrelevant. As Meynert put the finishing touches on the first volume of this work, Freud joined his department. From May to September of 1883, Freud confronted cases of alcoholism, progressive paralysis, and patients vaguely diagnosed as mad. He also encountered a few female hysterics, but they do not seem to have left much of an impression.

While immersed in clinical medicine, Freud remained ambitious, now searching for new breakthrough treatments. He stumbled upon an article touting cocaine, a new drug that had been used to treat morphine withdrawal in America. "We need no more than one stroke of luck of this kind to consider setting up house," he wrote Martha, his fiancée. Freud ordered cocaine, tried it, and became convinced that this astonishing substance could cure heart disease, nervous exhaustion, and mild depression, not to mention the agonies of morphine withdrawal. Freud's friend and teacher from Brücke's lab, Ernst Fleischl von Marxow, had

grown addicted to morphine after an amputation left him in chronic pain. Freud supplied Fleischl with the new drug, hoping it might help end his addiction.

Six weeks after trying cocaine for the first time, Freud wrote an exuberant paper on the drug for the *Centralblatt für die gesammte Therapie*. He was eager to attract notice, especially after witnessing the praise heaped on a colleague who, on Freud's advice, had successfully used the drug as a surgical anesthetic. Freud championed the possible medical and psychiatric uses of cocaine, and his appeal began to gain attention. His monograph on cocaine was picked up in the prestigious Viennese newspaper the *Neue Freie Presse*. Before long, Freud was inundated with requests for information. Presenting his findings to the Vienna Physiologic Society and Vienna Psychiatric Society, he heralded the drug as effective and harmless.

But cocaine was not harmless. By the spring of 1885, Freud knew Fleischl's so-called cocaine treatment had not freed him from his addiction to morphine but had instead created a dependence on both drugs. Furthermore, Fleischl's escalating cocaine use led to horrifying toxic psychoses. It was only a matter of time before others became aware of these dangers and attacked Freud for rashly advocating cocaine's use. Such public opprobrium could do lasting damage to a young doctor's reputation, but Freud still had powerful backers at the university. As the cocaine debacle was coming to a head, Freud marshaled the support of Brücke, Meynert, Nothnagel, and others and won the university's Jubilee Fund travel grant to go to Paris. It was a good time for him to get out of town.

Before leaving for France, Freud resigned from the General Hospital. His engagement to Martha Bernays had now dragged on for three and a half years. He had not been able to support himself and was deeply dependent on a number of benefactors who had loaned him money to survive. He prepared to leave Vienna, having convinced university authorities that he would study atrophic neuropathologies in children while at the Salpêtrière. But Freud confided his true plan to his fiancée: he would make a name for himself in the nervous disorders. This trip would transform him into a famed nervous specialist. Upon winning the grant, a giddy Freud wrote Martha:

Oh how wonderful it is! I am coming with money and staying a long time and bringing something beautiful for you and then go on

to Paris and become a great scholar and then come back to Vienna with a huge, enormous halo, and then we will soon get married, and I will cure all the incurable nervous cases and through you I shall be healthy and I will go on kissing you.

On September 29, 1885, Freud arrived in Paris and took a room at the Hôtel de la Paix in the Latin Quarter. While feverishly writing papers on neuropathology, he began to visit the Salpêtrière's famed clinic. On Mondays, Charcot gave public lectures focused on his latest research, while on Tuesdays, he discussed a puzzling case brought from the outpatient clinic for diagnosis. Wednesdays were for ophthalmological lectures, and the rest of the week was filled with hospital rounds. While eschewing numerous other lecturers, Freud found time to attend forensic autopsies at the Paris Morgue.

Dr. Charcot announced that the days of great discovery in pathological anatomy were over. The future lay in those nervous disorders with no anatomical lesions—the neuroses. During Freud's months in Paris, Charcot's focus of interest was male hysteria caused by trauma, such as the cases of Pin and Porez. Traumatic hysteria had encountered resistance from German neurologists, especially Hermann Oppenheim of Berlin. After his stay in Paris, a dutiful Freud traveled to Berlin and met with Oppenheim, who viewed these illnesses in purely anatomical terms. Freud came home still convinced Charcot was right.

Freud also returned from Paris certain that the altered states exhibited in hypnosis were real. He told his sponsors that he had witnessed the incredible phenomena of hypnotism, which “had to be wrung on the one side from skepticism and on the other from fraud.” He understood, however, the events at the Salpêtrière were so bizarre that they would elicit grave doubts unless they were witnessed firsthand. He himself had been dubious when six years earlier the traveling hypnotist Carl Hansen came to Vienna, warning a friend: “keep your mind skeptical and remember ‘wonderful’ is an exclamation of ignorance and not the acknowledgement of a miracle.”

Yet what Freud saw at the Salpêtrière was overwhelming. A routine demonstration might be this: a woman sits on a chair, hypnotized. A doctor informs her that upon awakening, she will not be able to move her right arm. The patient comes out of the trance and cannot move her right arm. She does not know why and perhaps fabricates a story that seems to

make sense of her debility. The doctor puts her under a trance again, now suggesting her arm is fine. She emerges from the trance, and her arm is fine. This was not only great theater, it was also shocking for scientists schooled in a brain-based approach to the mind. And these astonishing effects were not just a source of wonder but also phenomena analyzed by that haut positivist, Charcot. French psychopathologists had proved that bizarre unconscious psychological states existed.

Freud's world began to turn upside down:

I am really very comfortable now and I think I am changing a great deal. I will tell you in detail what is affecting me. Charcot, who is one of the greatest of physicians and a man whose common sense borders on genius, is simply wrecking all of my aims and opinions. I sometimes come out of his lectures as from out of Notre Dame, with an entirely new idea about perfection.

Afterward, he wrote a report for the university on his trip with vivid descriptions of Charcot's work on hysteria and hypnotism, and halfhearted apologies for spending so little time on organic diseases. He was not really sorry. Wowed by Charcot and his cadre of bright colleagues like Joseph Babinski, Georges Gilles de la Tourette, and Paul Richer, Freud returned from Paris with a new goal. He would become Charcot's man in Vienna.

Before leaving France, Freud had aggressively worked his way into Charcot's inner circle. While complaining to Martha that his French was so bad he could barely order food at a café, the young man offered his services to Charcot as a German translator. Charcot accepted. "It is bound to make me known to doctors and patients in Germany," Freud gushed. The two men conducted a correspondence as Freud translated the third volume of Charcot's *Lectures on Diseases of the Nervous System*, much of which was concerned with hysteria, hypnosis, and the traumatic paralyses. Freud himself became especially intrigued by paralyses created by the imagination.

At home, Freud readied for war in Vienna, knowing his colleagues were skeptical of the psychologic, the ideogenic, the hypnotic, the hysterical, not to mention the French. Nevertheless, he began to lecture to physiological and psychiatric societies on Charcot's theories and agreed to write a report on his experiences for the Viennese Medical Association. In that

report, Freud presented French thinking on male hysteria. Some doctors in the audience granted that hysteria in men was possible, but others sharply took issue with Charcot's appointed stages. Meynert pointedly pressed Freud to find a single case of traumatic paralysis in Vienna.

A month later, Freud presented such a case to the group. But his victory immediately turned sour. A furious Meynert would have none of it, suggesting that the French had ruined his former pupil. Freud later recalled: "with my hysteria in men and my production of hysterical paralysees by suggestion, I found myself forced into the Opposition." Meynert, Freud bitterly noted, believed that he had been taken in by "the wickedness of Paris."

The effect of this minor controversy was that Sigmund Freud became a prominent Viennese representative of French ideas about hysteria, hypnosis, psychology, and psychopathology. While these notions were strongly resisted in Austrian circles, Freud seemed unimpressed. He had seen hysterics go through Charcot's stages, seen paralysees created by the mere mention of an idea, seen these things with his very eyes. What his colleagues in Vienna read about and disdained, Freud had witnessed. As a Jew and an outsider, he knew something about the power of prejudice to blind. Unafraid of being in the minority, he tied himself to the great Charcot and his theories of hysteria, trauma, and hypnotism, embracing associational psychology and for a while even his emphasis on heredity. The future for Sigmund Freud was now clear. He married his fiancée, opened a private medical practice, and took up his role as the loyal Viennese representative of Jean-Martin Charcot's thinking, just as the Parisian neurologist's reputation began to plummet.

III.

IN 1886, a French professor of medicine from the provincial city of Nancy announced that Charcot, that master decoder of hysteria, had succumbed to a kind of hysteria. Over but a few years, it became apparent that this was true, and as a consequence, much of Charcot's work on hysteria and hypnotism was wrong. For Freud, this looming disaster forced him to quickly mature from an acolyte into a more independent thinker, as he desperately scrambled to reformulate his own positions. While holding fast to the goals of scientific psychology and Charcot's notions of psychic

trauma, Freud would, in the end, accept that the Parisian's greatest achievements in the understanding of neuroses were figments of his own imagination.

The David who slew this medical Goliath was Hippolyte Bernheim. Before 1882, this Nancy doctor had little to do with nervous diseases. That year, one of his patients was cured of sciatic pain by a slightly disreputable country doctor named Ambroise Auguste Liébeault. Liébeault was an old-time hypnotist who had doggedly continued employing this method during the inhospitable 1850s and 1860s. With little fanfare, he had written *On Sleep and Analogous States*, in which he argued that hypnotic states were forms of sleep brought on by suggestion. Bernheim sought out Liébeault and became his student. In 1886, Bernheim published his own landmark study, *On Suggestion and Its Therapeutic Applications*, in which he put forward a purely psychological explanation of hypnosis.

Charcot had conquered hysteria and hypnotism by conceptualizing these mysteries as nothing more than inherited neural dysfunctions that resulted in altered states of consciousness. Unconvinced, Bernheim began experimenting with hypnosis and decided that such states were not pathological at all. In fact, he found hypnotic trances were easy to elicit among the great majority of men and women of all temperaments. Hypnosis simply exaggerated a common property of psychological life and was not a physiological dysfunction, he concluded.

Bernheim went further. Hypnosis, he believed, wasn't even necessary for suggestions to take hold of another person. Ideas passed from one unconscious mind to another all the time. The mind's windows were open, taking in commands, suggestions, and ideas from others and then mistaking foreign notions for their own. All of human psychology was characterized by this gross "credulity." False impressions and ideas were readily accepted by the mind thanks to automatic unconscious cerebration, the frailty of reason, and the all-too-human need to believe. Religion, education, tradition, morality, allegiance to the state, and social conventionality; the work of lawyers, politicians, professors, orators, charlatans, and seducers, all these were evidence of a world dominated by suggestion and credulity. Credulity was not odd or unusual, but rather was essential to normal psychological life. While Charles Richet and others had noted the

possibility of suggestion taking hold without hypnosis, no one with scientific standing had the audacity to make such sweeping claims before.

Coming from the margins of French medicine and standing in stark contrast to the hard-won advances of the *psychologie nouvelle* and the prestige of Charcot, Bernheim's theory seemed to stand little chance. Besides, Charcot's theories were precise, logical, and based on broadly shared scientific principles, while Bernheim's analysis was nebulous and bloated. But Bernheim held a powerful trump card. As a prime example of suggestion and credulity, he pointed to the research of Jean-Martin Charcot. Charcot's stages of hypnotism, he insisted, were wholly imaginary. According to the Nancy doctor, Charcot and his followers had unwittingly suggested their stages of hypnotism to their patients, who then complied. Instead of looking into another's mind, these scientists had been staring in a mirror. Bernheim called this dance of expectation and mimicry a "culture of hysteria" and gravely informed his readers that none of Charcot's supposedly universal stages for hypnotism could be found in Nancy.

Thus began a furious battle. The Salpêtrière doctors lambasted Hippolyte Bernheim, calling him a confused buffoon who operated outside science. At the 1889 International Congress on Hypnotism in Paris, one of Charcot's allies, Pierre Janet, declared that Bernheim's opinions were "not only anti-scientific and anti-physiologic" but also "anti-psychologic." The attacks on Bernheim's scientific credibility grew harsher, for in this Nancy doctor, the Salpêtrière school confronted a rival they feared might topple not just a theory of hypnotism, but also the whole project of scientific psychology. If Bernheim was right, if suggestions and credulity were really so common, how could one ever hope to empirically know anything about another's inner world? If everyone was infected by suggestion and blind belief, who could be an impartial observer or an uninfluenced subject? In Bernheim's view, observer and observed, suggester and suggested, scientist and hysteric, ultimately subject and object, were impossible to distinguish with any clarity. There was no way for psychological scientists to stand outside this swim, for they were being suggested to even as they were suggesting.

A doctor from the Salpêtrière pointed out the seemingly absurd conclusion that Bernheim's followers were forced to accept. By his theory "(E)very reasonable man would thus be constantly under the influence of

suggestion.” Bernheim would not have disagreed. But such shocking claims spread unease. By 1886, reports of psychic infections and mass hysteria hit the French press. Could a woman murder her lover due to the suggestions of another? Could a people rise up against a government due to suggestion? The land of the French Revolution and the Paris Commune confronted the fear that another mass uprising was one evil hypnotist away.

For Sigmund Freud, Bernheim’s challenges could not be shrugged off. Freud’s reputation and practice were closely associated with the prestige of the Salpêtrière school. He understood that Bernheim’s claims would give succor to those in Germany—and they were many—who always thought of hypnosis as a gross charade. Freud took on the German translation of Bernheim’s book, convinced that it would help him get out in front of a potentially devastating critique.

In 1888, when curious German readers purchased a translation of Hippolyte Bernheim’s *On Suggestion and Its Therapeutic Applications*, they encountered an intrusive translator who begged to differ with the author. The translator railed against those who might use Bernheim’s work to deny the reality of hypnosis and conclude that all these accounts were based on a mixture of naive belief and trickery. Defending the scientists of hysteria from the charge that they were themselves hysterically deluded, he attacked those who dismissed Charcot’s studies as worthless “errors in observation,” and retreated to the belief that hypnosis was “beyond scientific understanding.”

Freud defended Charcot, saying the neurologist’s careful work had proved hypnotism was lawful and therefore, by scientific standards, real. Unfortunately, it was getting harder to so insist. The debates between the Nancy and Salpêtrière schools generated an avalanche of research, and the results were devastating. Otto Wetterstrand reported having hypnotized 3,589 people; he never saw Charcot’s stages. Study after study showed that a large percentage of normal people were in fact hypnotizable. In 1892, Albert von Schrenck-Notzing published a study of 8,705 subjects, and only 519 could not be hypnotized. Hypnotizability did not seem to be a specific sign of hysteria or even pathology; it seemed commonplace.

Freud faced a dilemma: on the one hand, there was a psychological theory that undermined the scientific legitimacy of psychopathologic re-

search on hypnotism and hysteria. On the other, there was a lawful, psychopathologic scientific theory that increasingly appeared to be just plain wrong. After 1888, Freud distanced himself from his colleagues in Paris, and took care not to defend Charcot's stages of hysteria or hypnotism, even explicitly stating it was incumbent on the workers at Salpêtrière to prove these theories. They never could.

Like his colleagues at the Salpêtrière, however, Freud was eager to defend the reality of hypnotism by formulating theories that conformed to scientific standards of knowledge. If hysteria was real, he argued, it must be based on something other than random acts of suggestion and credulity. Hypnotism must also be rule bound and follow some inherent laws. Hippolyte Bernheim, his German translator charged, simply did not ask what those laws might be.

To pursue this further, Freud suggested Bernheim's readers stop thinking of the hypnotic encounter as some interpersonal drama between a wide-eyed hypnotist and a swooning subject. Instead, they should turn their attention to the intrapsychic conditions that made a man prone to another's suggestion. If known, those internal changes would explain both the interpersonal phenomenon described by Bernheim and the bodily changes Charcot cataloged.

This critical strategy allowed Freud to reduce the overwhelmingly complex problems of how two minds interacted, and limit his exploration to the workings of one mind, the patient's. Borrowing from Charcot's work on traumatic paralysis, Freud argued that all suggestions were the result of prior, internal self-suggestions. While Bernheim believed "suggestion pushes open the doors," in fact the doors were "slowly opening of themselves for auto-suggestion," Freud declared. Some internal dissociated idea set the stage for a suggestion to take hold; all the Nancy doctor's results were thus the result of a receptive state brought on by autosuggestion.

Freud translated Bernheim to undercut his most damaging claims and secure the scientific respectability of research on hysteria and hypnosis. He understood that if Bernheim's model of interpersonal persuasion could be rooted in an internal mental process, suggestibility would remain a lawful object of study that could not be attributed to the provocations of the physician. Freud argued that far from the everyday realm of consciousness, inner unconscious psychophysical changes took place that cre-

ated a state of suggestibility; later suggestions took root in this fertile soil and caused the specific symptoms of hysteria. If in this the Viennese doctor was right, scientists of hysteria could safely ignore Bernheim's confusing, interpersonal dynamics and follow Charcot by devoting themselves to the study of the inner world.

Freud's argument was deft and his conclusions enduring. An insistent, intrapsychic focus would orient Freudian approaches to the mind for the next century. Furthermore, Freud had showcased an impressive capacity to reframe debates and turn them on their head. While conceding the reality of Bernheim's observations, Freud pulled the rug out from under the Nancy doctor's central explanations so as to reaffirm the boundaries between observer and observed, so critical to scientific knowledge. He stood behind Charcot's commitment to scientific method while jettisoning the master's stages of hypnosis and hysteria, and sided with Bernheim's contention that hypnosis was fundamentally based on unconscious psychology. Then as Freud was creatively reframing Bernheim's challenge, the young Viennese doctor's capacity to take command of critical debates would be tested again, as another pillar that buttressed Charcot and the *psychologie nouvelle* began to crack.

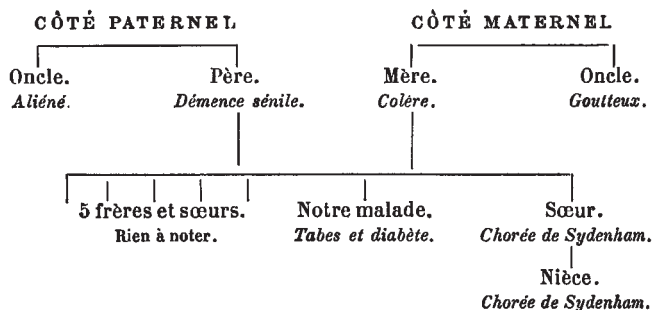
IN THE SECOND half of the nineteenth century, hereditary causes were extremely popular in French medicine, particularly psychiatry. Faced with the overwhelming complexity of nerve, brain, mind, person, behavior, and social environment, French doctors saw heredity as a one-size-fits-all answer to questions they could not truly fathom. After 1870, biologic inheritance was widely accepted as the cause of psychic functions and the central precondition that led to a mind breaking during accidental events. This explanation of mental illness was championed by the devout Catholic Bénédict-Augustin Morel, whose notions of hereditary degeneracy echoed the fall from grace that plagued men since Adam. His theories were adopted by others like Valentin Magnan, who led discussions at the Medico-Psychological Society on degeneracy while Freud was in Paris. By then heredity had won over most doubters. Few doctors in France believed mental disorders could be acquired any other way.

Jean-Martin Charcot pushed these hereditary assumptions further. By borrowing his student Charles Féré's notion of a "neuropathic family"

and studying genealogies, Charcot linked a number of illnesses together, attributing all to the same inherited defect. Charcot mapped out family trees that bloomed with hysteria, alcoholism, suicide, progressive paralysis, apoplexy, rheumatic and arthritic disorders. When challenged as to the common inheritance of these illnesses, Charcot pointed to the neuropathic constellations that could be found among “Israelites.” Ribot also argued that the purest example of psychological heredity came from the study of the Jews, who by “jealously guarding the purity of their race” became a distinct example of hereditary forces. In Ribot’s case, he concluded that their endowment made Jews overly sentimental and imaginative, with an aptitude for poetry and music but not sculpture or painting, and minds sadly ill-suited for science.

TABLEAU XXIII

FAMILLE ISRAËLITE



Charcot’s demonstration of a Jewish “neuropathic” family in which mental illness, dementia, gout, tabes dorsalis, Sydenham’s chorea, and diabetes are all considered familial, and the result of degeneration.

During his stay in Paris, Freud came to believe he too was from a neuropathic Jewish family. The young doctor informed his fiancée that his uncle’s family included a feeble-minded child and two children who succumbed to madness. Freud confessed that he had always thought his own family was free of hereditary taint, but while in Paris he saw things differently. To console Martha, he let her know: “(T)hese stories are very common in Jewish families.”

Among the many diseases Charcot found in these familial clusters was tabes dorsalis, also known as locomotor ataxia. Charcot was an authority

on this disease, for he was involved in its initial discovery. By the 1880s, however, a theory emerged that tied this disorder to syphilis, an infection that some believed also accounted for the epidemic of patients in asylums suffering from general paresis of the insane.

Charcot scoffed at all this. He had no doubt that these diseases were the result of bad heredity. But as was the case with hypnotism, the numbers began to pile up against him. By 1891, researchers presented data that showed between 90 percent and 91 percent of patients with *tabes dorsalis* had a prior infection of syphilis. Many younger doctors, even at the Salpêtrière, embraced the new germ theories. As it became clear that Charcot was wrong, his confident assertions about the role of heredity in other diseases—like hysteria—were also thrown into doubt.

While these clouds lowered over Charcot, Freud was busy translating the neurologist's *Tuesday Lessons* (*Leçons du Mardi*), which appeared in installments between 1892 and 1894. Again, in telling footnotes, the German translator begged to differ with the author, now over matters of heredity. Upon receiving page proofs with such amendments, Charcot replied to his Viennese acolyte:

By the way! I am delighted with the notes and critical comments that I encountered at the bottom on the pages of "the *Leçons*." Go ahead—that's fine! *Vive la liberté!!* as we say here. After this declaration I shall ask the same from you, to tell you that I am astonished to see the extent to which the theory of the syphilitic nature of *tabes*, and P.G.P., wreaks havoc right now amongst the best minds. Really, the figure 90% (assuming it to be accurate?) can it have so much influence on a stable mind!—what do you do then with the other 10%?

Regarding the power of nervous heredity, Charcot encouraged Freud to check for himself and recommended he make the hunt easy by studying the genealogies of Jewish families.

With the scientific field tilting against Charcot, Freud also threw himself against degeneration theory. The theory of *famille névropathique* was in desperate need of reevaluation and could not be defended, he wrote. In footnotes, Freud made it clear that he also considered Charcot wrong

about the hereditary nature of hysteria. In fact, he confessed that he and a colleague considered hysteria to be solely the result of trauma.

Before these remarks were written, Sigmund Freud could have been counted among a battalion of European thinkers who turned to French psychopathology, absorbing its methods, assumptions, and logic. Like others, he adopted a framework that included both associational psychology and hereditary explanation for the troubles of the mind. But as this theoretical bulwark began to fail, Freud fashioned a new one. His critiques of Bernheim and Charcot mark the outline of what would become distinctly Freudian ground. Unlike those in Paris who clung to claims regarding degeneration long after they had become difficult to defend, Freud, perhaps freed by his own marginality as a Jew and aided by anti-Semitic uses of this theory, let them go. It was a wise decision. Psychological heredity once gave French psychologists and psychopathologists an easy way to move mental phenomena from philosophy and mysticism to positivist science and biology, but it had become little more than a prejudice. While Freud readily acknowledged that “Charcot was the first to teach us that to explain the hysterical neurosis we must apply to psychology,” he turned away from the biological buttressing that Charcot used to justify his psychology. Cut loose from that mooring, Freud floated forward. He would have to find an anchor of his own.

IV.

By 1892, FREUD began to distinguish himself in a crowded field of psychopathologists and suggestive therapists. Bernheim’s translator presented himself as a thinker—contra Bernheim—committed to studying intrapsychic processes. He would aggressively push this focus forward. Charcot’s translator advertised himself as a man who did not believe degeneration caused hysteria or a number of other afflictions. Instead, he recognized the force of psychic trauma and unconscious autosuggestion as salient factors, another idea that he would carry with him.

As Freud developed the ideas that would form the basis of his theory, he confronted vehement opposition at home to French notions of hypnosis, suggestion, and psychic illness. The young doctor who had shown poor judgment about cocaine’s safety now found himself defending hypnosis

from those in Vienna who warned that this fantastic method could actually cause insanity. Freud would have been hard-pressed to take on these skeptics had he been alone, but he was not.

Hypnotism had found some allies in Vienna. In the 1870s, physiologists like Freud's friend Ernst Fleischl tried it on animals. And the method had been picked up by the maverick doctor Moritz Benedikt who, influenced by Charles Lasègue's work, tried hypnosis on hysterics in the late 1860s. Benedikt was confronted by his superior at the time, Dr. Josef Breuer, who told him to desist from such strange procedures. Benedikt agreed but, after meeting with Charcot in 1878, returned to hypnosis. In 1880, when the stage hypnotist Carl Hansen's performances resulted in the prohibition of any further such exhibitions in Vienna, Benedikt defended hypnotism before the Society of Physicians. It was Benedikt who supplied Freud with a letter of introduction to Charcot, and it was he more than anyone who created some credibility for hypnosis in Vienna prior to 1886.

When Freud returned home from Paris, he also discovered that two very prominent German-speaking psychiatrists had taken up hypnosis: Richard von Krafft-Ebing and Auguste Forel. Krafft-Ebing had been appointed to the second chair in psychiatry at the University of Vienna in 1889. Forel was a Swiss doctor with impeccable credentials as a brain anatomist, who had become director of the Zurich Burghölzli asylum and would later write a letter of introduction for Freud to Bernheim and Liébeault. Freud crowed over the arrival of the like-minded Krafft-Ebing and happily cited Forel as proof that "a man can be a brain anatomist and nevertheless see something in hypnosis other than a piece of absurdity."

But the man who provided the most support for Freud's work on hysteria and hypnosis was the internist and physiologist Josef Breuer. The son of a progressive Jewish scholar and a mother who had died when he was a child, Breuer graduated from the University of Vienna with a medical degree in 1864. Four years later while working with the physiologist Ewald Hering, Breuer became convinced that breathing was controlled by an automatic nervous process, which he proceeded to demonstrate as a fact. His fame as a physiologist was furthered when in 1873 he discovered the semicircular canals in the ear.

Breuer's research had a theme: he searched out the ways that reflexes regulated and stabilized human life. Somehow despite great success, Breuer's university career stalled. After numerous rejections and frustra-

tions, in 1885 he resigned his academic position and became a private practitioner, though not just any private practitioner. Breuer developed into one of the most widely sought after doctors in Vienna, physician to aristocrats and members of Vienna's elite. He might have simply remained so had he not made the acquaintance of Sigmund Freud in the mid-1870s. By 1882, Breuer, along with Ernst Fleischl, Josef Paneth, and Samuel Hammerschlag, had become one of Freud's financial benefactors. The young Freud was often a guest at Breuer's home, and during one of those visits, his host told the story of a patient, Bertha Pappenheim, a woman whose case would be seen as foundational by legions of psychoanalysts who would come to know her as "Anna O."

Bertha came from an orthodox Jewish family, but unlike her parents she was far more entranced by literature and theater than religion. In the summer of 1880, her father fell ill, and soon after she began to suffer from violent, chaotic symptoms. Breuer was called in to cure Bertha; it would not be an easy task. Two years later when the young woman needed to be hospitalized, Breuer wrote up an extensive account of her illness, sharing his earliest attempts to make sense of this striking case.

According to her doctor, Bertha displayed classic signs of hysteria, caused by a hereditary taint mixed with exciting influences. When her beloved father became gravely ill, Bertha had held a vigil at his bedside. Suddenly she was beset by hallucinations of snakes. Afterward, she repeatedly suffered from "absences," accompanied by visions, paralyses, and physiological abnormalities. She complained that she had been split into "two selves, a real one and an evil one." Bertha could move her arm only to the right, and only see select parts of a face. She developed odd contractions, anesthetics, spasms, and periodically fell deaf. Even more bizarrely, Bertha was unable to speak in her mother tongue, though she communicated fluently in English.

These symptoms were quite dramatic, but in Breuer's view, not mysterious. Bertha suffered from a severe case of hysteria that had resulted in altered mental states and a maze of psychic and somatic ailments. In its treatment, however, the case was nothing short of astounding. The doctor who once opposed Benedikt's use of hypnosis tried this method on Bertha. Soon he discovered there was no need for hypnosis, for Bertha was often already in a similarly altered mental condition. With Bertha's guidance, Breuer came to understand that when in such a state, if she was allowed

to narrate her inner fantasies, her symptoms would abate. By simply talking, Bertha was relieved of some of her debilities.

After her father died in April of 1881, Bertha deteriorated and became suicidal, at times refusing food from anyone except her beloved doctor. Breuer began seeing Bertha more often, administering what she famously called the “talking cure,” in which she verbally cleansed her mind. Breuer concluded that during the day, Bertha processed psychic events pathologically, but when they were narrated these psychic stimuli lost their power to harm her.

Bertha’s strange fantasies also held seeds of truth. For example, to her caretakers’ surprise, Bertha stubbornly insisted on wearing her stockings to bed until one day she remembered that while her father was sick, she would defy her doctor’s orders and sneak into his room at night. She wore stockings to bed to prepare for this nightly pilgrimage. After recalling this, Bertha calmly removed her socks and went to bed. Remembering had dissolved the symptom. On another occasion, Bertha refused to drink, subsisting instead on fruits and melons. Upon recalling that she had seen a dog drink from a glass and been disgusted, Bertha called for water and drank. Instructed by these telling incidents, Breuer began to treat his patient by helping her recover her lost memories. Every evening, the doctor arrived to sweep away the day’s residues from Bertha’s mind.

This was a new twist on medical attempts to use ideas and words to relieve hysterical symptoms. Josef Breuer and Bertha Pappenheim jointly constructed a method by which it was not the commanding suggestions of a doctor, but rather the patient’s narration and recollection that brought relief. Unfortunately, the relief was often fleeting. Bertha’s symptoms took more and more of Breuer’s time; he resorted to drugs like chloral hydrate and morphine. In the end, he forcibly hospitalized Bertha. When she was admitted to an asylum on July 21, 1882, she was addicted to morphine. The admitting physician tried to wean her of this drug and enlist other cures—leeches, faradic electricity, and arsenic—all to no avail. Meanwhile, Breuer took pains to assure the asylum director that Bertha’s illness was not faked.

When he first arrived in Paris to study with Charcot, Sigmund Freud knew about the case of Bertha Pappenheim. In the French capital, he learned more about autohypnotic states and traumatic neuroses and tried to interest Charcot in Bertha’s case, without success. When Freud re-

turned to Vienna filled with French ideas, he found a staunch ally and steady source of referrals in Josef Breuer. After Bertha, Breuer had vowed never to treat a case of hysteria again, and he eagerly referred new cases to his junior colleague. The two men constantly discussed these patients, and soon Breuer changed his thinking. If in 1882, Breuer conceptualized Bertha's pathology by speaking of psychic stimuli and physiological excitations in a language common to psychophysics, under Freud's influence, Breuer adopted Charcot's terms. Autohypnotic states came from trauma and nervous shock; Bertha's symptoms were related to associations that had become disassociated; her refusal to drink water was similar to Porez's refusal to move his arm. It was not obstinacy, not even a refusal so much as the result of an unconscious idea that had free rein over her body.

In 1887, Freud began to experiment with suggestive treatments, including Josef Breuer's method. While others such as Alfred Binet and Joseph Delboeuf had advised that in cases of traumatic paralysis one should urge patients to recall their trauma so the doctor could suggest all was well, no one thought that remembering alone would cure. In 1888, Freud began to advertise this new twist. A year later, he argued that nervous functioning in hysteria could be altered by a pathogenic idea. If that idea was gotten "rid of or its memory weakened," the disorder could be cured.

Nervous shock, trauma, internal disassociation, unconscious ideas, a cure by remembering—by 1892, Freud and Breuer began to entwine these elements in a unique way. Soon, Freud would add a critical element and synthesize these ideas by postulating the central role of an inner battle of ideas, a mental conflict. The first hint of this novel integration came when Freud wrote up the case of a patient cured by hypnosis. He had been called in to see a woman who had become hysterical overnight. Freud knew the family well and was convinced they had no hereditary taint. This patient was a *hystérique d'occasion* who upon delivering a new baby suddenly fell ill. Despite difficulties nursing in the past, the mother was intent on breast-feeding. But she found herself unable to eat, unable to nurse, at times unable to lift the baby to her breast. Freud began the standard suggestive cure. She would eat, she would be a fine nurse, the baby would thrive, he doggedly insisted. Later that day, the woman fed herself and her baby, but a day later she lapsed into her prior state. Unable

to bring the child to her breast, the woman had made a mockery of Freud's treatment. He tried a new tack. Under hypnosis, he told her that once he left, she would demand food and ask her family how they could possibly starve her when they knew she needed nourishment to nurse her child. She did, and her troubles ended.

To explain this turnaround, Freud first insisted that the language of suggestion and countersuggestion be replaced by a division of mental life into intentions and expectations. Normally closely linked, the expectation—*I will fail, I will be unable to eat and nurse*—had become dissociated from the intention to nurse. It had existed as an unconscious idea, exerting a “counter-will” to the patient's conscious intention. Freud's suggestion subtly lifted this counter-will into the mother's consciousness, allowing it to return to the normal mass of associations, where it promptly lost its power.

Freud implied that dissociated counterforces might be common, asking his readers to recall Charcot's study of those from the Middle Ages who were demonically possessed. Wasn't it often the devout nun who began to blaspheme or indulge in outrageous erotic behavior? Wasn't it the well-behaved boy who during hysterical attacks became an unbridled rowdy? “It is the suppressed—the laboriously suppressed—groups of ideas that are brought into action in these cases,” Freud declared. Hence, hysterical conditions might even be *produced* by “laborious” suppression. Freud quickly backpedaled from this last, staggering thought, but he would soon return to it.

Charcot had established that among susceptible people, trauma could cause neurosis. But Freud insisted this woman had no sign of degeneration. She had been traumatized by nothing more than her own thoughts. She had not been attacked; she had not fallen. She succumbed to illness due to an intrapsychic battle of ideas. Hypnotists long struggled with the interpersonal battle that took place between physician and subject. Freud witnessed such a test of wills during a visit to Nancy, when Bernheim berated a patient for failing to accept his suggestion. “You are counter-suggesting yourself!” the doctor furiously exclaimed. Afterward, Freud wondered if a man didn't have the right to defend himself with counter-suggestion when another tried to subdue him with suggestions. Freud internalized this battle, transforming conflict between a doctor's sugges-

tion and a patient's defensive countersuggestion into one between an individual's intentions and his own desire to suppress those ideas.

Contemporary brain science may have aided Freud in this reconceptualization. Freud's old professor Theodor Meynert had postulated that the brain required inner controls over its primitive impulses; inhibition of this sort was critical to normal brain functioning. Of course, Meynert's model was neurological and never implied that control could be exerted psychologically. Freud intimated that the mind itself could control disruptive ideas, and in the process create illness. In this way, Freud proposed that the mind was self-regulating. It was a fascinating proposition that he and others would pursue for decades.

In 1892, Sigmund Freud and Josef Breuer wrote up their discoveries. A year later they rushed out "On the Psychological Mechanism of Hysterical Phenomena: Preliminary Communication" to protect their priority in a hot field. Defining their notion of "traumatic hysteria" as an extension of Charcot's traumatic paralyses, the Viennese acknowledged their model had been anticipated by the master and his followers such as Alfred Binet, Pierre Janet, and Joseph Delboeuf. They affirmed Charcot's contention that ideas could cause hysterical symptoms, noting that in this they were joined by few other German researchers, notably Paul Möbius. And they extended the notion of trauma to include emotions like fright, which they believed led to disassociated ideas and symbolically related symptoms. In cases of hysteria, they concluded, trauma resulted in a splitting of consciousness, which was the *double conscience* so commonly found in French case histories.

If in all that, Breuer and Freud were extending the work of the Salpêtrière school, each man also believed he had one major new contribution. For Freud it was that psychic conflict and the suppression of ideas was sufficient to create hysteria. Breuer's big idea was his memory therapy, in which the recollection of dissociated ideas could bring symptomatic relief. "Hysterics suffer mainly from reminiscences," the authors jointly declared. Separated from normal associations, certain recollections act like foreign bodies and are never dissipated. Treatment with hypnosis brought those memories to consciousness and gave a powerful feeling of relief—a "cathartic effect." An ancient term, catharsis had been employed by Aristotle to explain the emotional effects dramatic tragedy had on its

audience. Martha Freud's uncle, Jacob Bernays, had written a scholarly treatise on this theory, which now served to name Breuer's innovation: it was the cathartic method.

Not long after Breuer and Freud published their "Preliminary Communication," Jean-Martin Charcot suddenly died, leaving his embattled legacy to others. Two years later, Breuer and Freud published *Studies on Hysteria*, a book that sought to extend one aspect of that legacy. The book was constructed around five case histories. First was Bertha Pappenheim, now reborn as "Anna O." Retelling this astonishing story, Breuer left the impression that Anna O. had been cured by her treatment. This deception is perplexing, for Breuer and Freud both knew that Bertha had bounced in and out of sanatoriums between 1883 and 1887. Moreover, Breuer's failure to cure this woman was hardly a condemnation of a treatment he touted only for symptomatic relief. Freud too had little stake in the fabrication, for he explicitly distanced himself from Breuer's handling of the case, implying the senior author's diagnosis was wrong and that other methods—for instance, Freud's—might have helped the patient more.

The other four cases came from Freud's practice. Frau Emmy von N. was a Viennese aristocrat Freud treated in 1888; she was prone to tics and sudden spasms of horror where she cried "Keep still! Don't say anything! Don't touch me!" Katharina was a sexually abused peasant girl Freud encountered while mountaineering in the Alps. In addition, there were two critical cases from 1892, Miss Lucy R. and Fräulein Elisabeth von R. In both cases, Freud had trouble getting the women to fall into a hypnotic trance, and so he resorted to Breuer's cathartic method but without hypnosis. At first, Freud experimented with a method in which he ordered his patients to lie down, shut their eyes, and concentrate. He recalled Bernheim once saying that hypnotic states could be recalled in waking states, if the physician gave a firm command and applied pressure on the patient's head, and Freud reasoned that the same might work for dissociated memories. He found it did.

After presenting these case histories, Josef Breuer composed a theoretical chapter on hysteria of his own. He made it clear that despite his training and prestige as a physiologist, he was now writing as a scientific psychologist: "In what follows little mention will be made of the brain and none whatever of molecules. Psychical processes will be dealt with in

the language of psychology; and, indeed, it cannot be otherwise.” No other lexicon could be used to discuss the central theme of this work: the power of unconscious ideas in hysteria. “We must recognize the fact that in reality, as has been shown by the valuable work carried out by French investigators, large complexes of ideas and involved psychical processes with important consequences remain completely unconscious in a number of patients and co-exist with conscious mental life.”

Breuer’s thinking had moved over to the French and Freud. But he did not accept his collaborator’s central innovation. Breuer mocked the idea that all hysterics were caused by pathological ideas, a theory he diplomatically attributed to Paul Möbius, though he knew very well that his coauthor embraced this view too. Breuer found the theory ridiculous, rather like concluding that since an idea could cause an erection, ideas alone caused all erections. Perhaps some affectively charged ideas could be made unconscious by deliberate banishment, but this was due to nothing fancier than simple lack of attention. Far more important were ideas that could never be the objects of attention. They existed in an abnormal brain state, “hypnoid states,” that only developed in those with pathological inheritances.

This theory would have sounded quite familiar in Paris, but Breuer’s radical coauthor had other ideas. In 1894, Freud published a paper in which he developed his fledgling thoughts about psychological intentions and defenses, theorizing that the resulting internal warfare caused an acquired form of hysteria, obsessional neurosis, and hallucinatory psychosis. Freud tried to demonstrate that the splitting off of associations from consciousness was caused by the mind working against itself and was not a question of heredity.

Freud had given the mind the power to wound itself. Knowing and feeling too much could make you sick. Offending ideas disrupted the mind, and in response, the mind had developed the ability to guard itself. Suppression served the mind by robbing a threatening idea of its power and divesting it of affect. A terrifying thought could be banished, though in nonpsychotic illnesses, the *feeling* of terror remained, floating in consciousness and then attaching itself to some seemingly innocuous idea that then became strangely charged. This explained how irrational phobias or obsessions came into being. In other cases, the detached affect could be

converted into a bodily change, such as in the hysterical paralyses. These neurotic pathologies developed from inner threat and defense, resulting in split-off ideas and erroneous links that Freud called “false connections.”

In naming false connections, Freud broke some connections of his own. The man most responsible for reviving hypnotism in Austria and Germany, Auguste Forel, would have referred to this same process as autosuggestion. In fact, Forel read Freud’s work as an extension of the theory of autosuggestion. However, in moving from autosuggestion to false connection, Freud began to sever himself from hypnotic discourse. Unlike Breuer, Freud used language more dependent on associational psychology, and for good reason. He had given up on hypnosis, which he found difficult to perform. In the *Studies*, he declared that his method now involved a conscious search for breaks in association and false connections, a process he called “psychical analysis.”

Going further, Freud confessed to grave doubts regarding Breuer’s theory of hypnoid states, daring to suggest that this splitting of the mind was not due to pathological brain function but rather psychic conflict. There was no inborn proclivity for psychoneuroses, only trauma, conflict, and ideas warring with inner defenses. Josef Breuer could not have been pleased to be undermined by his junior coauthor, and in fact Breuer and Freud would never write another work together again. As he had done with Charcot, Freud borrowed from Breuer and then, armed with his mentor’s ideas, pivoted to face his teacher. Eagerly he followed others, only to stand against them, in open and often aggressive intellectual combat. It was a heroic stance, worthy of a Hannibal of the mind.

Having immersed himself in French psychological and psychopathological theory, Sigmund Freud was now eager to trumpet his own originality. Throughout *Studies on Hysteria*, he insisted that he was not just another follower of Charcot, because he rejected heredity as an explanation of mental disease, and he cautioned others to steer clear of the “theoretical prejudice that we are dealing with the abnormal brains of *dégénérés* and *déséquilibrés*.” The benefit of Freud’s contrarian position was potentially immense. He opened a door for doctors to do more that alleviate symptoms in biologically broken brains; they could now cure diseases that were the result of thoughts.

But lest there be confusion, Freud made it clear that he was not a child of Hippolyte Bernheim, either. Despite the fact that he too championed

psychological causes, Freud did not support suggestion as a therapy, instead advocating psychical analysis. Analysts would dig into the strata of psychical life, forcing their way through resistances, tracking threads to nodal points, and chasing memories to the nucleus of some pathogenic organization. Freud's description conjures an adventurer in a foreign land. And while the patient's resistance must be "broken," he wrote, the adventurer need not worry about his objectivity:

We learn with astonishment from this that we are not in a position to force anything on the patient about things of which he is ostensibly ignorant or to influence the products of the analysis by arousing an expectation. I have never once succeeded, by foretelling something in altering or falsifying the reproduction of memories or the connection of events.

Freud had worked hard to secure the doctor's scientific standing in a field that some described as riddled with credulity and suggestion. Now Freud went further, much further. He categorically stated that hysterics—those patients many thought were characterized by suggestibility—were immune to suggestion during an intimate analysis of their inner world. Freud wrote: "We need not be afraid, therefore, of telling the patient what we think his next connection of thought is going to be. It will do no harm." This was the initial theory of Freudian technique, a method intended to make manifest the patient's inner associations, one that focused on ideas, affects, memories, and gaps in inner experience, and a mode of inquiry in which suggestion was no problem. In order to stabilize the scientific foundation for his psychological work, Freud had pushed himself to the edge of credibility. Because his theory was founded on the recollection of memories, he felt compelled to assert—in opposition to a vast library of literature—that doctors could not possibly suggest false memories, even if they tried. It was a position he would live to regret.

Freud did acknowledge that some interpersonal troubles might complicate a psychical analysis, but unlike the Nancy school, he gave such troubles a small, subsidiary place. Personal estrangement was possible. Or, the patient (always referred to as "she") might be seized by a fear of sexual involvement with the doctor. More importantly, a "transference" might

seize upon the figure of the physician. Freud wrote about a woman who once had an urge to kiss a man, a wish that horrified her, and which she had long ago banished. Now hysterical, she had come to Dr. Freud for treatment. In the process of her analysis, the feeling now dissociated from all memory returned and was linked to her doctor, creating transference. Freud had not suggested the woman kiss him; her desire to kiss a long-lost love was mistakenly tied to him.

Since transference was not founded on a real interaction between doctor and patient, it freed Freud from the accusations of sexual seduction that long shadowed mesmeric, suggestive, psychic, and hypnotic treatments. "Since I have discovered this," he wrote, "I have been able, whenever I have been similarly involved personally, to presume that a transference and a false connection have taken place." Transference was the fruit of Freud's search for the lawful, mental forces that lay beneath the interpersonal dramas of hypnosis and hysteria. It became a weapon to beat back concerns about the objectivity of a field plagued by simulators, credulous observers, and delusions passing invisibly between doctor and patient. Transference reasserted the boundary between doctor and patient in a way that undercut the growing anxieties that had emerged about the nature of these borders.

Once Charcot's man in Vienna, Freud had ransacked the *psychologie nouvelle*, adopting many of its theories and much of its logic regarding the nature of scientific psychology. As the field came under attack, he devised synthetic positions based on an intrapsychic focus, while aggressively rejecting the proposition that hysteria was due to flawed heredity. Agreeing with Bernheim on the psychological nature of hypnotic states, he took issue with the Nancy doctor's theory of suggestion, opting instead for his model of warfare between desires and inner defenses. By 1895, Sigmund Freud had distinguished himself from other French-oriented psychopathologists with his notions of defense neurosis, mental conflict, psychical analysis, and transference. In the process, he began to refine the ancient dictum: know thyself. If Freud was right, humans could not bear to fully know themselves.

THROUGH A DEEP engagement with French medicine, Sigmund Freud proposed a model that had the potential to redefine the study of psycho-

pathology, but in Paris his ideas won him lifelong enemies, making France hostile to Freudians over the next decades. The man who spearheaded the campaign against Freud was long presumed to be Charcot's heir. Exquisitely trained, with a distinguished pedigree, Pierre Janet completed his studies in philosophy at the *École Normale Supérieure* in 1882 at the age of twenty-two, and moved to Le Havre to teach. There he stumbled on an old cell of animal magnetists, and with them he began to conduct hypnotic research with hysterics. In 1886, Janet published a series of articles in Ribot's *Revue philosophique* where he laid out his theories on altered states of consciousness. Two years later, he published his *Psychological Automatism: An Essay of Experimental Psychology on Inferior Forms of Human Activity*, a massive, erudite work that unified multiple strands of psychology put forward by philosophers, hypnotists, and alienists.

For Janet, the basic element of psychological analysis was unconscious automatic activity. To conduct experimental studies, Janet adopted the approach pioneered by Ribot. Gestures, language, and bodily signs served as indirect confirmation of psychical states and provided solid ground for an objective psychology. Assembling the vast research that had been done on the shifting states of the "I" in France, Janet postulated simultaneous yet distinct states of consciousness that fluctuated and were at times wholly removed from consciousness. He described multiple centers of automatic activity and parallel selves. These subconscious selves were the result of psychological dissociation. From his researches, Pierre Janet had altered Descartes's famous phrase *I think, therefore I am*, to *We think, therefore I am*, or more curiously, *We think, therefore we are*.

Despite his youth, Janet's psychological work was more nuanced and sophisticated than any of his peers. In 1890, he was summoned to Paris by Charcot and began his medical studies. After completing them in 1893, Janet was promptly made head of the psychology lab at the Salpêtrière. When Breuer and Freud rushed out their "Preliminary Communication" in 1893, Janet had taken notice. In an omnibus review, he remarked that theirs was the most important of a series of new efforts to define hysteria. Important, but not enough to spell the authors' names correctly. Janet referred to "Breuer and Freud," and embraced their work as simply confirmation of his own: "We are very happy that the authors in their independent research have been able with so much precision to verify ours, and we thank them for their amiable citation." Janet

would get Freud's name right because it would hound him to his grave. In 1895, he would discover that neither author of *Studies on Hysteria* seemed eager to recognize Charcot's heir apparent. In fact, they seemed intent on replacing him.

In 1893, Janet informed his readers that Breuer's notion of a hypnotic state simply reinforced existing French theories. While Breuer and Freud admitted as much in their preliminary communication, by 1895, Breuer distanced himself from Janet's belief that hysterics were inferior degenerates, saying he himself thought it was more likely that they suffered from a form of psychological excess. Still there was no avoiding the fact that Breuer's theory was a version of Janet's. Janet could even claim that Breuer's cathartic treatment was related to his own published therapeutic work, through which he had tried to stitch together broken associations in his patients. When it came to scientific priority and originality, Pierre Janet had little reason to worry about Josef Breuer.

Janet could not so easily dismiss the lesser known Freud, who aggressively rejected degeneration theory, an essential part of Janet's understanding of neurosis. Janet acknowledged that traumatic experiences could instigate the creation of dissociated islands and second selves, but he insisted such dissociations could only happen to those who suffered from degeneration. "As in all other mental maladies," Janet believed bad heredity played a dominant role in hysteria.

By rejecting degeneration theory, Freud distinguished himself from others, but he also lost something terribly valuable. Ever since Ribot, a commitment to heredity had rewarded its believers with a biologically plausible mooring for thoughts and feelings. Those who studied the psyche were no longer in the invisible realm of internal experience; they were not the unloved stepchildren of Auguste Comte's science. Without heredity as the presumed biological cause of psychopathology, Freud would struggle with a long line of critics who saw his endeavors as floating in some metaphysical mind stuff that was cut loose from the material world. For Freud, this was not yet an overriding concern. If the cathartic method and psychical analysis relieved hysterical symptoms, if an idea or a reawakened memory made a paralysis disappear, he knew that was scientific evidence of a dramatic kind. Not only was therapeutic effectiveness of great clinical value for Freud, but it was also the scientific proof he

used against skeptics. If ideas cured an illness, who could say ideas had not caused it?

And so despite their common commitments to a psychology of unconscious ideas, despite their commitment to psychotherapy, despite their common lineage from Charcot, or maybe because of all these things, Sigmund Freud and Pierre Janet became bitter rivals. Janet discounted Freud's work as derivative and belittled its critical innovations as flawed. Freud single-mindedly assaulted Janet for his insistence on an inherited feeble-mindedness in hysterics, and positioned his own work as a corrective.

In the end, Pierre Janet's admirers would wonder what happened. This thinker, who by his brilliance and connections seemed destined to carry on French scientific psychology, was increasingly overshadowed by the man he once rather hopefully referred to as "Frend." Janet was not alone. Over the next two decades, French psychopathologists and psychotherapists would increasingly complain that their tradition, their work, their findings were being forgotten. Sigmund Freud had co-opted them, they would insist, and in some ways they were right. Freud had imbibed French notions of scientific psychology and psychopathology only to separate himself from these origins. Those in Nancy confronted in Freud a rival that had a more detailed and scientifically coherent explanation of their own central concept: suggestion. Those in Paris who continued to defend degeneration theory would become discredited on this count, while Sigmund Freud reaped the reward for having pointed the study of psychopathology in a different direction.

With and against Charcot, with and against Bernheim, with and against Breuer: Sigmund Freud moved back and forth in the process creating a distinctive offshoot of French psychopathology. After 1895, if you were attracted to French psychopathology or interested in suggestive psychotherapies, you could pursue either of these by studying the work of Sigmund Freud. When Pierre Janet finally unleashed a full-scale attack on Freud in 1913, it was far too late. The French professor found himself debating a committed Freudian who years earlier followed his interest in the *psychologie nouvelle* to the Viennese doctor.

Furthermore, by 1913, Pierre Janet's charges against Freud no longer held. By then, Sigmund Freud could hardly be dismissed as a derivative French psychopathologist, for he had continued to develop and transform

his theory into a body of ideas that was not simply French. After 1895, having embraced the study of psychic causes, Sigmund Freud set out on a dangerous journey that the French had no need to take. For a medical man, the path forward was an odd one, for it seemed headed toward lands usually reserved for novelists and poets:

Like other neuropathologists, I was trained to employ local diagnoses and electro-prognosis, and it still strikes me myself as strange that the case histories I write should read like short stories and that, as one might say, they lack the serious stamp of science. I must console myself with the reflection that the nature of the subject is evidently responsible for this, rather than any preference of my own. The fact is that local diagnosis and electrical reactions lead nowhere in the study of hysteria, whereas a detailed description of mental processes such as we are accustomed to find in the works of imaginative writers enables me, with the use of a few psychological formulas, to obtain at least some kind of insight into the course of that affection.

Leaving behind French psychopathology, Freud would try and secure his new discoveries, located somewhere between literature and neuropathology, by finding a place for them in a scientifically tenable model of the mind.