

SCHREBER'S PREPSYCHOTIC PHASE¹

By M. KATAN, M.D.,

PSYCHIATRIC DEPARTMENT, WESTERN RESERVE UNIVERSITY, CLEVELAND

Introduction

The fourth chapter of Schreber's autobiography (p. 34) begins: 'I shall speak now of my *own* personal experiences during the two mental illnesses that befell me. I have been ill twice, both times as a result of mental overexertion; the first time (I was then Director of the Judicial Court in Chemnitz) on the occasion of my candidacy for the Reichstag, the second time on the occasion of the unusual burden of work that I encountered upon assuming the office, newly transferred to me, of *Senatspräsident* of the Supreme Court of Dresden.'

During both illnesses, Schreber spent a long time at the University Clinic at Leipzig, of which Professor Flechsig was head. 'Both times, upon my admission to the Clinic, I did not have the slightest suspicion of any antagonism existing between the Schreber and Flechsig families, or of the supernatural happenings that I have discussed in the previous chapters' (p. 34).²

So far in Schreber's description we note that he speaks of the first illness, and the beginning of the second, as if they were similar.³ Although Schreber comments only briefly on his first illness, further evidence of this similarity is found in the fact that before any symptom of the second illness made its appearance, he dreamed repeatedly that his illness had returned, thus foreshadowing, in the second illness, a repetition of the first. At least one symptom—oppression of the heart—according to Schreber's account, was present in both illnesses. Flechsig's diagnosis of the first illness as hypochondriasis makes it highly probable that the hypo-

chondriacal fears characteristic of the early part of the second illness were also present in the first.

Concerning the first illness, Schreber expressly commented that 'no incidents bordering on the supernatural', i.e. no psychotic symptoms were present and that recovery was complete. Therefore, we may consider the first illness as a preamble which could be arrested. After an interval of eight years, however, the second illness broke out, with disastrous results. The beginning phase of the second illness lasted until the formation of persecutory delusions. We may say that this phase, in which no psychotic symptoms were present, constituted the prepsychotic period.

The First Mental Illness

This illness, diagnosed by Flechsig as an attack of severe hypochondria, occurred after Schreber's mental overexertion in connexion with his candidacy for election to the Reichstag. The attack began in the autumn of 1884 and was completely cured by the end of 1885. From December 1884 until June 1885 Schreber was a patient at the University Clinic at Leipzig. There he was treated by the chief, Professor Flechsig. This first illness ran its course without the occurrence of any incidents bordering on the supernatural. Although Schreber had mainly a 'favourable impression of Flechsig's treatment' (p. 35), he mentioned also what he considered poor judgement on Flechsig's part in telling him a 'white lie', namely, that he (Schreber) suffered from potassium bromide poisoning as a result of the medicine prescribed by Dr. R., the doctor who had treated him first.

¹ I regard this article a sequel to my paper 'Structural Aspect of a Case of Schizophrenia', *The Psychoanalytic Study of the Child*, 5, 1950 wherein I discussed the loss of the positive Oedipus Complex in the prepsychotic phase of schizophrenia. The reader is referred to this paper.

² The antagonism between the Schreber and Flechsig families was based upon the psychotic idea that long ago one of Flechsig's ancestors had murdered the soul of one of Schreber's ancestors.

³ Some time ago Dr. William Niederland was kind enough to send me a copy of his paper 'Three Notes on the Schreber Case', which he read before the New York Psychoanalytic Society, since published in *Psychoanal. Quarterly*, 20, 1951. He, too, concludes that a strong similarity existed between Schreber's two illnesses. Dr. Niederland drew my attention to 'a reference to Schreber's situation at the outbreak of his two illnesses . . . in a recent paper by E. Klein in *The Psychoanalytic Study of the Child*, 3-4, 1949'.

Schreber thought that Flechsig should have recognized his (Schreber's) superior intellect and keen powers of observation and therefore should not have resorted to this deception.

Schreber voiced still another complaint: 'In my opinion, I should have recovered more quickly from certain hypochondriacal ideas from which I was suffering at the time, particularly from the idea that I was losing weight, if I had been permitted to operate the scale myself a few times. The scale then in use at the University Clinic was of a construction with which I was not familiar' (p. 35).

However, in his total evaluation, Schreber considered these complaints negligible and he even made excuses for Professor Flechsig, whom he recognized as being too busy to pay attention to minor details. The most important thing to Schreber was that, after a relatively long convalescent trip, he was cured. Accordingly he felt only the deepest gratitude, which he expressed in paying a visit to Professor Flechsig and also in 'what I deem to be an appropriate honorarium'. His wife's gratitude almost outdid his, for she felt that Professor Flechsig had restored her husband to her, and for years afterwards she kept Professor Flechsig's picture on her desk.

From the foregoing we may conclude that during Schreber's first illness, two antithetical feelings toward Flechsig already existed: one of distrust, and another of great confidence in Flechsig. This latter feeling completely overshadowed his distrust and remained with Schreber after his recovery from the first illness because of his deep gratitude to Flechsig for having cured him.

In order to acquire a deeper insight into the motives at work in the first illness, we must also take into consideration Schreber's account of the interim period separating his two illnesses. 'After my recovery from my first illness, I spent eight years with my wife—years, upon the whole, of great happiness, rich in outward honours, and only clouded from time to time by the oft-repeated disappointment of our hope that we might be blessed with children.'

In June 1893 Schreber was notified personally by the Cabinet Minister, Dr. Schurig, that he was to be appointed *Senatspräsident* (p. 36).

From June 1893 until October 1 of that year, the date on which he began his new duties as *Senatspräsident*, Schreber dreamed on a number of occasions that his previous illness had returned. This thought made him as miserable in

the dream as the discovery that it had been only a dream made him happy upon awakening. Moreover, while lying in bed one morning—he could not remember whether he was still half asleep or already awake—the idea occurred to him how pleasant it would be, all things considered, to be a woman submitting to intercourse. This idea was one which he would have rejected with the greatest scorn if he had been fully conscious (p. 36).

Schreber stated in his autobiography that at that time he did not pay any special attention to these dreams. It was only subsequent developments that led him to consider the possibility that these dreams bore a relation to his later contact with the 'divine nerves' (p. 36).

From Schreber's own method of connecting these dreams, we may conclude that a close relationship existed between the dream about the return of his illness and the one about being a woman submitting to intercourse. This relationship makes it clear that in his first illness the wish to be a woman must already have been present. Schreber (unwittingly) proved this conclusion again in his next statement relating his dreams to his psychotic symptoms, which at the time of these dreams were not yet existent. In my opinion, it was the whole complex of delusions revolving around the idea of being changed into a woman which caused him to affirm the relationship. We therefore may regard his dreams as a link between the two illnesses, which were separated by a period of eight years. In the second illness the urge towards femininity appeared in the foreground, so that it must have played a part also in the first illness. This revealing fact makes clear several phenomena of the first illness.

Schreber attributed his first illness to over-exertion in connexion with his candidacy for the Reichstag. We may construe this statement to mean that the competitive struggle with the other candidate(s) for the election had aroused in Schreber feelings of a feminine nature towards his rival(s). His defence against this homosexual urge consumed so much energy that it completely exhausted him.

Schreber then consulted Dr. R. Subsequently, Schreber claimed that Professor Flechsig stated that Dr. R. had caused him (Schreber) to suffer from potassium bromide poisoning. It is unimportant whether Professor Flechsig actually made such a statement or not; indeed, it may even be true that Schreber did show some

syn
this
stat
scic
I
stat
des
psy
a w
Sch
his
atte
Sch
Dr.
as
him
next
was
ing
be
shc
suc
scic
by
sta
tio
poi
wa
Dr
the
fee
sta
Flo
co
Pr
sic
nes
be
ma
(p
mo
Sc
ex
the
the
sul
fer
co
qu
ha
—
Sel

symptoms of this poisoning from overuse of this drug. What is important is that this statement of Schreber's reveals his own unconscious wishes.

It is relatively easy to interpret Schreber's statement if we keep in mind his intense feminine desires and his later strongly pronounced psychotic idea that, after being transformed into a woman, he could bear children. The idea of Schreber's being poisoned by Dr. R. symbolizes his being made pregnant by him. Next, our attention is drawn to the fact that it was not Schreber but Professor Flechsig who accused Dr. R. of having made this terrible mistake, as though Professor Flechsig wanted to free himself from any guilt he might have in connexion with the poisoning of Schreber and so was quick to accuse Dr. R. Therefore, according to Schreber's reasoning, if anybody should be accused of having poisoned him, Flechsig should be the one. In conclusion, we may view such accusations as projections of an unconscious wish on Schreber's part to be impregnated by Dr. R. or by Professor Flechsig. Schreber's statement branding as untrue Flechsig's accusation of Dr. R. as the person responsible for the poisoning means: 'It is not true that I (Schreber) wanted to be made pregnant by my first physician, Dr. R.' Still, this statement contains only half the truth, for it omits reference to his feminine feelings for Professor Flechsig. Instead of stating directly that he preferred Professor Flechsig to Dr. R., Schreber objectivated this conflict by making it into a struggle between Professor Flechsig and Dr. R.⁴

Another symptom which we must now consider (and one which was present in both illnesses) is oppression of the heart. This symptom became so intense that even walking on a moderately rising slope caused anxiety attacks (p. 38). It is clear that we have here a phobic mechanism. The rising street symbolized for Schreber the danger of becoming sexually excited, a danger which he warded off through the development of anxiety. Unquestionably, the excitement which Schreber felt while suffering from this symptom resulted from his feminine urge.

We are now ready to analyse Schreber's complaint that he would have recovered more quickly from the hypochondriacal idea that he had lost weight if he had been allowed to operate

the scale himself a few times. I once analysed a patient who, as a result of his neurotic craving for sweets, had become decidedly overweight. Voluntarily this patient had gone on a reducing diet and had formed the habit of weighing himself several times a day. This strong craving for sweets was an expression of his desire to masturbate. His overweight was the result of his bad habit. Therefore, the frequent checking of his weight while on a reducing diet served the purpose of convincing this patient that he was still able to neutralize the consequences of masturbation. It is a known fact that patients often attribute not only gain in weight, but also loss of weight, to masturbation. Therefore, the analysis of an analogous symptom in another patient suggests the possible explanation that Schreber's hypochondriacal fear of losing weight may have been based upon anxiety regarding the results of eventual masturbation.⁵

No further evidence is needed to make clear at this point that had Schreber yielded to masturbation, his yielding would have been the direct result of his homosexual excitement aroused by the man who treated him. Thus Schreber's complaint that Flechsig would not allow him to operate the scale himself while being weighed implies that Schreber felt he was not permitted to reassure himself effectively that the stimulation which Flechsig (unwittingly) exerted upon him was not harmful.

Let us review briefly the sequence of events during the first illness. The exciting competition with the other candidate(s) for election to the Reichstag awakened in Schreber a dormant urge towards femininity. A defence against this urge could occur only through symptom formation. Accordingly, Schreber's homosexual desires were directed towards Dr. R. during the short period of time that he was under treatment with him. Schreber next came under the influence of the famous Professor Flechsig, to whom he developed a strong transference. This transference divided into two opposing currents of feeling: one, a feeling of trust in Flechsig; the other, a feeling of being threatened by Flechsig because of his (Schreber's) feminine attachment to him. The feminine urge did not reach Flechsig in its original strength, for it had already quieted down when Schreber was removed from competition with the other candidate(s) for the election. The outcome of

⁴ We shall meet with this mechanism repeatedly in Schreber's psychotic symptoms.

⁵ The structure of Schreber's hypochondriacal ideas

will not be discussed in this article. For the rôle which defence against masturbation played in Schreber's symptom formation, see also the latter part of this article.

the struggle between these two opposing currents of feeling shows that the one of trust in Flechsig was the stronger. In the latter, Flechsig was regarded as the person who had strengthened Schreber's ego and had brought Schreber's feminine urge, which had already decreased in strength anyway, under control. Schreber's long convalescent trip with his wife, during which he was under her constant protection, finally completed his recovery.

Interlude

For the next eight years, Schreber enjoyed perfect health, until his new appointment as Senatspräsident led to a complete breakdown which lasted for the remainder of his life.

It is interesting to study the factors which weakened Schreber's defences so decidedly that his second illness could not be arrested. Three factors are apparent: (1) the masculine climacterium, (2) the failure of Schreber's wife to present him with children, and (3) the appointment itself. The first two factors are mentioned by Freud.

(1) Freud writes: 'At the time of this illness Dr. Schreber was fifty-one years of age, and he had therefore reached a time of life which is of critical importance in sexual development. It is a period at which in women the sexual function, after a phase of intensified activity, enters upon a process of far-reaching involution; nor do men appear to be exempt from its influence, for men as well as women are subject to a "climacteric" and to the special susceptibility to disease which goes along with it.'⁶

(2) We know that in the interval between his two illnesses, Schreber spent eight happy years 'rich in outward honours' and clouded only by the recurring disappointment that his wife did not bear him children.

Let me first present Freud's opinion: 'His marriage . . . brought him no children; and in particular it brought him no son to console him for the loss of his father and brother—to drain off his unsatisfied homosexual affections.'⁷

From this point we may proceed further. Schreber's frustration at not having children was

a severe blow to his narcissism and undoubtedly led to the weakening of his masculinity: what was the use of a penis if it could not be used to procreate children?—an attitude which was synonymous with the increase of Schreber's constitutionally present drive towards femininity. In general, narcissism serves as a strong protection against the danger of castration, but in Schreber's case his narcissism found another goal in cultivating his femininity. I quote from Freud again: 'Dr. Schreber may have formed a phantasy that if he had been a woman he would have managed the business of having children more successfully; and he may thus have found his way back into the feminine attitude towards his father which he had exhibited in the earliest years of his childhood.'⁸ An important conclusion is to be found in this quotation; namely, not only is the actual relation to woman undermined, but this condition spreads back into the area of infantile development, thus leading to the abandonment of the positive oedipal relationship and simultaneously to the strengthening of the infantile feminine attitude towards the father.⁹ In Schreber's case, the loss of the Oedipus complex robbed the ego of its most important defence, which it desperately needed in its struggle to keep in contact with reality during the pre-psychotic phase. Schreber's disappointment at not having descendants undoubtedly weighed on him more and more until he abandoned hope altogether at the time when he (and perhaps Mrs. Schreber also) reached his climacterium.

(3) At this critical period in Schreber's life, when his whole mental structure was passing through a weakened phase, he was appointed Senatspräsident. The announcement of this honour he received from the Minister personally.

Schreber may be considered among those individuals 'wrecked by success'.¹⁰ At this point it is appropriate to ask what changes are brought about by success. Obviously, success flatters the ego so that the ego feels itself enhanced. The result is an increase in the narcissistic cathexis of the ego. One pays for the pleasure thus experienced with energy derived

⁶ Freud, Sigmund: *Collected Papers*, Vol. 3, p. 430.

⁷ *Ibid.*, p. 442.

⁸ *Ibid.*, p. 443.

⁹ This development is similar to what happened in the case of H., which I have described in 'Structural Aspects of a Case of Schizophrenia', *The Psychoanalytic Study of the Child*, 5, 1950. Given the fact that the positive Oedipus Complex had already been abandoned, the urge towards femininity cannot result from the defence

against oedipal wishes but must originate from the feminine component of the constitutionally rooted bisexuality.

¹⁰ Freud's article on Schreber was published four years before his article 'Those Wrecked by Success'. Apparently, at the time of writing the first of these two articles, Freud had not yet discovered this mechanism, for he does not mention it.

from this might be affect we of another, she awakened compone is temper ing wheth sympathy this con between defeated former re whereas father-im meaning other so remains victor's originally long, for the victor obstacles tempers I Furtherm the defea victor's o

Quite o his rivals complex. incestuous Once att not be en

Howev, cribed de case. W that the Therefore possess s strong fee ingly, the could not these feeli

To find that existe Such posi won only Schreber's has existe beginning ego seeks with other started, th may even

from this increase in narcissism. At first we might be inclined to assume that such positive affect would preclude the appearance of feelings of another nature. Closer examination, however, shows that many times other feelings are awakened, too, and that all these have some component of guilt in them. The joy of success is tempered by self-criticism, the victor wondering whether his success is deserved, as well as by sympathy (pity) for the defeated opponents. In this connexion a distinction should be made between the group of rivals whom the victor has defeated and the victor's predecessor. The former represent the brothers (a fraternal group), whereas the latter almost always represents a father-image. In practice these two shades of meaning usually overlap and intensify each other so that the difference between the two remains hidden. Generally after a time, the victor's mixed feelings disappear. The joy originally experienced usually does not last long, for subsequent events make it clear to the victor that he will be confronted with serious obstacles in his new position. This discovery tempers his joy as well as his feelings of guilt. Furthermore, the aggressive envy expressed by the defeated rivals acts as an antidote to the victor's over-strong guilt feelings.

Quite obviously, the victor's competition with his rivals may fit within the frame of the Oedipus complex. Success then means the fulfilment of incestuous wishes, with resulting guilt feelings. Once attained, the much desired position may not be enjoyed, and a neurosis is the final result.

However, the neurotic development just described does not seem applicable in Schreber's case. We have already established the fact that the oedipal situation was weakened. Therefore, the oedipal relationship did not possess sufficient strength to arouse in Schreber strong feelings of guilt over his success. Accordingly, the prepsychotic symptoms that followed could not be based upon feelings of guilt, for these feelings were not strong enough.

To find the solution, let us turn to the situation that existed before the appointment took place. Such positions as that of *Senatspräsident* can be won only in keen competition. Clearly, in Schreber's case a strong urge towards femininity has existed in the unconscious from the very beginning. In order to ward off this urge, the ego seeks opportunities to engage in competition with other men. Once this competition has started, the continual need to have opponents may even increase the feminine urge, for this

urge is stimulated by the constant competitive contact with other men. A vicious circle is then formed, which will eventually be broken once success is attained. At the moment when the appointment as *Senatspräsident* came as the crowning point in Schreber's career, the competition ceased. With this ceasing of competition, the mechanism that the ego had used in its attempt to defend itself against the feminine urge dropped out of the picture. In Schreber's case his success led to the wrecking of his ego, which was now forced to part company with one of its strongest defences against the feminine urge. This mechanism may be considered to be another variant of 'Those Wrecked by Success'.

The Prepsychotic Period

Schreber's autobiography enables us to make several subdivisions of this prepsychotic period. Our discussion of the influence of Schreber's appointment as *Senatspräsident* upon the structure of his personality reveals a weakening of the ego and an increase in strength of the feminine urge. The first subdivision covers the period from June 1893 until October 1 of that year, the date on which he began his new duties as *Senatspräsident*. It was during these few months that Schreber dreamed on several occasions that his former illness had returned. It was a great relief, upon awakening, to find that these dreams were not true. One morning a short time later, when he was in a state between sleeping and waking, it occurred to him how pleasant it would be to be a woman submitting to intercourse.

Schreber's relief, upon awakening, that the dream about the return of his illness was not true reminds us of those dreams in which the dreamer is afraid of failing an examination, and, upon awakening, realizes to his great relief that he has already successfully passed this examination. Freud, in explaining these 'examination dreams', conceived of the relief as an important part of the dream. In this way the dreamer reassures himself that since he has conquered a difficult situation in the past, he may hope to do so successfully in the present. Applying this explanation to Schreber's dream, we may conclude that his appointment as *Senatspräsident* caused his feminine feelings to become aroused and that he expected a dangerous increase in their strength to occur at the time of starting his new position, just as had happened during his candidacy for the

Reichstag. From our discussion so far, we know that during this previous period Schreber had been able to combat his feelings only through symptom formation but that eventually he recovered completely from this first illness. He was therefore afraid that events would take the same course after his appointment and that his illness would recur. To console himself with the hope of similar recovery from a second illness which had not even started yet is certainly not the type of wish fulfilment for which he was looking in his dream. The satisfaction which he derived from the dream is very clear; namely, at that moment, fortunately, he was still able to prevent the outbreak of a second illness. It strikes us that the ego during this period must have been already very weak to be so temperate in its wishes. This ego weakness is corroborated by the fact that finally, one morning, the ego was taken by surprise, and the feminine urge, which until now Schreber had succeeded in warding off, became completely conscious.¹¹

On October 1, 1893, Schreber entered upon his new duties in Dresden. Schreber himself admitted that he was ambitious to win, through the demonstration of his ability, the respect and admiration of his colleagues, and of others in related professions (lawyers, etc.). His task was the more difficult because the four other judges of the Senate (most of them) were older than he was, one being as much as twenty years his senior, and, in addition, they were all much better acquainted with the procedures of the court. Within a few weeks he found himself already mentally exhausted by his efforts. Then after perhaps a month, when he had mastered the difficulties of adjusting to his new profession and to his new living quarters, his sleep began to fail him. On the few occasions when he and his wife were invited to convivial parties, he slept much better. Still, there were not many opportunities for him to enjoy this type of diversion. It was in the beginning of November that he experienced his first almost completely sleepless night: every time that he was at the point of falling asleep, he was awakened by sounds which he thought came from the walls. He straightway attributed the noise to a mouse, but with

¹¹ Professor Freud assumes that Schreber's dream of his illness returning expressed simply a wish on Schreber's part to see Flechsig again (Freud: *Collected Papers*, Vol. 3, p. 425). Certainly this interpretation is correct, but I still think that the analysis of the dream shows primarily the ego's hope to be able to prevent the return of the illness.

the occurrence of similar sounds in later years, it became his opinion that at that time (November 1893) there already existed the intention of disturbing his sleep in order to make him ill.¹²

Since Schreber stated that *almost* all his colleagues were many years older than he was, it is not an established fact that he was the youngest one. If he was not the very youngest, however, certainly he was next to the youngest, and in any event he found himself in the difficult rôle of trying to show himself superior to them all.

Schreber entered into an ambitious competition with his colleagues, and at exactly the point where he was successful in showing them that he was intellectually their superior, the symptoms appeared which exhausted his reserve strength. Clearly, his success had proved too much for him. At that time, as has already been described in connexion with his appointment as *Senatspräsident*, his defence in the form of competition dropped even more out of the picture. From then on, his ego had to endure very severe symptoms in order to ward off his feminine urge. The first symptom was his almost total inability to sleep: every time that he did fall asleep for a few moments, he was immediately awakened by sounds. This sleeplessness was his only means of warding off the dangerous feminine urge. On the few occasions when he attended convivial parties, i.e. when he found some distraction from this urge, he slept better. According to Freud's illuminating explanation of another case, the sounds that Schreber heard may be interpreted as projections of the beating of the blood in the sexual organs when they become excited.¹³

On November 8 Schreber took a leave of absence; accompanied by Mrs. Schreber, he went to Leipzig to consult Professor Flechsig. Meanwhile his illness took a rapid turn for the worse, symptoms of heart oppression appearing along with his inability to sleep.

At Leipzig Schreber had a long talk with Flechsig, in which the professor displayed 'an outstanding eloquence' that made a profound impression on Schreber. Flechsig proceeded to tell Schreber of the advances made by psychiatry since Schreber's first illness and of

¹² Of course, this opinion was not formed until much later, when Schreber had already been psychotic for a number of years.

¹³ Freud, Sigmund: 'A Case of Paranoia Running Counter to the Psycho-Analytical Theory of the Disease', *Collected Papers*, Vol. 2.

the newly ir
Flechsig held
Schreber's w
of long durati
afternoon and

Schreber f
this interview
course, and n
had been gi
postpone his
tunately, how
of too long
violently. T
sleeping drug
the drug had
Schreber atto
towel, but h
tragedy.

The next m
shaken. The
ties in the dir
increased. I
summoned at
admitted at c

It is plain
Schreber fre
balance thro
in other wor
to bring th
However, as
Schreber bec
he was still a
overwhelm
already susp
postponed fr
until nine, i
heartedly wa
appointment
cure, he trie
was an atte
feelings from

At the clin
next five days
for his mind

Schreber i
induce in hin

¹⁴ Obviously
was expressing
years later in w

¹⁵ In another
neurotic and a
former, the ego
a certain urge
accuse someone
its own homo
distinction to th

the newly invented sleeping drugs; in fact, Flechsig held out hope of being able to cure Schreber's whole illness through a single sleep of long duration, beginning at three o'clock in the afternoon and lasting well into the next day.¹⁴

Schreber felt himself much encouraged by this interview. He went to bed at nine, of course, and not at three (suspecting that his wife had been given secret orders by Flechsig to postpone his bedtime until this hour). Unfortunately, however, the bed was cold as a result of too long airing, and he began to shiver violently. Therefore, when he was given the sleeping drug, he was already greatly excited, and the drug had no effect. In his excessive anxiety, Schreber attempted to commit suicide with a towel, but his wife awoke and prevented this tragedy.

The next morning his mental state was greatly shaken. The blood withdrew from his extremities in the direction of his heart, and his anxiety increased. Professor Flechsig was promptly summoned and decided that Schreber should be admitted at once to the clinic.

It is plain that Flechsig's words brought Schreber fresh hope of regaining his mental balance through an artificially induced sleep; in other words, his ego would again be able to bring the feminine urge under control. However, as the hour drew near for retiring, Schreber became excited, presumably because he was still afraid that the feminine urge would overwhelm him during his sleep. He had already suspected that his bedtime had been postponed from three o'clock in the afternoon until nine, i.e. that Flechsig did not wholeheartedly want to cure him. Because of disappointment over the failure of the expected cure, he tried to commit suicide. This action was an attempt to prevent his homosexual feelings from gaining the upper hand.

At the clinic Schreber was kept in bed for the next five days. The situation grew worse, however, for his mind was filled only with suicidal ideas.

Schreber thought that Flechsig planned to induce in him a state of deep depression and then

immediately to cure him through effecting a sudden change of mood. Schreber arrived at this conclusion as a result of the following experience. On the fifth night in the clinic, he was in what he called a fever-delirium, when two male nurses appeared unexpectedly, pulled him from his bed, and took him with them. Not knowing their intentions, Schreber was terribly frightened, the more so because he was wearing only a shirt. On passing the billiard room, he tried to cling to the pool table but finally was overpowered and was brought to an isolation room. Here he attempted to hang himself with the sheets, but again this suicidal attempt was thwarted.

Schreber justified this suicidal attempt on the basis that when a man had exhausted every means of obtaining sleep known to medical art, nothing else remained for him except to commit suicide.

After this humiliating treatment on the part of the male nurses, Schreber was considerably surprised the next morning to receive a visit from Dr. Täuscher, Professor Flechsig's assistant. Dr. Täuscher held out fresh hope to Schreber that the cure still might prove effective. Schreber, in his autobiography, does not deny Dr. Täuscher the recognition that he, too, spoke eloquently on this occasion. Schreber was brought back to his own room, and his mood changed again: he experienced the best day that he had had during his second stay at the University Clinic. This was the only day on which he appeared in a cheerful mood.

Let us see what Schreber had in mind when he thought it was Flechsig's plan to put him first into a depressed state and then to cure him by bringing about a sudden change of mood. According to Schreber's notion, the male nurses acted only upon orders from Flechsig. These nurses had taken Schreber away, when he was already in an excited state and was scantily clothed, without offering any explanation. Under the influence of his strong unconscious feminine wishes, what other thought could have occurred to Schreber than that Flechsig had sent these men to abuse him homosexually?¹⁵

¹⁴ Obviously, in this discussion, Professor Flechsig was expressing an idea which found application only many years later in what is known as the 'sleeping cure'.

¹⁵ In another article I have differentiated between a neurotic and a psychotic form of projection. In the former, the ego makes use of projection in order to keep a certain urge unconscious; for instance, the ego may accuse someone else of homosexuality in order to keep its own homosexual desires repressed. In contrast to this mechanism, psychotic projection is a

function of the attempt at restitution. An urge which originally belonged to the id is used by the attempt at restitution to constitute a new delusional external world; what originally was part of the id has become, through psychotic projection, external world.

This thought of Schreber's was, of course, a neurotic projection. See Katan, M.: 'Structural Aspects of a Case of Schizophrenia', *The Psychoanalytic Study of the Child*, 5, 1950.

As a result of his homosexual excitement, which prevented him from sleeping, Schreber was desperate and for that reason thought incessantly about committing suicide.

The next morning Schreber was surprised by Flechsig's apparent change in attitude, as shown by his sending his assistant to see Schreber. Like Flechsig, this assistant spoke fluently and his words revived Schreber's hope that improvement was still possible. According to Schreber, Flechsig had first exposed him to the danger of a homosexual attack in order to make him more receptive to Flechsig's curative powers the next day.

From the foregoing, it is plain that Schreber split the figure of Flechsig into two parts: one part which stimulated him homosexually, and another which caused his (Schreber's) ego to ward off this feminine urge. During Schreber's first illness this type of ambivalence was already present, namely, a suspicious attitude toward Flechsig combined with an overwhelming feeling of confidence in him.

This feeling of confidence was established again in the second illness, during Schreber's interview (the first after eight years) with Flechsig, but when Schreber went to bed at a later hour than had been agreed upon in his conversation, he already suspected Flechsig of having given secret orders to his wife. This negative feeling towards Flechsig, only slightly present in the beginning, now came into full development through Schreber's experience with the male nurses.

To resume the thread of Schreber's story. Notwithstanding his improved state of mind after the visit of Dr. Täuscher, when nightfall came, he again was unable to sleep, and the next morning he was in the same bad condition as before. It is an important factor that further signs of neurotic projection began to manifest themselves. For instance, the previous day he had played a game of pool with one of the male nurses, who had impressed him as being very friendly. After his sleepless night, Schreber received a totally different and frightening impression of this man's face. Obviously, the distorted facial features were the projection of Schreber's own anxiety, combined, perhaps, with quite a different idea, namely, that this man assumed the facial expression he might be expected to display if he were aware of the thoughts in Schreber's mind during the previous night.

In the course of the following months, Schreber's situation grew worse, though at a slower tempo. It was Schreber's opinion that the regular use of chloral hydrate made it possible for him to get at least a little sleep. However, he felt himself becoming more and more enervated. A walk of only a few hundred feet became a venture for him; puzzles and card games (such as patience) soon irritated him. His enervation and his anxieties increased when he was given less powerful sleeping drugs.

Clearly, his ego strength had diminished. Even such a common form of activity as taking a short walk threatened to excite him. He had lost his faith in life. The only course left for him was to commit suicide. He could only shake his head as an indication of utter hopelessness whenever his wife, in her efforts to encourage him, spoke to him about plans for the future.

Until this time Schreber's wife had kept him company daily and had always taken her meals with him. A further (and in his case a very significant) breakdown occurred about the middle of February 1894, when Mrs. Schreber went to Berlin to visit her father for four days. During this brief period Schreber's condition deteriorated to such an extent that he saw his wife only once after her return, and then he declared that he did not want to see her again while he was in such a downfallen state. Thereupon the daily visits of his wife ceased, and he did not see her again until after he had become psychotic.

A decisive factor in his mental breakdown was the occurrence one night of 'a quite extraordinary number of emissions—quite half a dozen' (p. 44).

When Schreber's wife left him to visit her father, Schreber lost her protection against the homosexual influence of the men who surrounded him.¹⁶ His unwillingness to have his wife visit him following her return obviously stemmed from the fact that her presence no longer served as a protection to him. Soon his ego found itself completely overpowered by the unconscious during sleep, with the resulting six emissions. This sexual overstimulation could have occurred only in relation to his feminine desires. These pollutions, which we may consider equivalent to masturbatory acts, obviously had been feared by Schreber all along. His inability to prevent them any longer was a

decisive factor then on, the supernatural persecution felt that his firmness was believed the Schreber, to look him st

In consid whole; we re conflict the the emission at all costs. his suspicio and his su common eld the breakin feelings. T the danger psychotic concept.¹⁷

Schreber's warding of time. Th symptom i the possib

¹⁷ As a p Katan, M.: World?, *Psycho Hallucination Anal.*, 31, 192

¹⁸ There is masturbated that his hypo of the dang mechanism w

¹⁹ The adv psychotic ph study enables between neu —and this po articles—the

¹⁶ See also Freud, *op. cit.*, p. 429.

decisive factor in his mental breakdown. From then on, the first signs of a communication with supernatural powers became apparent in the persecutions of Professor Flechsig. Schreber felt that his deep distrust of Flechsig was confirmed when he asked Flechsig whether he still believed that he could cure him. According to Schreber, Flechsig in replying did not care to look him straight in the eyes.

In considering the prepsychotic period as a whole, we may place at the centre of Schreber's conflict the sexual excitement culminating in the emissions as the great danger to be avoided at all costs. His inability to sleep, his anxieties, his suspicion of Flechsig, his state of enervation, and his suicidal thoughts all possessed the common element of serving as a defence against the breaking through of homosexual orgasmic feelings. These defence mechanisms *anticipated* the danger. Our discussion of Schreber's psychotic symptoms will further clarify this concept.¹⁷

Schreber's first illness already showed signs of warding off the same type of danger at that time. Through our study of an analogous symptom in a neurotic patient, we uncovered the possibility (although there is no direct

evidence for our conviction) that Schreber's hypochondriacal anxiety about losing weight centred around the deplorable situation which would result if he were to yield to masturbation with accompanying fantasies about Flechsig.¹⁸ His suspicion at not being permitted to operate the scale himself contained the thought that Flechsig did not want to let him reassure himself. The first illness could be arrested and was therefore a preamble; the second one more or less continued where the first left off. During the first illness, Schreber showed great trust in Flechsig and relatively little suspicion; during the second one, Schreber's suspicion grew until it acquired enormous proportions and in the psychosis was exchanged for persecutory delusions.

When the ego was no longer able to ward off orgasmic manifestations, the psychosis began. It is certain that these manifestations were connected with the urge towards femininity, but it is also certain that this connexion did not become conscious. Why the psychosis broke out at this particular point is a question which cannot be answered until Schreber's psychotic symptoms have been investigated.¹⁹

¹⁷ As a provisiona discussion of this subject, see Katan, M.: 'Schreber's Delusion of the End of the World', *Psychoanal. Quart.*, 18, 1949, and 'Schreber's Hallucinations about the "Little Men"', *Int. J. Psycho-Anal.*, 31, 1950.

¹⁸ There is not the slightest evidence that Schreber masturbated during this period. It is therefore plain that his hypochondriacal ideas contained an anticipation of the danger connected with masturbation. This mechanism will not be discussed in this paper.

¹⁹ The advantages afforded by a study of the prepsychotic phase are unmistakable. First of all, such a study enables us to gain clear insight into the differences between neurotic and prepsychotic reactions. Second—and this point I have discussed in a number of other articles—the study of the various forms in which the

prepsychotic conflict manifests itself enables us to gain insight into the structure of the delusion and of the hallucination, something that was heretofore more or less impossible. Third, our improved insight into prepsychotic as well as psychotic phenomena affords an opportunity to improve diagnosis. Through obtaining a clearer picture of structural differences, we are better able to classify symptoms of the so-called borderline cases. More and more, therefore, it will be possible to compare symptoms, not according to similarity of content, but according to identity of structure. See also Katan, M.: 'The Understanding of Schizophrenic Speech', *Int. J. Psycho-Anal.*, 20, 1939.

(Received 1 July, 1951)

decisive factor in his mental breakdown. From then on, the first signs of a communication with supernatural powers became apparent in the persecutions of Professor Flechsig. Schreber felt that his deep distrust of Flechsig was confirmed when he asked Flechsig whether he still believed that he could cure him. According to Schreber, Flechsig in replying did not care to look him straight in the eyes.

In considering the prepsychotic period as a whole, we may place at the centre of Schreber's conflict the sexual excitement culminating in the emissions as the great danger to be avoided at all costs. His inability to sleep, his anxieties, his suspicion of Flechsig, his state of enervation, and his suicidal thoughts all possessed the common element of serving as a defence against the breaking through of homosexual orgasmic feelings. These defence mechanisms *anticipated* the danger. Our discussion of Schreber's psychotic symptoms will further clarify this concept.¹⁷

Schreber's first illness already showed signs of warding off the same type of danger at that time. Through our study of an analogous symptom in a neurotic patient, we uncovered the possibility (although there is no direct

evidence for our conviction) that Schreber's hypochondriacal anxiety about losing weight centred around the deplorable situation which would result if he were to yield to masturbation with accompanying fantasies about Flechsig.¹⁸ His suspicion at not being permitted to operate the scale himself contained the thought that Flechsig did not want to let him reassure himself. The first illness could be arrested and was therefore a preamble; the second one more or less continued where the first left off. During the first illness, Schreber showed great trust in Flechsig and relatively little suspicion; during the second one, Schreber's suspicion grew until it acquired enormous proportions and in the psychosis was exchanged for persecutory delusions.

When the ego was no longer able to ward off orgasmic manifestations, the psychosis began. It is certain that these manifestations were connected with the urge towards femininity, but it is also certain that this connexion did not become conscious. Why the psychosis broke out at this particular point is a question which cannot be answered until Schreber's psychotic symptoms have been investigated.¹⁹

¹⁷ As a provisiona discussion of this subject, see Katan, M.: 'Schreber's Delusion of the End of the World', *Psychoanal. Quart.*, 18, 1949, and 'Schreber's Hallucinations about the "Little Men"', *Int. J. Psycho-Anal.*, 31, 1950.

¹⁸ There is not the slightest evidence that Schreber masturbated during this period. It is therefore plain that his hypochondriacal ideas contained an anticipation of the danger connected with masturbation. This mechanism will not be discussed in this paper.

¹⁹ The advantages afforded by a study of the prepsychotic phase are unmistakable. First of all, such a study enables us to gain clear insight into the differences between neurotic and prepsychotic reactions. Second—and this point I have discussed in a number of other articles—the study of the various forms in which the

prepsychotic conflict manifests itself enables us to gain insight into the structure of the delusion and of the hallucination, something that was heretofore more or less impossible. Third, our improved insight into prepsychotic as well as psychotic phenomena affords an opportunity to improve diagnosis. Through obtaining a clearer picture of structural differences, we are better able to classify symptoms of the so-called borderline cases. More and more, therefore, it will be possible to compare symptoms, not according to similarity of content, but according to identity of structure. See also Katan, M.: 'The Understanding of Schizophrenic Speech', *Int. J. Psycho-Anal.*, 20, 1939.

(Received 1 July, 1951)