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Freud Goes to Paris

Freud’s eye was the microscope of potency.
—Wallace Stevens, “Mountains Covered with Cats”

TO UNDERSTAND WHY Freud went to Paris in 1885 to study with the great French physician Jean-Martin Charcot, the so-called Napoleon of the neuroses, we need to understand the difference between a nerve cell and a hysterical woman; and we need to wonder what it might have been that Freud was becoming interested in, as a twenty-nine-year-old aspiring neuro-anatomist, by choosing Charcot as his teacher and hysteria as his preferred neurosis, the neurosis he would begin by specialising in? What it was that was shifting Freud’s attention away from the study of neuroanatomy as the study of cells and tissue towards the links between neurology and self-presentation; away from the mechanisms of the body towards the living and speaking person. Freud, of course, at this period of his life having a

fiancée, and wanting a profession; having an interest in medicine but coming to study in late nineteenth century Paris, notoriously the city of the senses.

Freud, though he was very lonely at first and considered coming home, went to the theatre—got cheap seats, “really shameful pigeon-hole loges”¹ for plays by Molière, for Beaumarchais’s *Le Mariage de Figaro*—went to galleries, saw the sights but determinedly resisted the supposed immorality of the French. “As you see my heart is German,” he wrote to Martha, “provincial, and in any case did not come along with me.”² And yet when Freud went to see the great actress Sarah Bernhardt perform in Paris he was struck, as he wrote to his fiancée, Martha, by “her intimate endearing voice . . . every inch of this little figure was alive and bewitching . . . her caressing and pleading and embracing the postures she assumes, the way she wraps herself around a man.”³ So exciting was this for Freud that, as he writes, “I again had to pay for this pleasure with an attack of migraine.”⁴ Whether or not he experienced it as an infidelity, something that he had to confess to Martha, the experience at the theatre was of a piece with his experience of being a student in Paris. It was seduction, enchantment, the apparently irresistible—the immediate and unaccountable effect that bodies can have on each other, the promise of pleasure—that Freud was both resisting and thinking about. And that was giving him a headache. This was almost surprising for Freud, a rather studious and austere young man, this preoccupation; though hardly surprising for a man of his age leaving home properly for the first time. In Paris there were women, hysterical or otherwise, performing or not; there were performing hypnotists, both entertainers and genuine medical doctors, and there was the great Charcot who combined all these elements in his extraordinary character. In Paris as a student Freud was finding the differences between the official life and the unofficial life beginning to blur. There were bodies as informative

objects, the bodies of anatomy and physiology, objects of scientific interest. And there were bodies as evocative subjects and objects, of scientific and of more than scientific interest.

Freud, we might say, was becoming interested in credulousness, and the connections between credulousness and desire; he was becoming more and more interested in what drew people to each other, in what it is that makes us believe, and believe in, other people and in ourselves. He was more and more preoccupied by what the critic Richard Poirier calls "the performing self," in which the individual, "shaping a self out of the materials in which it is immersed,"⁵ makes their presence felt: performance, Poirier writes, "is an exercise of power, a very curious one," that commands assent, and often desire. "Out of an accumulation of secretive acts," Poirier writes, "emerges at last a form that presumes to compete with reality itself for control of the minds exposed to it."⁶ Through the performing self every force evolves a form, or many forms. Both Charcot and the hysterics he treated could be said to be competing with reality itself for control of the minds exposed to them, through the forming and fashioning of their particular selves; though people often didn't believe in hysterics, called them "malingerers" and "actresses," whereas they did, for a time, believe in Charcot as a clinician and diagnostician. Both Charcot and his hysterics were extraordinary performers, the power they had over their audiences at once enigmatic and stimulating. But Charcot had succeeded where the hysteric had failed. This power was something the young Freud wanted, and his wanting took the characteristic form of a wanting to understand and explain.

"I consider it a great misfortune," he wrote from Paris to his fiancée, Martha, "that nature has not granted me that indefinite something which attracts people. I believe it is this lack more than any other which has deprived me of a rosy existence."⁷ Charcot had this "indefinite something," and hysteria, one might say, was an attempted cure for its absence. Freud, at

this stage in his life, was suffering from what psychoanalysts would eventually call a split identification. He identified with the hysterics as the discarded, the thwarted, and the misunderstood, people with baffled desire and stalled ambition; people, who, not unlike Jews, made people inordinately suspicious (hysteria was referred to by a colleague of Charcot's as "a wastepaper basket of medicine where one throws otherwise unemployed symptoms"); and he identified with Charcot as a man he would like to become, and as a man very unlike his own father—the educated, cultured doctor who took hysterics seriously and engaged with their confounding and confounded predicament, a doctor who was rich and influential (Freud, it should be noted, was oppressed, during his five months in Paris, by his family's worsening poverty).⁸ Charcot was one of the most famous physicians in Europe—scientists and artists flocked to his informal "receptions" at his grand house, and to his lectures and demonstrations at the Salpêtrière, the hospital that he referred to as a "great emporium of human misery . . . a sort of living pathological museum."⁹ He was the promoter and curator of some of the most disturbed patients in Paris, the impresario of this strange and infamous institution. He was the great describer and classifier of hysterical symptoms, but ultimately committed to the hereditary and organic basis of hysteria. It would be the inherited, organic nature of hysteria that Freud would eventually contest. But not before becoming thoroughly awestruck by Charcot's character both as a physician and as a teacher. In his obituary of Charcot in 1893 Freud wrote of "the magic that emanated from his looks and from his voice, to the kindly openness that characterised his manner . . . the willingness with which he put everything at the disposal of his pupils, and his life-long loyalty to them."¹⁰ We have to imagine Freud in Paris in these months above all as a devoted and diligent student of his so-called Master. And in these crucial months Freud would begin to move over from an interest in neuropathology to a lifelong

passion for psychology, and psychosexuality; for the performances of the self.

Freud would learn from Charcot about observation, about repeated attentiveness to nuance and detail; but it would be what Poirier calls “the accumulation of secretive facts” that, like a work of art becomes a form—a symptom, a turn of phrase, a character trait—that were beginning to fascinate Freud, and that would preoccupy him on his return to Vienna. Forms that as Poirier suggests “presume to compete with reality itself for control of the minds exposed to it.” These forms, both persuasive and spellbinding, describe well the power of hysterical symptoms, the power of Charcot’s performances; and, ultimately, the power of what would become Freud’s psychoanalysis. There was to be a dramatic difference, in both senses, between the histology labs in Vienna in which Freud had conducted his neurological research and what one historian has called Charcot’s “hysterical circus,” in which, among other things, Charcot would demonstrate the workings of hysterical symptoms with a patient in front of an invited audience. It was rather macabre theatre under the rubric of science.¹¹ Freud went to Paris to continue his researches into neuroanatomy, but he ended up studying Charcot. And in this formative period between 1884 and 1894 of meetings (and collaborations) with remarkable men—Charcot, Fliess, and Breuer—it was Charcot who was to have the greatest influence on Freud’s life and work. He would name his first son Martin after Charcot, and he would, for the rest of his life, have a portrait of Charcot in his study, even after much of Charcot’s work had been discredited, not least by Freud himself.

Freud went to Paris on a government-sponsored traveling fellowship open to junior doctors at Vienna General Hospital backed by his mentor Brücke—“Brücke’s passionate interest . . . had caused a general sensation,” his friend Fliess told him¹²—to study with the great neurologist. But the first reality

Freud had presumed to compete with was the reality of Charcot’s popularity. Freud, though, was adept, at getting the attention, and the backing, of the men he was drawn to. “I became a student at the Salpêtrière,” he writes in *An Autobiographical Study*,

but, as one of the crowd of foreign visitors, I had little attention paid to me to begin with. One day in my hearing Charcot expressed his regret that since the war he had heard nothing from the German translator of his lectures; he went on to say that he would be glad if someone would undertake to translate the new volume of his lectures into German. I wrote to him and offered to do so.¹³

Freud’s offer was accepted, and Freud became a closer colleague of Charcot’s, visiting his home and family; and his translation—appropriately enough for a favored son—came out before the original French edition, Charcot sending Freud a bound set of his collected works by way of thanks. It seems, at least in retrospect, an emblematic Freudian scene. Freud, the future analyst, overhears something—as opposed to hearing something addressed to him—about someone’s frustration. He intervenes and the person’s words are at last in circulation. “Translation” would be one of Freud’s analogies for the workings of the psyche, and for the task of the psychoanalyst.

There were, Freud recounts, two things Charcot said to him that he never forgot—that are linked, though not by Freud—and that he refers to in *On the History of the Psycho-Analytic Movement*, written in 1914, nearly thirty years after his time in Paris (the *History* has as its epigraph, perhaps not incidentally, “*Flic-tuat nec mergitur*” (It is tossed by the waves but does not sink) which is written on the coat of arms of the city of Paris: as though in Freud’s mind the history of the psychoanalytic movement began in Paris). The first comment of Charcot’s that Freud quotes was made at one of Charcot’s “evening receptions,” and

was once again something overheard by Freud. A case was being discussed of a young couple, the woman “a severe sufferer,” presumably of hysteria, and the man “either impotent or exceedingly awkward.”¹⁴ “I heard Charcot repeating,” Freud writes, “Mais, dans ces pareils c’est toujours la chose genitale, toujours . . . toujours” (But in this sort of case it’s always a question of the genitals—always . . . always).¹⁵ “I was almost paralysed with amazement,” Freud writes, “and said to myself, ‘Well, if he knows that, why does he never say so?’”¹⁶ Charcot knew, in other words, as Freud was to know, that it, hysterical misery, was always about sexuality, about how and if the genitals get together (though Freud was to extend the genital area to the whole body, and so make sexuality less normatively heterosexual). Charcot’s remark, Freud notes knowingly, was, as he says, “soon forgotten; brain anatomy and the experimental induction of hysterical paralysis absorbed all my interest.”¹⁷ Soon forgotten but never forgotten.

The other memorable thing that Freud learned from Charcot was about looking, which would become for Freud one of the more important sexual (and sexualisable) activities. “I learnt,” Freud writes, “to restrain speculative tendencies and to follow the unforgettable advice of my master, Charcot: to look at the same things again and again until they themselves begin to speak.”¹⁸ As a scientist Freud privileged observation over speculation; as a psychoanalyst he would privilege listening over looking; and he would realize that observation was always formed and forced by unconscious speculation; the innocent ear heard nothing. In a sense Freud was to look at the genitals, at the sexual, to let it speak. But we need to notice here Charcot and Freud’s phrasing—looking attentively, repeatedly, lets the object speak; it reveals itself through the quality of the attention given to it. The empirical is the route to the verbal. The project is to let things, and people—and the impersonal things of which people consist—be evocative such that they seem to speak for

themselves. But when they speak, and when they don’t, it is always the genital thing. What Freud learnt from Charcot was that sexuality was the thing, and that the method of informed, repeated, observation was to let things speak, and to avoid speaking on their behalf. In psychoanalysis Freud would let people speak, but be speaking on their behalf when he thought he knew what they were talking about. Science was the kind of knowledge that allowed scientists to speak on other people’s behalf, to know better. The doctor knows more about the patient’s body than the patient does, but there are many ways in which the patient knows and experiences his body in ways the doctor can’t. It was this essential perplexity that crystallized in Freud through observing the spectacular Charcot, and that would be the heart of the matter for psychoanalysis. Do psychoanalysts know what people are talking about or just know how to let people speak for themselves?

It was from Paris that Freud wrote to Martha that he had “now overcome the love for science in so far as it stood between us, and that I want nothing but you,”¹⁹ as though the lover and the scientist might somehow be at odds with each other; or even that science was an obstacle to love, a resistance to it. Certainly Freud at this period in his life was using Charcot to re-describe science (and scientists) for himself, or rather, he was wanting a new picture of what science and scientists could be, one that would eventually suit the psychoanalyst. For Freud Charcot was the scientist as artist, a paradoxical person. A great neurologist who would quote Dante or Virgil, a doctor whose work artists and writers were intrigued by.

Indeed there were two other things that had struck Freud about his “master”—he often reminded him of an artist, and he was radically skeptical of theory, of the misleading omniscience of the forms and formulations that scientific research was given to (“Theory is good,” he once famously said in a lecture, “but it doesn’t prevent things from existing”).²⁰ He was a man, Freud

wrote, who “when the present state of science did not allow him to know, was able to make a good guess. . . . Each of his lectures was a little work of art. . . . it was perfect in form and made such an impression that for the rest of the day one could not get the sound of what he had said out of one’s ears.”²¹ It was the guesswork and the artwork that haunted Freud. Psychoanalysis was to be the art and science of guesswork. After all, the analyst and the patient can only say what occurs to them.

Charcot was certainly not the kind of scientist that Freud was used to; he was charismatic, curious, interested in other people. In short, he was someone who was enjoying himself. He was, Freud wrote to Martha—stressing the hedonism of the man he spent seventeen of his twenty weeks in Paris with, attending his lectures, ward rounds, and seminars—“like a worldly priest from whom one expects a ready wit and an appreciation of good living. . . . I was very much impressed by his brilliant diagnosis and the lively interest he took in everything, so unlike what we are accustomed to from our great men with their veneer of distinguished superficiality.”²² Or, as the Goncourt brothers put it in their diary, “As a scientist Charcot was a mixture of genius and charlatan.”²³ Words, of course, that would be used about Freud. For “mixture of genius and charlatan” we should read, “mixture of scientist and performing artist.” And we need to remember this for the light it sheds on Freud’s future, and reputation, and on the reputation of the profession he invented with its strange mixture of private theatricality and empirical method, of powerful conviction and radical uncertainty about its own status. And its subtle asceticism of the erotic.

He “was not a reflective man, not a thinker: he had the nature of an artist.”²⁴ Freud wrote of his “Master” Charcot who had become in a very short time, a new kind of man, a new kind of medical doctor, for Freud to emulate. To begin with, as a young foreign student who barely spoke the language, Freud had felt lost in Paris, amazed and threatened—Paris, he wrote,

was “magic,” but “a vast overdressed Sphinx who gobbles up every foreigner unable to solve her riddles”²⁵—but his relationship with Charcot changed everything. Always Oedipus, Freud had, through Charcot’s effect, solved the riddle of the Sphinx that was Paris; or rather, the riddles not the riddle because Paris was an even more demanding Sphinx than the one Oedipus had to deal with; it had asked him so many questions that he would spend his life in psychoanalysis trying to answer. And “an overdressed Sphinx” is an image worth thinking about.

“I think I am changing a great deal,” he wrote to Martha. “Charcot, who is one of the greatest of physicians and a man whose common sense is touched by genius, is simply uprooting my aims and opinions. I sometimes come out of his lectures as though I were coming out of Notre Dame, with a new idea of perfection.”²⁶ This was to be the effect Freud and the psychoanalysis he invented was to have; it was common sense touched by genius that would significantly uproot people’s aims and opinions. And more strangely Freud compares Charcot to a medieval cathedral named after a woman.

The Parisians, Freud wrote to Martha, “are people given to psychical epidemics, historical mass convulsions, and they haven’t changed since Victor Hugo wrote *Notre Dame*. To understand Paris this is the novel you must read; although everything in it is fiction, one is convinced of its truth.”²⁷ Freud himself had suffered some kind of psychical epidemic, some convulsion working in Paris with Charcot (“He exhausts me,” Freud wrote of Charcot, “when I come away from him I no longer have any desire to work at my own silly things. . . . none else has ever affected me in the same way”).²⁸ We can only speculate now why Hugo’s novel was for Freud the key to Paris, or perhaps to his own experience of being in Paris: the overt Romanticism of the book with its explicit commitment to freer forms of thought might have appealed to Freud; Quasimodo, the hunchback that the book is famous for, was certainly a char-

acter who, as Freud said of himself, had not been granted “that indefinite something which attracts people,” so the beauty and the beast element of the story could have been something that Freud identified with. But it is a story, above all, about a fatefully attractive woman, as psychoanalysis would be. And like psychoanalysis—the fiction Freud was soon to start writing—everything in the novel was fiction though one was convinced of its truth. To be interested in the psychological rather than the neurological was patently to be interested in fictions as truths. And for the hysteric, as for the psychoanalyst treating her, Freud would find, so much would depend on these distinctions between truth and fiction, between fantasy and reality.

Before Freud had gone to Paris he had become friendly with an older colleague, Josef Breuer. Breuer was a Viennese Jewish doctor and the son of a “progressive” scholar and teacher of Judaism; his father, Breuer wrote—unlike Freud’s father—“belonged to that generation of Jews who were the first to emerge from the intellectual ghetto into the free atmosphere of western civilization.”²⁹ Fourteen years older than Freud, he had also studied under Brücke, and was already a distinguished physiologist when Freud met him in the late 1870s. They became close friends and colleagues—Freud was a frequent visitor to the Breuers’ house, and named his eldest daughter Marthilde after Breuer’s wife—but Breuer also became the younger Freud’s sponsor, lending him money and referring him patients. “The ever-loyal Breuer,” as Freud referred to him to Martha—a portent of his future disloyalty to Breuer—was a support and an inspiration at a time when Freud was struggling.³⁰ Struggling to make a career and, after his return from Paris, struggling as a newly married man, to make a name for himself. On his return from Paris in 1886 Freud finally married Martha, but in the aftermath, in the fallout, of his meeting with Charcot. The Freud who apparently embraced Breuer on his return, the young

Freud not being notably an effusively affectionate person, was a man of changed and changing ambitions. If you put wishing at the heart of human development, as Freud was to do within the next decade of his work, you make extravagant ambition your theme. Hysterical symptoms—and later sexuality and the death-drive—are forms of ambition. It was through his work with Breuer that Freud would begin to formulate his new questions: what was the hysteric’s ambition, and what was the ambition of the doctor in treating her?

Like Charcot, Breuer was a cultured and curious doctor, a great conversationalist on a wide range of topics, but unlike Charcot he was a modest man (“With all his great intellectual gifts,” Freud would write, giving us a clue about his own aims and aspirations, “there was nothing Faustian in his nature”).³¹ Though a successful and highly regarded doctor in Vienna he had not been able to make a career within the official institutions; partly, he believed, because of his religion. As Freud tried to establish himself in private practice—Freud had been made a *Privatdozent* (unpaid lecturer) at the Vienna medical school, but this was status without income—Breuer was his most important ally. “He became my friend and helper in my difficult circumstances,” Freud wrote in his *Autobiographical Study* over thirty years after his relationship with Breuer had ended. “We grew accustomed to share all our scientific interests with each other. In this relationship the gain was naturally mine.”³² The gain was naturally his, and Freud would be guilty for many years about what he had gained from Breuer. Between his return from Paris in 1886, and the publication in 1900, after his protracted self-analysis, of *The Interpretation of Dreams*, Freud would “work through” the dramatic effect of Charcot in his relationships, both personal and professional, with Breuer, and with the German nose-and-throat specialist Wilhelm Fliess. The wildly speculative Fliess would gradually take over from the “ever-loyal,” more cautiously respectable (and clearly loveable) Breuer. By

the turn of the century Freud had broken with both men after an initial passionate attachment (more passion with Fliess, more attachment to Breuer). But it was his relationship with Breuer, and Breuer's involvement in the inventions of psychoanalysis, that Freud would guiltily return to in his later accounts.

Hysteria, in all its melee of bizarre physical symptoms—the convulsions, the paralyzes, the tics and twitches and fervent inhibitions of physical functions—seemed to be about the strange effects people in intimate relationships can have on each other; about the desires and longings stirred, the conflicts that ensue, and the self-cures for these desires and conflicts called neurotic symptoms. This, at least, was what Freud and Breuer thought they were beginning to discover. Charcot had said that it was always the genital thing. Freud would write in *The Sexual Aetiology of The Neuroses* of 1898—four years after Freud and Breuer had published their own conclusions in *Studies on Hysteria*—that “so far as the theory of the sexual aetiology of neurasthenia is concerned, there are no negative cases . . . neurasthenia is one of those affections which anyone may easily acquire without having any hereditary taint.”³³ Freud would have to go through his studies of hysteria with Breuer, to reconfirm Charcot's point; but he would radically redescribe sexuality as not literally the genital thing, but as the word for the desiring individual's experience of growing up in a family (the individual surviving because he wants from others: sexuality being of a piece with this and not a new thing that starts at puberty). And Freud would also, through his work with Breuer, disconfirm Charcot's conviction that hysteria was hereditary and organically based. Hysteria was a solution, by way of apparently unintelligible physical symptoms, to something from the past, but from the personal past; and a solution available to everyone, part of a more democratic toolkit for living in modern societies. (For contemporary antisemites, of course, Judaism

similarly was itself a hereditary degenerative condition.) Indeed hysterical symptoms, as described by Breuer and Freud, began to sound more and more like cultural artifacts, devices invented to make family life and the growing up it involved bearable, rather than malfunctions of an otherwise well-functioning organism. Out of his intimacies with men, with whom he discussed women and children; and more importantly, through his intimacy with his wife and growing family—between 1887 and 1895 the Freuds had their six children—Freud evolved a theory about intimacy; a theory that linked memory and sex with the bizarre phenomena of hysterical symptoms. Freud was telling himself a story about what he was going through. About how the past keeps catching up with people in the sexuality of their lives. And about what, if anything, knowledge has to do with, and can do for, the sufferings of appetite.

“With Freud's own writings,” the philosopher Alistair MacIntyre writes, “it is continually necessary for the reader to turn back from the theorising to the case-histories, from the inflated conceptual schemes to the revealing clinical detail or other shrewd empirical observations; and it is in such observations that in the end the evidence for the truth or the falsity of psychoanalytic claims must be found.”³⁴ One of the things that had interested Freud about classical antiquity—and that would interest him about childhood—was the paucity of evidence, and the vivid imaginings the lack of evidence produced. And compared with the sheer volume of Freud's conceptual scheming, inflated or otherwise, there is a notable paucity of clinical material in Freud's work. This crucial period of Freud's work, between 1885 and 1900—in which Freud moves from writing neurology to psycho-neurology, and in which psychoanalytic claims start to be made—begins with a set of case histories co-authored with Breuer, *Studies on Hysteria*, which to Freud sound,

ominously, like short stories, like imaginative speculation; and so raise the question, as they clearly did in Freud's mind, of what the criteria were going to be for the truth or falsity of psychoanalytic claims; the hysteric, like the analyst having to struggle to be believed. "I have not always been a psychotherapist," Freud writes ruefully in the *Studies on Hysteria*, alerting the reader, and the reader who is himself, to an anxiety about his affinities and allegiances:

Like other neuropathologists I was trained to employ local diagnoses and electro-prognosis, and it still strikes me 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.³⁵

Were there other serious stamps, than the serious stamp of science? And was a serious stamp required, and if so, why? These are Freud's vexing questions at the inception of psychoanalysis.

In the years in which Freud was building up a private practice and writing what would eventually be published as *Studies on Hysteria* he had six children under the age of eight; between the time of their marriage and the publication of Freud's book Martha was almost continually pregnant and nursing. Writing and clinical work in these years were not, one assumes, the only things happening in Freud's life. It was not, in other words, as Freud has helped us to say, accidental that Freud was studying the rigors of family life while he was living them. And when people have children, of course, they remember their own childhoods and the parenting they did and did not have. Hysteria, Freud was realizing through his work with Breuer, was a way of surviving modern family life; though not, in its worst cases, a way of reproducing it. Critics of the family were called hysterics.

Before Freud had gone to Paris Breuer had told him of a remarkable woman—Bertha Pappenheim, known to psycho-

analytic history by the unfortunate name Anna O. (Anna was the name of Freud's youngest daughter, and "o" has its associations)—that he had treated unsuccessfully. Interestingly Freud had tried, and failed, to interest Charcot in this case when he was in Paris. Bertha Pappenheim was a young woman who came from an Orthodox Jewish family, but was more interested in the arts than in religion (the parallels with Breuer and Freud are patent). In 1880 her father had fallen ill and she began to experience bizarre and disturbing symptoms while she nursed him: she developed anaesthesias, spasms, deafness, absences, paralyses. She could no longer speak in her mother tongue, but communicated fluently in English. She was, she told Breuer, split into "two selves, a real one and an evil one."³⁶ When her father died she got worse, becoming suicidal, and would only be fed by her "beloved" Breuer. Breuer though, was not mystified by the range or the severity of her symptoms; these were identifiable, by this time, as an albeit extreme case of hysteria, and he treated her accordingly. He tried hypnotizing her, which was now part of at least one of the new treatments for hysteria, it having been discovered—and this was something that, unsurprisingly, had interested Freud—that hysterical symptoms could be both induced and alleviated by enquiry under hypnosis. If hysterical symptoms could be conjured up by words, it suggested that they were at least partly psychological. And hypnosis itself might be an unusually revealing picture of the kind of effect people had on each other. Whether we believe (and desire and act) because we are hypnotized, or whether we are hypnotized because we believe Freud was to study as the question of transference; the unusually intriguing and disturbing question of how people influence people, something lived in the family, and examined in what became psychoanalytic treatment. But one of the many interesting things about Bertha was that she didn't need to be hypnotized because she seemed to already be, intermittently, in a kind of hypnotic trance. Breuer

discovered, led by her, that if he just let her speak her fantasies through what she called “the talking cure,” it began to alleviate her symptoms. The relief, though, was only temporary. By the time she was finally hospitalized by Breuer she was a morphine addict. She would eventually become, not incidentally, a pioneering feminist and social worker in Germany, though she was apparently to have no relationships with men in her long life, nor did she have children. She was, in a sense, the first of many failed cases in what would become psychoanalysis, in which the doctor got as much if not more than the patient. What Breuer learned from the case, and that Freud would eventually elaborate—the work coming to its first conclusion in the *Studies on Hysteria*—was the value of a treatment that was essentially collaborative. Bertha, Breuer noted, was “completely unsusceptible; she was only influenced by arguments, never by mere assertions.”³⁷ She taught Breuer how she wanted, in both senses, to be treated. She didn’t want the treatment to replicate the preconditions for her suffering: her father was an Orthodox Jew who founded a synagogue in Vienna, and demanded that his daughter become a dedicated Jewish wife. Breuer did not make her submit to a regime of treatment. Freud’s psychoanalysis would be a collaborative treatment about the failures of collaboration in a person’s life. By letting Bertha speak Breuer could hear and read her symptoms as disguised representations of memory and desire. Bertha was encoding in her symptoms the conflicts evoked in her by the demands of her family, what she wanted as opposed to what the family wanted from her. She was trying to make a future for herself out of her (Orthodox) Jewish past. At its most minimal Breuer took her seriously, which meant taking her to be someone who was trying to do something of value to and for herself; something that finally could only be done through the agonizing cartoon of her symptoms. Symptoms Breuer could not exempt himself from being somehow involved in.

Freud’s relationship with Breuer was punctuated, we might say, by his virtual infatuation with Charcot. Anna O. became, unlike the four other main cases described in *Studies On Hysteria*, infatuated with Breuer. It was the way in which people captured each other’s imaginations—the defining irrationality that people evoked in each other, the secret communications between people—that fascinated Freud; and that would be the founding perplexity of psychoanalysis. Through psychoanalysis Freud found a language to describe the ways in which men and women drove each other crazy; and the ways in which this craziness, this putative irrationality, was measured against a no less questionable rationality (“We must never let our poor neurotics drive us crazy,” Freud would write ominously to Jung in 1911). Every culture had its own official consensus about what were acceptable forms of exchange—of food, words, sex, and money—between people. Psychoanalysis made it all too clear to Freud—though he would not have put it like this—that the unacceptable forms of exchange were called symptoms. It was as though, through encouraging the patient to say whatever came to mind, something barely containable, something in excess of scientific description, was being disclosed about modern people. That their official development was radically at odds with their unofficial development.

There was a contagion of feeling between people that was volatile, extravagant, and unpredictable; and that could only be officially acknowledged by being pathologized in the supposedly masterful language of science. Hysterical symptoms, like falling in love—and, indeed, like hero worship—revealed the demonic power of what had once been called the imagination. Freud, understandably, wanted the psychoanalyst—and, indeed, himself—to be rather more like Sancho Panza than like Don Quixote. But everything in the psychoanalysis he invented would show him why and how they were inextricable. “When I was a young student,” Freud wrote in 1923, “the desire to read the

immortal Don Quixote in the original of Cervantes led me to learn, untaught, the lovely Castilian tongue."³⁸ Such was the desire of Freud's youth. And through psychoanalysis he did indeed continue to immortalize Don Quixote. A story, we should remember, of two men; and of what they were capable of doing together. One of them, of course—Don Quixote—dominated to the point of madness by a fictional past.

4

Freud Begins to Dream

Empirical knowledge, like its sophisticated extension
 science, is rational, not because it has a foundation,
 but because it is a self-correcting enterprise
 which can put any claim into jeopardy,
 though not all at once.

—Wilfrid Sellars, *Empiricism and the
 Philosophy of Mind*

"DARING AND UNRESTRAINED IMAGINATION always stirred Freud," Ernest Jones wrote. "It had captured him with Fliess. . . . It was an integral part of his own nature to which he rarely gave full rein . . . the sight of this unchecked imagination in others was something Freud could seldom resist."³⁹ Daring and unrestrained imagination had, of course, captured Freud in Charcot and, indeed, in the hysterical patients who were becoming Freud's clinical specialty. And Wilhelm Fliess, the