

or even if one thinks of the far simpler reactions of the one-and-a-half-year-old child when the scene was actually experienced, it is hard to dismiss the view that some sort of hardly definable knowledge, something, as it were, preparatory to an understanding, was at work in the child at the time.⁶⁰ We can form no conception of what this may have consisted in; we have nothing at our disposal but the single analogy – and it is an excellent one – of the far-reaching *instinctive* knowledge of animals.

If human beings too possessed an instinctive endowment such as this, it would not be surprising that it should be very particularly concerned with the processes of sexual life, even though it could not be by any means confined to them. This instinctive factor would then be the nucleus of the unconscious, a primitive kind of mental activity, which would later be dethroned and overlaid by human reason, when that faculty came to be acquired, but which in some people, perhaps in every one, would retain the power of drawing down to it the higher mental processes. Repression would be the return to this instinctive stage, and man would thus be paying for his great new acquisition with his liability to neurosis, and would be bearing witness by the possibility of the neuroses to the existence of those earlier, instinct-like, preliminary stages. The significance of the traumas of early childhood would lie in their contributing material to this unconscious which would save it from being worn away by the subsequent course of development.

I am aware that expression has been given in many quarters to thoughts like these, which emphasize the hereditary, phylogenetically acquired factor in mental life. In fact, I am of opinion that people have been far too ready to find room for them and ascribe importance to them in psychoanalysis. I con-

back to the scene had already been manifested in the form of symptoms, obsessions, etc., in the patient's childhood and long before the analysis. It is also a matter of indifference in this connection whether we choose to regard it as a primal *scene* or as a primal *phantasy*.

60. I must once more emphasize the fact that these reflections would be vain if the dream and the neurosis had not themselves occurred in infancy.

sider that they are only admissible when psychoanalysis strictly observes the correct order of precedence, and, after forcing its way through the strata of what has been acquired by the individual, comes at last upon traces of what has been inherited.⁶¹

61. I will once more set out here the chronology of the events mentioned in this case history.

Born on Christmas Day.

1½ years old: Malaria. Observation of his parents copulating; or observation of them when they were together, into which he later introduced a phantasy of them copulating.

Just before 2½: Scene with Grusha.

2½: Screen memory of his parents' departure with his sister. This showed him alone with his Nanya and so disowned Grusha and his sister.

Before 3¼: His mother's laments to the doctor.

3¼: Beginning of his seduction by his sister. Soon afterwards the threat of castration from his Nanya.

3½: The English governess. Beginning of the change in his character.

4: The wolf dream. Origin of the phobia.

4½: Influence of the Bible story. Appearance of the obsessional symptoms.

Just before 5: Hallucination of the loss of his finger.

5: Departure from the first estate.

After 6: Visit to his sick father.

8: } Final outbreaks of the obsessional neurosis.
10: }

It will have been easy to guess from my account that the patient was a Russian. I parted from him, regarding him as cured, a few weeks before the unexpected outbreak of the Great War [1914]; and I did not see him again until the shifting chances of the war had given the Central European Powers access to South Russia. He then came to Vienna and reported that immediately after the end of the treatment, he had been seized with a longing to tear himself free from my influence. After a few months' work a piece of the transference which had not hitherto been overcome was successfully dealt with. Since then the patient has felt normal and has behaved unexceptionably, in spite of the war having robbed him of his home, his possessions, and all his family relationships. It may be that his very misery, by gratifying his sense of guilt, contributed to the consolidation of his recovery.

1: Description of the Present Illness

In October 1926, the patient whom we have learned to know as the Wolf-Man of Freud's *From the History of an Infantile Neurosis* consulted Professor Freud, whom he had seen from time to time since the completion of his analysis in 1920. Circumstances which I shall relate shortly had wrought great changes in the Wolf-Man's way of living. The former millionaire was now earning barely enough to feed his ailing wife and himself. Nevertheless, things went smoothly with him until the summer of 1926, when certain symptoms appeared which caused him to consult Freud. At this time it was suggested that if he felt in need of analysis he should come to me. He presented himself in my office at the beginning of October 1926.

He was suffering from a hypochondriacal *idée fixe*. He complained that he was the victim of a nasal injury caused by electrolysis, which had been used in the treatment of obstructed sebaceous glands of the nose. According to him, the injury consisted varyingly of a scar, a hole, or a groove in the scar tissue. The contour of the nose was ruined. Let me state at once that nothing whatsoever was visible on the small, snub, typically Russian nose of the patient. And the patient himself, while insisting that the injury was all too noticeable, nevertheless realized that his reaction to it was abnormal. For this reason, having exhausted all dermatological resources, he consulted Freud. If nothing could be done for his nose, then something must be done for his state of mind, whether the cause was real or imagined. At first sight, this sensible and logical point of view seemed due to the insight won from the earlier analysis. But only in part did this prove to be the motive for the present analysis. On the other hand, the insight was undoubtedly responsible for the one atypical characteristic of the case: its ultimate accessibility to analysis, which otherwise would certainly not have been present.

He was in a state of despair. Having been told that nothing could be done for his nose because nothing was wrong with it, he felt unable to go on living in what he considered his irreparably mutilated state. He expressed the complaint voiced in all

A Supplement to Freud's

*From the History of an Infantile Neurosis**

(1928)

by Ruth Mack Brunswick

This article - best explained by its title - was brought up to date by the author in the following note to the editor of the Reader: 'The analysis of the Wolf-Man reported here occupied the five months from October 1926 to February 1927. Thereafter the Wolf-Man was well and relatively productive in a small bureaucratic capacity.'

'It was after about two years that he returned for the resumption of an analysis as rewarding to me as to him. There was no trace of psychosis or of paranoid trends. Potency disturbances of a strictly neurotic character had occurred in the course of a sudden, violent, and repetitive love-relation. This time the analysis, extending somewhat irregularly over a period of several years, revealed new material and important, hitherto forgotten memories, all relating to the complicated attachment of the pre-schizophrenic girl and her small brother. The therapeutic results were excellent and remained so, according to my last information in 1940, despite major personal crises resulting in only a small measure from world events ...'

New York,

September 1945

R.M.B.

* Reprinted from *The International Journal of Psycho-Analysis*, IX (1928), 439.

1. *The Psychoanalytic Reader*, Vol. 1, ed. Robert Fliess (New York: International Universities Press, 1948).

his earlier illnesses: as a child when he soiled his drawers and thought he had dysentery; as a young man, when he acquired gonorrhoea; and finally in so many of the later situations of his analysis with Freud. This complaint, containing the nucleus of his pathogenic mother-identification, was: 'I can't go on living like this any more' (*So kann ich nicht mehr leben*). The 'veil' of his earlier illness completely enveloped him. He neglected his daily life and work because he was engrossed, to the exclusion of all else, in the state of his nose. On the street he looked at himself in every shop window; he carried a pocket mirror which he took out to look at every few minutes. First he would powder his nose; a moment later he would inspect it and remove the powder. He would then examine the pores, to see if they were enlarging, to catch the hole, as it were, in its moment of growth and development. Then he would again powder his nose, put away the mirror, and a moment later begin the process anew. His life was centred on the little mirror in his pocket, and his fate depended on what it revealed or was about to reveal.

The maid who opened the door in my apartment was afraid of him, because, as she said, he always rushed past her like a lunatic to the long mirror in the poorly-lighted reception hall. He would not sit down and wait, like the other patients, to be admitted to my office; he walked incessantly up and down the small hall, taking out his mirror and examining his nose in this light and that. It was in this condition that he began his analysis with me.

I would at this point ask the reader to refresh his memory by re-reading the fragment of this patient's story published by Freud under the title *From the History of an Infantile Neurosis*. All the childhood material appears there; nothing new whatsoever made its appearance in the analysis with me. The source of the new illness was an unresolved remnant of the transference, which after fourteen years, under the stress of peculiar circumstances, became the basis for a new form of an old illness.

Before giving a detailed description of the present illness and its treatment, it is necessary to recount in some detail the life and circumstances of the patient during and following his analysis with Freud.

It will be remembered that the Wolf-Man was very rich, and that he had inherited his money from his father, who died in the patient's twenty-first year - two years after the patient's gonorrhoeal infection and two years before he came to Freud. It will also be recalled that the patient was exceedingly neurotic in his attitude towards money. He frequently, and on his own admission without any justification, accused his mother of appropriating his inheritance. He was boastful, and ascribed to money an undue importance and power. Even his sister's death proved a welcome event, because by it he became the sole heir of his father. He was excessively extravagant in his personal habits, especially in regard to clothes.

The Russian revolution and Bolshevik regime changed all this. The Wolf-Man and his family lost literally all their money and all their property as well. After a distressing period, during which the patient had neither money nor work, he finally secured a small position in Vienna.

At the end of 1919 he had come out of Russia and returned to Freud for a few months of analysis, with the purpose, successfully accomplished, of clearing up his hysterical constipation. He apparently believed that he would be able to pay for these months of analysis although with what basis is hard to say. In any case, he was unable to do so. Moreover, at the end of this time, the Wolf-Man had no work and nothing to live on; his wife was ill, and he was in desperate straits. Freud then collected a sum of money for this former patient, who had served the theoretical ends of analysis so well, and repeated this collection every spring for six years. This money enabled the patient to pay his wife's hospital bills, to send her to the country, and occasionally to take a short holiday himself.

At the beginning of 1922 an acquaintance of the patient came to Vienna from Russia, bringing what was left of the patient's

The Wolf-Man and Sigmund Freud

family jewels. They were supposedly worth thousands of dollars, but later attempts to sell them disclosed the fact that their value did not exceed a few hundred dollars. The patient told no one except his wife about the jewels; and she, womanlike, immediately advised him not to tell Freud, because, she said, he would surely over-estimate their value and refuse to give any more aid. The necklace and earrings were his entire capital; if he were forced to sell them to live on the money he would have nothing to fall back on. He therefore told no one that the jewels were in his possession. In his fear of losing Freud's help, it evidently did not occur to him that Freud would never have considered permitting the patient to use up his little capital. He took his wife's advice because, as he admitted, it coincided with some inner feeling of his own. And from this time on his greed for money from Freud increased: he was always wondering how large the next present would be — it varied from year to year with the amount collected; how it should be expended, etc. The patient now acquired a lack of candour remarkable in a hitherto compulsively honest individual. He began concealing financial facts from his wife and, in the period of inflation, he who had always been unduly cautious, speculated and lost considerable amounts of money. In all his financial affairs there now appeared a certain dishonesty which, despite his formerly neurotic attitude, had never before been present.

Nevertheless, to all intents and purposes, the patient was well. The man who had come with his own physician and orderly, who had been unable even to dress himself, was now working hard at any task obtainable and supporting to the best of his ability a sick and disappointed wife. His interests and ambitions, in comparison with those of his youth, were limited. Apparently he was paying this price for his former illness and its cure. However, he continued to paint, and in the summer of 1922 he did a portrait of himself which required him to spend considerable time looking at himself in the mirror.

In April 1923, Professor Freud had his first minor operation on his mouth. When the Wolf-Man went to see him before the summer to receive his money he was shocked at Freud's appearance. He thought little about it, however, and went on his vaca-

Supplement to From the History of an Infantile Neurosis

tion. While in the country he began to masturbate with obscene pictures. He was not excessive, and was not particularly troubled by the appearance of this symptom. His wife was often ill and disinclined towards coitus. When he returned to Vienna in the autumn, Freud was again operated on, and this time the serious nature of his illness was known to all of us, including the Wolf-Man.

3: History of the Present Illness

I shall now attempt to relate as closely as possible in the patient's own words the story of his present illness, written down for me by him immediately after the close of our analysis in February 1927.

In November 1923, the patient's mother arrived from Russia. When he met her at the station, he observed a black wart on her nose. In reply to his question, she told him that she had been to various doctors, most of whom told her to have the wart removed. However, the doctors were themselves uncertain of its nature, because of its curious way of coming and going. At times it was present and at times it was not. Therefore she had refused to have it operated on, and was now very glad of her decision. But the patient noticed that she had become somewhat hypochondriacal; she was afraid of draughts and dust and infection of all kinds.

At the beginning of 1924 the patient began to have trouble with his teeth, which until 1921 had been particularly good. At that time it had been necessary to extract two teeth, the first he had ever lost. The dentist who performed this extraction and who prophesied that the patient would soon lose all his teeth because of the violence of his bite, was named — Dr Wolf! Because of his prophecy the patient did not return to this dentist, but went instead to various others, with none of whom he was entirely satisfied. Once, while having an infected root-canal treated, he fainted. From time to time small pustules were present on his gums.

At this time certain changes went into effect in the office where the patient was employed, which resulted in the loss of

his hitherto independent position and his transfer to another, this time exceedingly gruff and inconsiderate, superior.

The chief symptom of the present illness appeared in February 1924 when the patient began to have queer thoughts about his nose. Always dissatisfied with his small snub nose, he had been teased about it in school, and called Mops (pug dog). At the age of puberty a nasal catarrh had caused sores on his nose and upper lip, requiring salves for their treatment. These were prescribed by the same doctor who later treated him for another catarrh, namely, the gonorrhoeal. During the analysis with Freud, the patient had been treated by a leading Viennese dermatologist, Professor X., for obstructed sebaceous glands. Thus it is evident that the patient's nose had always been the object of a certain amount of thought and dissatisfaction on his part.

In the years following the war, the exigencies of life had kept him too busy to permit of much thought or worry about his appearance; he had even become rather proud (I suspect because of his many Jewish contacts) of his own nose. It now occurred to him that he was really exceptionally lucky to have a nose without a blemish! Some people had warts - his wife had had a wart on her nose for years - others had moles or pimples. But, his thoughts continued, how terrible it would be if *he*, for instance, had a wart on his nose!

He now began to examine his nose for obstructed sebaceous glands, and about a month later managed to find certain nasal pores that stood out 'like black points' (presumably blackheads). These caused him to become slightly uneasy and, remembering the success of X.'s earlier treatment, he thought of returning to him. This seems, however, to have been more an idea than a real plan, for the patient made no attempt to put it into execution.

In May the patient's mother returned to Russia. A fortnight later he noticed a small pimple in the middle of his nose, which, to use his own words, had a very odd appearance and refused to disappear. The pimple then became hard, and the patient remembered that an aunt of his had had a similar affliction, which had never cleared up.

The constipation which, it will be remembered, represented the hysterical attachment behind the compulsion neurosis, now reappeared. This symptom had been the subject of the four months of analysis with Freud from November 1919, to February 1920. Except for rare attacks during illnesses, the patient had been free of his constipation for six years. With its re-appearance he became aware of a marked fatigue. He went to the *Krankenkaesse*² and asked to be given a series of invigorating baths. He was obliged to be examined by the physician in charge, who ordered pine baths and cold compresses to the abdomen. The latter were disapproved of by the patient who, like his mother, was afraid of catching cold. As usual, his fears were realized; on Whitsuntide he went to bed with influenza. (It will be observed throughout that this patient, born on Christmas Day, always chose the important holidays for the production of symptoms or for other significant acts. I once remarked that, surprisingly enough in one of his violent nature, he had never indulged excessively in masturbation. He replied: 'Oh no, of course I only masturbated regularly on the big holidays'.)

The patient had had a slight cough all winter; he was now convinced that, as a result of the physician's prescriptions, his influenza would develop into pneumonia. This development, however, failed to take place, and when, shortly afterwards, he again consulted this doctor (he always returned for a time to the physician or dentist with whom he was already dissatisfied), a curious incident occurred. The patient remembered that on the occasion of his last visit the doctor had complained to him of a kidney malady of his own. As he now sat talking to the physician, whom he liked very much, he thought to himself: 'How agreeable it is that I, the patient, am really healthy, whereas he, the doctor, has a serious illness!'

His pleasure in this situation seemed to him to deserve punishment. He went home, lay down to rest a little, and involuntarily ran his hand over his nose. Feeling the hard pimple under the skin, he scratched it out. Then he went to a mirror

² The Austrian system of *Krankenkaessen* represented an obligatory health insurance.

and looked at his nose. Where the pimple had been there was now a deep hole. From this moment on, his chief preoccupation was with the thought, will the hole heal? And when? He was now compelled to look at his pocket mirror every few minutes, presumably to observe the progress of healing. However, the hole did not entirely close, and its failure to do so embittered his life. Nevertheless, he continued to look in his mirror, hoping against hope that within a few months everything would be all right again. For now he could find no pleasure in anything, and he began to feel that everybody was looking at the hole in his nose.

Finally, just before the summer holidays, the patient consulted Professor X., oddly enough, not for the hole in his nose, but for the enlarged sebaceous glands which he had at last succeeded in finding. X., who had not seen the patient since the war and the reversal of his fortunes, was very friendly. He warned the patient that, while the glands could easily be removed, the nose would for a time be red. He then took an instrument and opened several of the glands. For those remaining he prescribed various medicines, a liquid and a salve. (At the age of twelve the patient had also been given a salve for a similar condition.)

X.'s warning was fulfilled; the patient's nose remained so red for several days that he almost regretted his visit to X. His wife disapproved of the medicines and, perhaps only apparently against the will of the patient, threw them away.

Suddenly, on the day before his departure for the country, for no obvious reason, the patient became fearful that the tooth which had troubled him some months previously might spoil his vacation. He therefore went to the dentist and allowed him to pull what afterwards turned out to be the wrong tooth. On the following day the patient deeply regretted this visit, feeling sure that another tooth was at fault. Some bronchial symptoms caused him additional worry.

However, the holiday in the country was a success. The patient painted industriously and thought less and less about his nose and teeth. As a matter of fact, in the absence of a real cause he rarely became hypochondriacal about his teeth. Once the

cause was present, however, his distrust of the dentist in charge became pronounced. (Professor Freud has told me that the patient's attitude toward tailors precisely duplicated this later dissatisfaction with, and distrust of, dentists. So, too, in his first analysis, he went about from tailor to tailor, bribing, begging, raging, making scenes, always finding something wrong, and always staying for a time with the tailor who displeased him.)

The autumn and winter of 1924-5 were uneventful. When the patient, who had almost forgotten his nasal symptoms, again examined his nose in a mirror, he was unable even to find the place where the hole had been. With a sense of relief he regarded the incident as a thing of the past.

During this time certain changes occurred in his sexual life. He resorted to his former habit of following women in the street. The reader of *From the History of an Infantile Neurosis* will recall the fact that the patient had had a variety of sexual experiences with women of the lower classes. He now frequently accompanied prostitutes to their lodging where, on account of his fear of venereal disease, his relations with them were limited to masturbation in their presence. The masturbation which had begun in the summer of 1923 had been performed while the patient gazed at obscene pictures. His relations with prostitutes were thus a further step in this direction.

The patient's preoccupation with his nose had lasted from February 1924, until approximately the end of the ensuing summer - that is, some six months.

It was on Easter Day 1925, that the nose symptoms reappeared. While the patient was sitting with his wife in a park he became aware of a painful sensation in his nose. He borrowed his wife's pocket-mirror and, looking into it, discovered a large, painful pimple on the right side of his nose. Despite its size and painfulness it seemed an ordinary pimple, and as such caused the patient no worry. Expecting it soon to disappear, he waited several weeks, during which time it would occasionally improve and then again show pus. (His mother's wart had come and gone.) As Whitsuntide approached, the Wolf-Man began to lose patience. On Whit-Sunday he went with his wife

to see the cinema film *The White Sister*. Hereupon he was reminded of his own sister, dead so many years, who shortly before her suicide had voiced his own complaint that she was not beautiful enough. He remembered how often she too had worried about the pimples on her face. Much depressed he went home. Next day he consulted the dermatologist of the *Kranken-kasse* (one wonders why he changed dermatologists at this point) who said that the pimple on the patient's nose was an ordinary one, which would in course of time disappear. But when the patient, unimproved, returned to him two weeks later, the physician said that the pimple must in reality be an infected sebaceous gland. To the patient's questions as to whether it would disappear by itself, or whether something should be done for it, the doctor answered negatively.

And now the utmost despair seized the patient. He asked how it was possible that there was no treatment for such a disease, and whether he was condemned to go through his whole life with such a thing on his nose. The doctor glanced at him indifferently and again replied that nothing could be done. And now, as the patient states, the whole world turned on its axis. The structure of his life collapsed. This was the end for him; thus mutilated he could not go on living.

From the *Kranken-kasse* doctor he rushed to Professor X., who received him cordially and quieted him, saying that the matter was easily remedied. He would at once take out the gland. With the aid of an instrument he pressed the infected spot on the patient's nose; the patient cried out, and blood flowed from the place where the gland had been. As his analysis later revealed, he experienced at the sight of his own blood flowing under the doctor's hand an acute ecstasy. He drew a deep breath, hardly able to contain his joy. Two hours before he had stood on the verge of suicide, and now a miracle had rescued him from disaster.

But a few days later, when the dried blood had fallen away with the scab from the wound, the patient observed to his horror a slightly reddened elevation where the wound had been. The whole area looked a little swollen. The question now presented itself: would the swelling disappear, or had the *Krank-*

enkasse doctor been right in saying that nothing could be done for a thing of this kind?

Simultaneously small pustules on the patient's gums caused him to go to the dentist. On hearing from him that the gums boils were of no importance, he decided that he must have an additional opinion. For some time he had had little faith in his dentist. He now went to one recommended by an acquaintance in his office. The new dentist declared that, whatever the condition of the tooth which had been extracted, a really dangerous tooth had remained in the patient's mouth. This tooth he considered responsible for all the patient's troubles, including the pimple on his nose. It was so badly infected that unless it was pulled immediately the pus could extend to any organ in the body and cause a generalized sepsis. Had this tooth been pulled in the beginning the patient would have had no further trouble with his teeth or with the pimple or the purulent sebaceous gland. Inasmuch as the opinion tallied with the patient's own, he allowed the tooth to be drawn at once.

He now blamed this last dentist for all his troubles. But, with the extraction of the tooth, his interest was once more directed to his nose, which seemed to be swelling to such an extent that it no longer resembled its original self. All day long now the patient gazed at the swollen area, tormented by the fact that his nose was 'not as it had been'. He went again to Professor X., who assured him that nothing was wrong with his nose. Not in the least impressed or reassured by these words, the patient became exceedingly frightened. His nose had increased so rapidly in size that one half of it seemed entirely out of harmony with the other half. Moreover, it was still swelling. Terrified at the possibility of further extension, he went again to Professor X. His frequent visits no longer interested the dermatologist who, standing with his back to the room and looking out of the window, left the patient to the care of his assistant. 'Persecuted by fate and abandoned by medicine', the patient now conceived a new plan to attract X.'s attention. He decided to have his wife who, it will be remembered, had a wart on the tip of her nose, accompany him to Professor X., whom he was afraid to visit alone. X., extremely cordial, immediately re-

moved the wart. When, however, the patient approached him with his familiar query as to the future of his own nose, X. became irritated. He finally stated that the patient was suffering from vascular distension, and that this, like the wart, was best treated with electrolysis. He added that the patient could return in a few days for treatment.

On the one hand, the patient was unhappy at having a new illness - vascular distension; on the other hand, this gave him the renewed hope of cure. But he was doubtful of the diagnosis. An habitual abstainer from alcohol, he did not see how he could have acquired an enlargement of the calibre of the blood vessels, essentially a disease of drinkers. Moreover, he was young for it. His wife advised him not to go back to X. before the summer holidays. 'He is angry with you now,' she said, 'and will perhaps do something to you that you will be sorry for the rest of your life.' Both felt that Professor X. was treating the poor Russian refugee differently from the rich Russian patient of Freud.

At the beginning of August the patient visited the acquaintance who had recommended the new dentist. Asked if he could observe anything in particular on the patient's nose, his friend looked at him carefully and said that he could not see the place where the gland had been removed, but that he did notice that one side of the nose seemed a little swollen. This remark threw the patient into great excitement. He felt that his disease was not improving, and that it was useless to postpone the electrolysis until the autumn. He lost what patience remained to him and made up his mind to have the treatment suggested by Professor X., but as usual he wanted a control opinion. He therefore went to another dermatologist who, it is worthy to note, had his office at the corner of the street in which Freud lived.

The new consultant confirmed X.'s diagnosis and added that the infected sebaceous glands had been skillfully removed. He considered electrolysis harmless but inappropriate for this malady, and recommended diathermy. He was extremely pleasant and, unaware of the financial situation of the patient, who had chosen him by looking up dermatologists in the telephone book and apparently allowing himself to be influenced by their loca-

tion, he charged him the usual sum for one visit. The patient, who paid X. nothing whatsoever, felt elated at once more 'paying like a gentleman'.

He was now completely reassured about the judgment of Professor X., who had thus far evidently done the right thing and who was therefore probably also to be trusted in his preference for electrolysis over diathermy. Moreover, the advocate of diathermy was leaving Vienna on the very day of this visit, therefore his treatment was out of the question. The patient wanted the entire matter disposed of before his own vacation. He therefore went at once to Professor X. who, he learned, was leaving town the next day for the summer. In a spirit of exceeding confidence and trust, the patient allowed himself to be treated with electrolysis by X. who, it seemed to him, was unusually friendly. When he went home, his wife cried out: 'For heaven's sake, what have you done to your nose?' The treatment had left certain marks which, however, did not disquiet the patient. The other dermatologist's opinion of X. and his words in general had so restored the patient's equilibrium that he felt himself once more master of the situation. He also had a curious feeling of having been reconciled to the first dermatologist by the second.

Three days later the patient and his wife went away to the country. The holiday proved pleasant. Although the patient was still somewhat occupied with thoughts of his nose, and although the scars due to the electrolysis were a matter of concern to him, he managed to enjoy his holiday. He painted, went on excursions, and felt well in general. When in the autumn he returned to the city he was apparently normal, except for the fact that he looked for or at the scars on his nose more than was necessary.

His interest now returned to his teeth. His last dentist had put in five fillings and had wanted to make a new crown which, he said, was badly needed. But the patient, not certain of the dentist's judgment, had refused to have the crown made before receiving advice from another dentist, who in his turn stated that a new crown was entirely superfluous, but that six new fillings were required. Inasmuch as five new fillings had been

made only two months previously, the patient now became distrustful of this dentist, and went to still another. The latest of these recruits said that the crown was indeed adequate, but that two fillings, not six, were needed! However, since, according to the third dentist, the second had been right about the crown, the patient decided to go back to him, although doing so meant acquiring six new fillings. But now the *Krankenasse* doctor refused the patient permission for so much dental work, adding that it was a pity to spoil such beautiful teeth with so many fillings. He then asked the patient not to mention his having made this remark, which struck the patient as being so odd (apparently because of the implied homosexual admiration) that he repeated it to the friend who had examined his nose. This friend now recommended a dentist who was supposed to be a man of great judgment and experience, capable of passing judgment on the work of all the others. This man, apparently a dean among dentists, was named - Dr Wolf!

The second Dr Wolf approved the work of the latest dentist, to whom, therefore, the patient, despite his own dissatisfaction, returned. This dentist now told him, like an earlier one of the long series, that he had a 'hard bite' and would soon probably lose not only the fillings, but all his teeth as well.

Until Christmas 1925, despite a certain amount of concern as to when the nasal scars would disappear, the patient, who was now having difficulties at his office, felt fairly well. But with the beginning of the year 1926, the nasal symptoms again became prominent, occupying more and more of his attention. By the time Easter came, the mirror was again playing an important role, and the patient was doubtful whether the scars, now present for almost a year, would ever disappear.

The summer of 1926 brought the full development of his symptoms.³ On 16 June he called on Freud and received the

3. In 1926 Freud had written to the Wolf-Man asking him certain questions about the wolf-dream. The Wolf-Man replied to him on 6 June 1926, stating: 'I am completely sure that I dreamed the wolf-dream precisely as I narrated it to you at the time.' He went on to discuss whether he could possibly have seen the opera Pique Dame, which contained certain elements that might seem to be related to the dream, and he felt that this was unlikely, although Pique Dame was the first opera he and his sister had

annual sum of collected money. He, of course, said nothing about his symptoms. Two days before he had been to see the *Krankenasse* physician, whom he had called on frequently of late because of increasingly violent palpitations of the heart. He had read a newspaper article in which the statement was made that cod-liver oil caused heart trouble; and inasmuch as he had, for some unknown reason, been taking cod-liver oil for two years, he became afraid that he had injured himself. The doctor made a diagnosis of 'heart neurosis'.

Suddenly, on the next day, 17 June, the patient made up his mind to go to the dermatologist whose words had so consoled him once before. He immediately put his decision in execution. The dermatologist entirely failed to see any scar left by the

attended. Towards the end of this letter, the Wolf-Man wrote: 'Without any connection with the dream, two other childhood memories recently occurred to me, from my earliest days. One was a conversation with the coachman about the operation that is performed on stallions, and the second was my mother's story about a kinsman born with six toes, one of which was cut off immediately after his birth. Both those memories deal with the subject of castration . . . I should be very glad if this information is of use to you.'

On 11 June 1957, the Wolf-Man wrote a very interesting letter referring back to this letter to Freud, which he had recently reread: 'I had quite forgotten about this letter . . . I am now still of the opinion that I saw Pique Dame after the dream.' He explains that until his family left 'the first estate', when or before he was five years of age, he had been in a city where there was an opera only once for a short time one summer. 'I could have been only three or four years old at the time and I cannot imagine anyone taking a child that age to the opera. In fact I do not think the opera was open in summer at that time.' This letter continues with an acute observation: 'It is interesting that my letter to Professor Freud is dated 6 June 1926. In June 1926 the symptoms relating to my nose appeared, supposedly "paranoia", for which Dr Mack treated me. This must have been not long after the composition of my letter to Professor Freud; for on July 1, 1926, my wife and I went on vacation, and I was already in an indescribably despairing condition. If I had waited a few more days to reply to Professor Freud, I should have been in such a mental state that I could probably not have told him anything which he would find useful. Or, could the outbreak of my "paranoia" have had any connection with Professor Freud's question? . . . What strikes me about my letter to Professor Freud is the extent to which I speak of castration. No wonder, if this letter was written on the "eve of a paranoia".' (M.G.)

infected sebaceous gland; on the other hand, he stated that the area treated by electrolysis (he had recommended diathermy) was scarred and evident. To the patient's remark that such scarring must disappear with time, he replied that scars never disappeared and were not amenable to any sort of treatment. How was it possible that such a thing had been treated with electrolysis? Had the patient really gone to a full-fledged dermatologist? This certainly did not seem to be the work of a specialist.

At the words 'scars never disappear' a terrible sensation took possession of the patient. He was in the grip of a bottomless despair such as he had never, in all his earlier illness, been the victim of. There was no way out then, no possibility of escape. The words of the dermatologist rang incessantly in his ears: scars never disappear. There remained for him only one activity, comfortless though it was, and that was to look constantly in his pocket mirror, attempting to establish the degree of his mutilation. Not for a moment was he separated from his little mirror. In the course of time he went again to the dermatologist, imploring his aid, and insisting that there must be some mitigating treatment, if no cure. The physician replied that there was no treatment and that none was necessary: only the finest white line, he declared, was visible on a nose that even a prima donna could be proud of. He attempted to quiet the patient, whom he advised to distract his mind from the thought of his nose which, he added, had evidently become an *idée fixe*.

But now his words were without effect on the patient. Indeed, he felt that they were but alms thrown to a crippled beggar. (See Freud's *From the History of an Infantile Neurosis*, where the attitude towards beggars, and especially toward the deaf-and-dumb servant, is shown to be derived from the pitying narcissistic concern with the castrated father.) He went to a third dermatologist, who found nothing whatever wrong with the patient's nose. In his utter hopelessness the patient was pursued by the following thoughts: how could Professor X., the foremost dermatologist in Vienna, have been guilty of such irreparable injury to the patient? Was it by some sheer and terrible accident, or out of negligence, or perhaps even unconscious intention? And where, continues the thought of this singularly

school and keen-minded patient, does the unconscious end and the conscious begin? With all his heart the patient hated Professor X. as his mortal enemy.

4: The Course of the Present Analysis

This, then, is the story of the illness which brought the patient into my care. I must confess that at first it was difficult for me to believe that this was indeed the Wolf-Man of *From the History of an Infantile Neurosis*, and of Professor Freud's later descriptions: a reputable, compulsively honest and conscientious individual, absolutely reliable from every point of view. The man who presented himself to me was guilty of innumerable minor dishonesties: he was concealing the possession of money from a benefactor with whom he had every reason to be candid. Most striking of all was his total unawareness of his own dishonesty. It seemed to him a matter of no moment that he was actually accepting money under false pretences (given the fact that the jewels were worth, as he then thought, thousands of dollars).

In the analysis his attitude was one of hypocrisy. He refused to discuss his nose or his dealings with dermatologists. Any mention of Freud was passed over with an odd, indulgent little laugh. He talked at great length about the marvels of analysis as a science, the accuracy of my technique, which he professed to be able to judge at once, his feeling of safety at being in my hands, my kindness in treating him without payment, and other kindred topics. When I passed through the waiting-room before his hour, I saw him pacing up and down, looking first in the large mirror and then in his pocket one. But when I mentioned his conduct to him I was met with the utmost firmness: there were other matters than his nose to be discussed, and until they were disposed of – a matter of some weeks – the patient would give his attention to nothing else. When it finally came to dealing with the subject of the nose itself, I became acquainted with the patient's firmness in all its ramifications. But even now his walled-off quality became apparent. At all times unusually closed to suggestion, probably by reason of his narcissism, he

now proceeded to entrench himself behind his impermeability; and a trait ordinarily of great value to the accuracy of an analysis became its chief resistance.

His first dream was a version of the famous wolf dream; many others were mere restatements. One amusing change had occurred: the wolves, formerly white, were now invariably grey. When visiting Freud, the patient had on more than one occasion seen his large grey police dog, which looked like a domesticated wolf. The fact that the first dream was again a wolf dream was considered by the patient a corroboration of his statement that all his difficulties came from his relation to the father; for this reason, he added, he was glad to be in analysis with a woman. This statement revealed his attempt to evade his father, although it also contained a kernel of justification. It was indeed safer now for him to be analysed by a woman, because he thereby avoided the homosexual transference which at this point was evidently so strong that it would have become a danger to the cure, rather than an instrument of it. The later course of treatment seemed to confirm this point of view.

It is perhaps unnecessary to recall the fact that the wolf-dream at four years of age contained the nucleus of the patient's passive attitude to his father, which had its origin in his identification with his mother during his coitus observation at one-and-a-half years.

Following the patient's repeated comments on my kindness in treating him without payment, he brought this dream, betraying his possession of the jewels.

He is standing at the prow of a ship, carrying a bag containing jewellery – his wife's earrings and her silver mirror. He leans against the rail, breaks the mirror, and realizes that, as a result, he will have seven years of bad luck.

In Russian the ship's prow is called its 'nose', and this was the place where the patient's bad luck began. The mirror, which played such a large role in his symptomatology, was also present; and the fact that it belonged to his wife had the same significance as the fact that the patient borrowed first his wife's mirror, in order to examine his nose, and then, as it were, her

feminine habit of frequently looking at herself in it. Moreover, when one breaks a mirror one simultaneously breaks one's own reflection. Thus the patient's own face was damaged along with the mirror.

The purpose of the dream is the disclosure of the patient's possession of the jewels, amongst which were actually the earrings of the dream. The seven years are the years since the analysis with Freud, during a part of which time the jewels were concealed. But beyond the spontaneous interpretation of the number of years, the patient refused to discuss in this connection any possible dishonesty. He admitted that it would have been better to have told about the jewels at once because, he said, he would then have been easier in his mind. But women – meaning his wife – were always like that: distrustful and suspicious and afraid of losing something. And it was his wife who had suggested this concealment.

I was again brought up against a point on which the patient proved absolutely inaccessible; and it took me a short time to realize that his unscrupulousness as well as his failure to acknowledge it as such were signs of a profound character-change. Beyond his intellectual acuity and analytic perception, my patient had little in common with the original Wolf-Man who, for instance, was domineering with women, especially his wife and mother. My patient, on the other hand, was completely under the control of his wife; she bought his clothing, criticized his doctors, and managed his finances. The passivity formerly directed entirely towards the father and even here masked as activity, had now broken its bounds and included in its sweep both homosexual and heterosexual relations. A number of petty deceptions resulted; for instance, the patient, now grown negligent of his work, left the office whenever he pleased. In the event of being apprehended, he made up any excuse.

These symptoms, perhaps not striking in themselves, were at such variance with the former character of the patient that one was forced to accept them as indications of a change of character as profound as that which had occurred in him at three-and-a-half years.

An attack of diarrhoea at the beginning of the analysis

heralded the important subject of money. But the patient, apparently satisfied by the symptom itself, gave no other evidence of repaying his debt. To the contrary, it became clear that the gifts of money from Freud were accepted as the patient's due, and as the token of a father's love for his son. In this manner the patient recompensed himself for the old humiliation of his father's preference for his sister. But with this attitude went certain ideas of grandeur. The patient began to tell me of the unusual intimacy of his relation with Freud. It was, he stated, far more friendly than professional. Indeed, Freud had felt so keen a personal interest in him that he had been led to give what later turned out to be unsound advice. During the months of analysis in 1919 and 1920 the patient had wanted to go back to Russia to save his fortune. It is true that his mother and lawyer were in Russia at this time, and were presumably competent to look after matters there; nevertheless the patient felt that only he could save the family fortune. Freud, however – and here the patient, in various subtle ways, indicated that Freud's advice was motivated not by the facts but by his concern for the patient's safety – stated that the patient's desire to go home was merely a resistance; and by his persuasion (*sic!*) kept the patient in Vienna. While the patient obviously was flattered by what he considered Freud's motivation, he nevertheless blamed him severely for the loss of his fortune. On the other hand, he at no time suspected Freud of intentional injury. Probably his blame of Freud justified him in accepting financial aid from him. As a matter of actual fact, it would at that time have been impossible for the patient to return to Russia. His father had been a famous Liberal leader there, and the patient himself would undoubtedly have been shot.

For a time, despite the patient's invulnerability on important topics, or because of it, my relations with him were most sunny. He brought the clearest dreams in order that I might show my skill at interpreting them, thus confirming his statement that he was better off in my hands than in Freud's; the dreams in his previous analysis, he said, had been confused and difficult to understand. There had also been interminable periods of resistance, during which no material at all was forthcoming. Now

and then he would hint that he was safer with me because I was more objective in my attitude towards him than Freud had been; I, for instance, would certainly not have made that mistake about the patient's returning to Russia. And then, too, Freud's personal influence had been so strong: the whole atmosphere of the present analysis was clearer than that of the previous one. Each day brought some new light on his relations to Freud, to his wife, or to me. Only he refused to discuss his nose or his attitude to Professor X. Beyond the statement that he had been to X. during his first analysis, that X. had been recommended by Freud and was a friend of Freud's, and about of an age with Freud, and obviously, as the patient said at once, a substitute for Freud, no advance was possible.

And then fate played into my hands. A few weeks after the Wolf-Man began his analysis with me, Professor X. died suddenly on a Sunday night. In Vienna there is no good morning newspaper on Monday; the Wolf-Man was due at my office at about the time of the appearance of the afternoon edition. Thus my first question was: 'Have you seen today's paper?' As I expected, he answered in the negative. I then said: 'Professor X. died last night.' He sprang from the couch, clenching his fists and raising his arms with a truly Russian air of melodrama. 'My God,' he said, 'now I can't kill him any more!'

Thus the wedge was entered. I encouraged him to talk about X. He had had no definite plans for killing him, but he had had ideas of suing him, of suddenly appearing in his office and exposing him, of litigating with the purpose of obtaining financial recompense for his mutilation, etc. (I call attention to the querulous-paranoic trend shown here.) He had wanted to kill him, had wished him dead a thousand times, and had tried to think of ways of injuring X., as he himself had been injured by X. But for that injury, he stated, only death was an equivalent.

I now remarked that the patient himself had admitted that X. was an obvious substitute for Freud, and that therefore these feelings of enmity towards X. must have their counterpart in hostility to Freud. This he denied emphatically. There was no possible reason for hostility to Freud, who had always shown him the most tremendous partiality and affection. Again he

stressed the non-professional quality of their relation. I now asked why, if such were the case, he was never seen socially at the Freuds'. He was obliged to admit that he had never met Freud's family, thereby badly damaging his entire case. His replies were vague and unsatisfactory, perhaps even to himself. His arguments had an extraordinary tone: they were not exactly specious, but they contained an astounding mixture of fantasy and fact. Granted the tenets, he could, with his logical, obsessional intelligence, make the most improbable notions plausible. Thus he maintained his point of view.

So long as he combined his two techniques of satisfaction, on the one hand blaming Freud for the loss of his fortune and therefore accepting all possible financial aid from him, and, on the other hand, maintaining, on this basis, his position as the favourite son, it was impossible to make progress in treatment. Through this impenetrable wall one could not attack the chief symptom of the patient's illness. My technique therefore consisted in a concentrated attempt to undermine the patient's idea of himself as the favourite son, since it was obvious that by means of it he was protecting himself from feelings of a very different nature. I drove home to him his actual position with Freud, the total absence (as I knew from Freud to be the fact) of any social or personal relationship between them. I remarked that his was not the only published case - this being a source of enormous pride to the patient. He countered with the statement that no other patient had been analysed for so long a period: this too I was able to contradict. From a state of war we now reached a state of siege.

As a result of my attack, his dreams at last began to change. The first of this period reveals a woman wearing trousers and high boots, standing in a sleigh which she drives in a masterful manner, and declaiming verse in excellent Russian. The patient remarked that the trousers were a little humorous, and not, like a man's, entirely practical. The Russian declamation even he was obliged to recognize as the height of mockery: I had never been able to understand a single word of the Russian phrases which he occasionally interjected into his German sentences. The next dream was even more direct: on the street, in front of

the house of Professor X., who is analysing him, stands an old gypsy woman. While selling newspapers (I had performed the office of a newspaper in telling him of X.'s death), she chatters away and talks at random *to herself* (no one listens to her!). Gypsies, of course, are notorious liars.

Two factors are evident here: first, the contempt for me, and secondly, the wish to be back in analysis with Freud (Professor X.). I remarked that the patient was, after all, despite his many compliments, apparently regretting his choice of analyst and wishing to be back with Freud. This he denied. He added that through me he was really getting all the benefit of Freud's knowledge and experience, without coming directly under his influence. When I asked how this was possible, he said that he was sure that I discussed all the details of his case with Freud, so as to be advised by him! I remarked that this was not the case, that I had, at the beginning of his analysis, asked Professor Freud for an account of his former illness, and that since that time I had barely mentioned him nor had Freud inquired for him. This statement enraged and shocked the patient. He could not believe that Freud could show so little interest in his (famous) case. He had always thought Freud sincerely interested in him. Freud, in sending him to me, had even said - but here his recollection of what had been said became hazy. He left my office in a rage at Freud, which led to a dream in which his father is obviously castrated:

The patient's father, in the dream a professor, resembling, however, a begging musician known to the patient, sits at a table and warns the others present not to talk about financial matters before the patient, because of his tendency to speculate. His father's nose is long and hooked, causing the patient to wonder at its change.

The musician has in reality tried to sell old music to the patient who, after his refusal to buy it, feels very guilty. (His old attitude to beggars is here recalled.) The musician is bearded and looks like Christ. An association recalls an incident in which the patient's father was termed a 'sale juif' - which of course he was not!

The begging musician who looks like Christ and the patient's

father, and is at the same time a professor, is obviously according to his nose a Jew. Since the nose is throughout the symbol for the genital, the change in the father's nose making it Jewish denotes circumcision - castration. Also a beggar is for the patient a castrated person. Thus from the anger against the father, due to unrequited love, we come to a castration of that father, and, in the associations immediately following this interpretation of the dream, to the subject of Freud's operations and the patient's reaction to them - in other words, the death-wish against the father. I would emphasize the point that here the death-wish is due not to any masculine rivalry, but to the passive, unsatisfied, rejected love of the son.

It will be remembered that the patient's first glimpse of Freud at this time had shocked him. As he went away, he wondered whether Freud would die and, if so, what his own fate would be. He hoped for a small legacy, but feared it might amount to less than the collected sums of several years. Thus it would be more profitable for him if Freud recovered. The patient had profited so enormously by the death of his own father that it is not surprising that his expectation of inheritance should triumph over his rational calculations. As he said, despite them he expected Freud's death to bring him something.

But if the patient's nasal injury can only be avenged by death, that is a sign that castration is the equivalent of death. In that case the castrated father is the dead father, killed, presumably, by his son. The abuse of money also enters the dream, in the father's remark about his son's speculating. It is true that the patient speculated with whatever funds were at his disposal; and of course an inheritance from the father could also have been used for this purpose. In other words, the father in the dream is afraid of being killed for his money. From the Christ-like (castrated) appearance of the father, it is obvious that the patient identifies himself with this castrated father.

With the expression of the patient's death-wish against Freud, we gathered the results of my attack on the patient's over-compensating megalomania. From now on, the analysis proceeded; and the death-wish reappeared in all its manifestations. The father has castrated the son, and is for this reason to be

killed by him. In the many dreams of the castrated father, the death-wish is always present. So much the patient could admit: but the further mechanism by means of which his own hostility was projected on to the father and then perceived by the son as persecution, required far more effort.

A dream out of the high-school period of the patient's life brought out an incident which, occurring in his thirteenth year, served as the model for his future illness. At that time he had a nasal catarrh which proved very resistant to treatment. Coming at puberty, it was probably psychogenic. It was treated with salves and ointments, which caused a general acne; at least the acne, so common at puberty, was attributed to the medication. Thus the patient's attention was drawn to his nose and skin, which became so covered with pimples that he was forced to stay away from school. He was also troubled by blushing and by an enlarged sebaceous gland. A cold-water treatment proved of little value. On his return to school, he was mercilessly teased and nicknamed Mops (pug dog). As a rich and sensitive boy, he had always provided an excellent target for the school. But now he had become so over-sensitive about his nose that he could not bear the teasing which formerly had merely annoyed him. He became more and more seclusive, read Byron, and took great care of his body and clothing. Just at this time another school-boy was known to have acquired gonorrhoea. This boy was an object of horror to our patient, who was especially terrified by any illness of a chronic nature. He resolved never to acquire such a disease. Yet at the age of seventeen-and-a-half he too had gonorrhoea; and the words of the doctor, 'It is a chronic form, caused his first break-down. So long as the disease was acute, he was unhappy but not hopeless. The chronic discharge, however, discouraged him, and afforded him an opportunity for compulsive thoughts about the presence or absence of gonococci: were they present, he was lost. Thus the cause of an early period of seclusiveness and misery was an actual nasal affection. The second trauma, the gonorrhoea, was also real, and was, in the sense of directly affecting the genital, a true castration. But the third illness, the scar on the patient's nose, was purely imaginary. The fact that on the occasion of his first visit to Professor

X. he made no mention of the hole, asking only about the sebaceous glands, seems to indicate that the patient himself must have perceived the fictitious nature of his complaint.

The patient's identification of himself with the castrated father (partly, of course, out of guilt because of the death-wish) is continued by a further dream in which he shows Freud a long scratch on his hand. Freud answers something, repeating the word 'whole' several times. This comforting dream contains Freud's reassurance that the patient is not castrated. The theme of castration is further developed in the following dream.

The patient is lying on a couch in my office. Suddenly there appears near the ceiling a brilliant half-moon and star. The patient knows that this is a hallucination and, in despair, because he feels he is going mad, he throws himself at my feet.

The moon and star, he says, mean Turkey, the land of the eunuch. His gesture of throwing himself at my feet indicates his passivity. His insanity is due, therefore, to a *hallucinated* castration — i.e., the hole in the nose.

From the castration of the father, the patient's identification with him, and finally his own independent castration and consequent complete passivity, we now approach the actual persecutory material:

In a broad street is a wall containing a closed door. To the left of the door is a large, empty wardrobe with straight and crooked drawers. The patient stands before the wardrobe; his wife, a shadowy figure, is behind him. Close to the other end of the wall stands a large, heavy woman, looking as if she wanted to go round and behind the wall. But behind the wall is a pack of grey wolves, crowding towards the door and rushing up and down. Their eyes gleam, and it is evident that they want to rush at the patient, his wife, and the other woman. The patient is terrified, fearing that they will succeed in breaking through the wall.

The large woman is a combination of me and another woman, in reality very tall, whom the patient has seen, and whom he knows to have a tiny scar on her nose, which, to his surprise, does not in the least trouble her. She is, therefore, a

courageous person who fears neither wolves nor scars — the juxtaposition indicating a connection between the two.

His wife, a shadowy figure behind him, is his own feminine self. The door is the window of the original wolf-dream. The empty wardrobe is one which the Bolshevik emptied: the patient's mother related that when it was broken open, the cross was found in it with which the patient had been baptized, and which to his sorrow he had lost at the age of ten. Also the wardrobe reminds the patient of his fantasies about the Tsvarevitch, in which the latter is shut up in a room (the wardrobe) and beaten. In this connection Professor X. occurs to him: during the patient's first visit, X. had spoken of Alexander III with great sympathy, and then made some scornful remark about his weak successor, Nicolas II. This recalls in turn the stories of Peter the Great and his son Alexi, whom he killed. So, too, God allowed his son to die. Both these sons, Christ and Alexi, were tormented and persecuted by their fathers. At the word *persecuted*, the wolves in the dream occur to the patient, with the further association of Rome (Romulus and Remus), and the persecution of the early Christians. He then connects this dream, through the wolves, with his wolf-dream at the age of four, in which the wolves sat motionless on the tree, staring fixedly at the child. The interpretation revealed a contradiction: the child staring at its parents, not the parents at the child. The shining eyes of the wolves now remind the patient that for some time following the dream at four years he could not bear to be looked at fixedly. He would fly into a temper and cry: 'Why do you stare at me like that?' An observant glance would recall the dream to him, with all its nightmare quality. The recollection of this early symptom, directly dependent upon the childish wolf-dream, completely refutes Rank's attempt to displace the dream from the patient's fourth year to the time of his analysis with Freud. To my question, as to whether the wolf-dream really occurred at four years, the patient scarcely deigned to reply!

Of course the dream derives its chief significance from its persecutory content: for him the wolf has always been the father; and here the wolves — all the fathers, or doctors! — are trying to get at him to destroy him. If the door opens (the

original window, permitting the view of the coitus), the wolves will devour him.

And now, with the destruction of the patient's ideas of grandeur, his full persecution mania made its appearance. It was more diffuse than the one hypochondriacal symptom had led one to expect. X. had intentionally disfigured him; and now that he was dead, there remained no means of retribution. All the dentists had treated him badly and, since he was again mentally ill, Freud too had treated him poorly. Indeed, the whole medical profession was against him: since his earliest youth he had suffered abuse and mistreatment at the hands of his doctors. He constantly compared the story of his sufferings to that of Christ, whom a cruel God, intensely feared by the patient in his childhood, had permitted to go a similar way. The Christ and Tsarevitch identifications combine a comparison of misery and a compensation for it; for Christ and the heir to the throne are exalted figures. The same combination resulted in the patient's believing himself to be the favourite of Freud.

During this trying period the patient conducted himself in the most abnormal manner. He looked slovenly and harassed, and as if devils were at his heels, as he rushed from one shop window to another to inspect his nose. During the analytic hours he talked wildly in terms of his fantasies, completely cut off from reality. He threatened to shoot both Freud and me — now that X. was dead! — and somehow these threats sounded less empty than those which one is accustomed to hear. One felt him capable of anything because he was in such complete desperation. I realized how necessary and protective his megalomania had been: he now seemed plunged into a situation which neither he nor the analysis could cope with. When the following dream occurred, with its good portent, I was relieved and surprised, and entirely at a loss to account for the change by any fact save the obvious one that the patient had finally worked his way through the unconscious material behind his delusions of persecution.

The patient and his mother are together in a room, one corner of whose walls is covered with holy pictures. His mother takes the pictures down and throws them to the floor. The pictures break and fall

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into bits. The patient wonders at this act on the part of his pious mother.

It was the patient's mother who, in despair at the child's irritability and anxiety, taught him, at four-and-a-half years, the story of Christ. The result was that the little boy who had been unable to fall asleep because of his fear of bad dreams now exchanged these for a ceremonial which permitted him to fall asleep at once. It consisted in his going about the room at bed-time, crossing himself and praying, and kissing the holy pictures one after another. This ceremonial was the beginning of his obsessional neurosis.

In the dream I am the mother, but in a role contrary to the historical one; instead of giving the patient religion, I destroy it for him. What I actually destroy is the Christ fantasy, with all that it implies.

The dream of the next day was in substance a clarified wolf-dream.

The patient stands looking out of his window at a meadow, beyond which is a wood. The sun shines through the trees, dappling the grass; the stones in the meadow are of a curious mauve shade. The patient regards particularly the branches of a certain tree, admiring the way in which they are intertwined. He cannot understand why he has not yet painted this landscape.

The landscape of this dream is to be compared to that of the wolf-dream at four years. Now the sun is shining: then it was night, always a frightening time. The branches of the tree where the terrifying wolves sat are now empty, and are intertwined in a beautiful pattern. (The parents in the sexual embrace.) What was fearful and ominous has become beautiful and reassuring. The patient wonders at his never having painted this scene before; that is, his failure until now to admire it.

This reconciliation to what formerly terrified him can only mean that he has overcome the fear of his own castration, and can now admire what others find beautiful — a love scene between a man and woman. So long as he identified himself with the woman, he was incapable of such admiration; his entire narcissism reacted against the acceptance of the implied castra-

tion. If, however, he has abandoned his identification with the woman, he need no longer fear castration.

As was to be expected, the patient had not made quite the progress present in the dream. The next day he brought a dream in which he is lying at my feet: a return to his passivity. He is in a skyscraper with me, whose only means of exit is a window (see the original wolf-dream as well as the dream just cited), from which a ladder extends dangerously to the ground. To get out he must go through the window. That is to say, he cannot remain inside, looking out, as in the other dreams, but must overcome his fear and go out. He awakens in great anxiety, looking desperately for another way of escape.

But the only way out was through the acceptance of his own castration: either this, or the actual retracing of his childish steps to the scene which was pathogenic for his feminine attitude to the father. He now realized that all his ideas of grandeur and fear of the father and, above all, his feeling of irreparable injury by the father were but cloaks for his passivity. And once these disguises were revealed, the passivity itself, whose unacceptability has necessitated the delusion, became intolerable. What appeared to be a choice between acceptance or refusal of the feminine role was in reality no choice at all: had the patient been capable of assuming the feminine role and admitting his passivity to the full, he could have spared himself this illness, which was based on the mechanisms of defence against such a role.

A second dream of the same night revealed the cause of the restriction of the patient's sublimations. Freud, to whom he is telling his ambition to study criminal law, advises against this course and recommends political economy.

The patient, whose father was a Russian Liberal, active in politics and economics, had always been especially interested in criminal law (he was a lawyer). But throughout his analysis he insisted that Freud always discouraged him in these ambitions, telling him to devote himself to political economy, in which he (evidently in reaction against his father) had no interest. Now I knew his idea about Freud to be incorrect, yet until this dream I had been unable to convince the patient of this fact.

His inability to be the father in his sublimations had made him project the restricting influence onto Freud. He was not to be allowed to make his own choice, but was instead obediently to follow in the footsteps of his father.

He now talked at some length about his need to sublimate his homosexuality, and the difficulty of finding a means. He was aware of having been hampered by circumstance and inner incapacity. It is true that in Austria today the opportunity for the type of work that interests him is limited, but he might have used his free time, of which there was a great deal, for study. Here his work inhibition prevented his development. Indeed, this man, who once studied with industry and intelligence, and read voluminously, had now for years been unable to read a novel.

The next series of dreams, immediately following, illuminates the father-son relation and demonstrates the beginning of freedom for the son. The submissive son stands in opposition to the patient, who shows the beginning of a father-identification.

A young Austrian who has lived many years in Russia and lost all his money there visits the patient. This young Austrian now has a minor position in a bank in Vienna. He complains of a headache, and the patient asks his wife for a powder, not telling her that he requires it for his friend, out of fear of her refusing to give it to him. To the patient's surprise, she gives him also a piece of cake, which, however, is not big enough for both him and his friend.

Obviously the young Austrian is the patient himself. During his illness (the headache), he is treated with a powder, whereas the (healthy) patient receives, as an obvious reward, a piece of cake - the sublimation he so desires. But there is not enough for both of them; that is to say, there is only enough for the (healthy) patient.

The next dream reverted to the castrated father:

The patient is in the office of a doctor with a full, round face (like Professor X.). He is afraid that he has not enough money in his purse to pay the doctor. However, the latter says that his bill is very small, that he will be satisfied with 100,000 Kronen. As the patient leaves, the doctor tries to persuade him to take some old music which, however, the patient refuses, saying he has no use for it. But at the door

The Wolf-Man and Sigmund Freud

the doctor presses on him some coloured postcards, which he has not the courage to refuse. Suddenly the patient's (woman) analyst appears, dressed like a page in a blue velvet knickerbocker suit and three-cornered hat. Despite her attire, which is boyish rather than masculine, she looks entirely feminine. The patient embraces her and takes her on his knee.

The patient's fear of being unable to pay the doctor's bill is both actual and satirical. He was in fact unable to pay Freud for his last analysis; on the other hand, he had formerly as a rich patient paid enough to feel somewhat justified in accepting gratis treatment now. In the earlier analysis 100,000 Kronen would have meant nothing to him. But at the beginning of the year 1927, when this dream occurred, 100,000 (gold) Kronen would have meant a fortune to the impoverished Russian. He still spoke in terms of Kronen, perhaps because the sums sounded so much larger, although Austria now had shillings. He did not know whether the 100,000 Kronen in the dream represented 100,000 gold crowns or ten shillings. Thus he was either so rich that 100,000 gold crowns meant nothing to him, or else the doctor's bill of ten shillings was laughably small – presumably on the basis of his worth. In either case, the patient is able to pay his debt, though possibly through the depreciation of both the currency and the doctor's value.

The round, full face of the doctor is opposed to Freud's, which had looked so thin and ill to the patient. This detail apparently represents an attempt to discount the illness of the father, although everything else in the dream tends to emphasize the fact of his castration and the depreciation of his worth. He is in reality the begging musician (see the dream on p. 309) but, instead of trying to *sell* the music, he wants to give it to the patient. But it is really too worthless; the patient refuses it, only to be presented with the coloured (i.e. cheap) postcards. Certainly these are symbols of the gifts of Freud, now grown valueless to the patient. The meaning is clear: no gift is now sufficient to compensate the patient for the passivity involved in its acceptance. Thus at last gifts, which at the time of the patient's fourth birthday on Christmas Day had precipitated the wolf-dream and, indeed, the entire infantile neurosis, and had played

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a leading role in all his later life and analytic treatment, were now robbed of their libidinal value.

The doctor in the dream is a particularly harmless individual; that is to say, he is castrated, or as good as dead.

The nature of the heterosexuality in this dream is historically correct. It will be remembered that the patient was seduced at an early age by his elder and always precocious and aggressive sister. This seduction activated his latent passivity, directing it towards the woman. Thus my boyish costume has several meanings: first, the historic one of the sister's aggression; secondly, my role, as analyst, of a father-substitute; and thirdly, an attempt on the part of the patient to deny the castration of the woman, and attribute a phallus to her. In the dream I resemble those pages on the stage whose parts are usually and obviously taken by women. Thus I am neither man nor woman, a creature of neuter gender. However, the attribution of the phallus to the woman turned into a conquest for the patient who immediately discovers her femininity and proceeds to make love to her. Thus an additional purpose of her masculinity is disclosed: the patient has granted her the phallus in order to take it away from her, in other words, to castrate her in his father-identification as he has in the past wished to be castrated by that father.

It will be observed that this is the first dream where the heterosexuality of the patient, as well as a positive erotic transference, is clearly present. An element of identification with the woman is undoubtedly present, but the patient's leading role is a masculine one. Apparently only now has his father-identification become strong enough to enable him to develop a normal, heterosexual transference to me.

In the final dream of this analysis the patient is walking in the street with the second dermatologist, who with great interest is discoursing about venereal disease. The patient mentions the name of the doctor who treated his gonorrhoea with too severe a medication. On hearing his name, the dermatologist says no, not he – another.

Here the final link was established between the patient's present illness and the gonorrhoea which caused his first break-

down. It will be recalled that the patient's mother had some pelvic disease with bleeding and pain, and that the patient as a child held his father, perhaps not wrongly, responsible for this condition. When, then, in the dream the patient mentions the doctor who treated him so radically, in contrast to his own conservative family physician, who had treated him all his life, he means Professor X., whose radical electrolysis supposedly worked much the same damage as that of the earlier radical treatment. When the dermatologist says it is not this man but another, he can mean only the father (or Freud), the unnamed one responsible for all treatment as well as all disease. That disease represents castration is obvious.

Only after this dream did the patient actually and completely relinquish his delusion. He was now able to realize that his nasal symptom was not a fact but an idea, based on his unconscious wish and the defence against it which together had proved stronger than his sense of reality.

His final restoration took place suddenly and in an apparently trivial manner. All at once he found that he could read and enjoy novels. He stated that up to now two factors had held him back from what once had been his chief source of pleasure; on the one hand, he had refused to identify himself with the hero of a book, because that hero, created by the author, was wholly in the power of his creator; on the other hand, his sense of creative inhibition had made it impossible for him to identify himself with the author. Thus he fell between two stools – as in his psychosis.

From this moment on he was well. He could paint, and plan work and study in his chosen field, and again take the general intelligent interest in life and the arts and literature which naturally was his.

Again his character changed, this time reverting to the normal in a manner as striking as that in which his delusions disappeared. He was once more the man one had learned to know in Freud's story – a keen, scrupulous and attractive personality, with a variety of interests and attainments, and a depth of analytic understanding and accuracy which was a constant source of pleasure.

He was at a loss to understand his own conduct. The concealment of the jewels, the casual acceptance of the yearly money, the petty dishonesties, were all a mystery to him. And yet their secret lay in his remark about his wife: 'Women are always like that – distrustful and suspicious and afraid of losing something.'

5: *Diagnosis*

The diagnosis of paranoia seems to me to require little more evidence than that supplied by the history of the case itself. The picture is typical for those cases known as the hypochondriacal type of paranoia. True hypochondria is not a neurosis; it belongs more nearly to the psychoses. The term in this sense is not used to cover those cases where anxiety concerning the general health is the chief symptom, as in the anxiety neuroses; nor does it coincide with neurasthenia. It presents a characteristic picture, in which there is an exclusive preoccupation with one organ (or sometimes several organs), in the belief that that organ is injured or diseased. The head symptoms so common in early schizophrenia are an example of this type of hypochondria. Occasionally a slight illness affords the apparent basis for the idea of illness, which, however, is ordinarily present without any foundation whatsoever in reality. It thus comes under the heading of a delusion. (In the non-hypochondriacal forms of paranoia any one idea may form the leading symptom. Indeed, paranoia is typically a monosymptomatic, delusional disease, classified according to the nature of the delusion – persecutory, jealous, or hypochondriacal. In its earliest forms it may frequently appear as the so-called *überwertige Idee*; this 'idea' being of any nature whatsoever.)

Bleuler states that although text-books mention the hypochondriacal form of paranoia, he personally has never seen it. It will be observed that while the present case undoubtedly belongs to this category, nevertheless the hypochondriacal idea merely serves to cloak those of a persecutory nature behind it. Thus though the form is hypochondriacal, the entire content of the psychosis is persecutory. The patient maintained that his nose had been intentionally ruined by an individual who bore

him a grudge. The possibility of unintentional injury was cleverly taken care of by this analytically-schooled patient, who remarked: 'Who can tell where unconscious activity ends, and conscious begins?' And he added that surely the leading man in his speciality could not be so poor a therapist. He then went on to blame himself for Professor X.'s anger at him: he had by his frequent visits and persistent questioning exhausted X.'s patience. If one regards the latent rather than the manifest content of this idea, one sees in it (1) the patient's construction of the persecutory situation, and (2) his awareness of his own responsibility for it. We know that the persecution is in reality the hostility of the patient himself projected upon his object. Indeed, the Wolf-Man had a particular talent for creating situations which lent themselves well to his feelings of distrust. At the age of twelve he had used so much of the medicine prescribed for his nasal catarrh that he had ruined his complexion; and the doctor was blamed for giving him 'too strong' a salve. In the course of his gonorrhoea he became dissatisfied with the mild treatment of his own physician, and went to another, who gave him 'too sharp' an irrigation. The judgment of one dentist had always to be checked by that of another, until it became inevitable that somewhere an error would be made. Indeed, when the patient finally made up his mind to have a tooth pulled, apparently under a compulsion to lose a tooth at this time, the extraction was performed on a healthy tooth, necessitating a second extraction later. Professor Freud told me that the patient's behaviour with dentists at this time was a replica of his earlier one with tailors, whom he begged, bribed, and implored to work well for him, and with whom he was never satisfied. Here, too, he always remained for a time the customer of the particular tailor with whom he was dissatisfied. I would remark that not only is the tailor (*Schneider*) a common figure for the castrator, but that in addition the patient's early history had predisposed him to this choice. It will be remembered that the childish wolf-dream was based largely on his grandfather's story of the tailor who pulled off the wolf's tail.

The patient's statement that no doctor or dentist ever seemed to treat him properly is superficially to some extent justified. But

when one examines the circumstances surrounding the long line of the patient's medical and dental experiences, one is forced to the conclusion that he himself demanded and facilitated bad treatment on the part of his attendants. Distrust was a prime condition of treatment. The normal individual breaks off treatment when he becomes dissatisfied with his physician; he certainly does not permit himself to be operated upon by someone whom he regards as his enemy. The passive nature of our patient makes every breach with a father-substitute difficult: his first attempt is to placate the assumed enemy. This attitude will be recalled from the earlier analysis, where his gesture of turning towards the analyst meant: 'Be good to me. This same gesture, with the identical content, occurred in the course of the analysis with me.'

Professor X. was, of course, the chief persecutor; the patient had at once remarked that X. was an obvious substitute for Freud. In regard to Freud himself, the persecution was less evident. The patient blamed Freud for the loss of his fortune in Russia, but laughed at the idea that Freud's advice could have been intentionally malicious. It was necessary for him to seek out an indifferent but equally symbolic persecutor, to whom he could consciously and wholeheartedly ascribe the most vicious motives. There were, in addition, various minor persons by whom the patient considered himself imposed on, badly treated, and sometimes cheated. It is worthy of note that in just those relations where he probably really was imposed on, he was entirely unsuspecting.

The leading diagnostic points are, briefly:

1. The hypochondriacal delusion.
2. The delusion of persecution.
3. The regression to narcissism as shown in the delusion of *grandeur*.
4. The absence of hallucinations in the presence of delusions.
5. Mild ideas of reference.
6. The absence of mental deterioration.
7. The character-change.
8. The monosymptomatic nature of the psychosis. The patient,

when talking about anything except his nose, was entirely sane. The mention of that organ made him act like the classic lunatic.

9. The ecstasy experienced by the patient when X. removed the gland from his nose is not indeed typically psychotic, but is essentially non-neurotic. A neurotic may desire and fear castration, but he does not welcome it.

The hypochondriacal delusion cloaks the ideas of persecution, providing a convenient form for the content of the entire illness. The mechanism of condensation employed here reminds one of that in dreams.

6: Mechanisms

A word as to the mechanisms and symbolism of the psychosis. The nose is, of course, the genital; and it is a fact that the patient has always considered both his nose and his penis undressed. The wound is inflicted on his nose first by himself and then by X. The patient's failure to be satisfied by his self-castration reveals a motive beyond the usual masochistic one of guilt, which, regardless of the perpetrator, would be satisfied by the act itself. The further motive is, of course, the libidinal one, the desire for castration at the hands of the father as an expression in anal-sadistic language of that father's love. In addition, there is the wish to be made into a woman for the sake of sexual satisfaction from the father. I call attention here to the patient's hallucinatory experience in early childhood, when he thought he had cut off his finger.

Throughout the psychosis the 'veil' of the earlier illness enveloped the patient. Nothing penetrated it. A somewhat obscure remark to the effect that sometimes the analytic hour with me seemed the equivalent of this veiled state corroborated its earlier interpretation as a womb-fantasy. In this connection, the patient's idea that he occupied a kind of mid-position between Professor Freud and me is interesting; it will be recalled (p. 309) that he had many fantasies about the discussions which Freud and I were supposed to have had about him. He himself re-

marked that he was our 'child'; and one of his dreams revealed him lying next to me, with Freud sitting at his back. (The importance of *coitus a tergo* is again shown here.) In the language of the womb-fantasy, he is indeed partaking of the parental intercourse.

It is interesting to note the difference between the present psychotic mother-identification and the past hysterical one. Formerly the patient's feminine role seemed at odds with his personality; it was evident that he was playing a part. At times he was a man - as in his relation to women - although at other times, towards the analyst and other father-figures, he was obviously the woman. But now there was no dissociation: the feminine role had flooded his personality, and he was entirely at one with it. He was a bad, a petty personality, but he was not a dissociated one. A remark of Dr Wulff, formerly of Moscow and now of Berlin, to whom I described the case, and who knew and attended the patient and both his parents, best illustrates this point. He said: 'He no longer plays the mother, he *is* the mother, down to the least detail.'

The elements of the mother-identification were striking. The patient began thinking about his nose after the arrival of his mother with a wart on hers. Fate played into his hands by permitting his wife to have the same blemish in the same place. His sister had had trouble with her skin and was, like the patient, troubled about her appearance. Worry about the complexion is in itself rather a feminine trait. The stereotype complaint of the patient is directly taken over from his mother: 'I can't go on living like this any more.' The mother's hysterical anxiety about her health was reflected in the patient during childhood and later life, as for instance in the present illness in his fear of catching cold. Moreover, the patient's dishonesty about money was in part an identification with the mother whom he had so often and so unjustly accused of cheating him out of his inheritance.

Perhaps the height of the mother-identification was attained in the patient's ecstasy at the sight of his own blood flowing under X.'s hand. We remember his childish fear of dysentery and blood in his stool, following the complaint of his mother to

the doctor about 'bleeding' (presumably vaginal). The child thought his mother's pelvic disease the result of coitus with the father. Thus it was a passive coitus fantasy which caused the ecstasy when Professor X. took his instrument and removed the little gland. Obviously the element of giving birth, of being delivered, is also present.

The patient's most feminine trait was his trick of taking out a pocket mirror and looking at himself and powdering his nose. On the first occasion he borrowed his wife's mirror; later he purchased one, complete with face powder, behaving exactly like a woman in these days of mirrored compact powder cases.

If the nasal symptoms were a mother-identification, the dental symptoms were a father-identification, but an identification with the castrated father. Freud's operation was essentially a dental one, performed by a dental surgeon. Thus both Freud and the patient's own father, through his long illness and consequent incapacity, were in a sense castrated. It will be remembered that the servant whom the little boy loved so much had supposedly had his tongue cut out.

Although the present character-change of the patient was more profound than that of his childhood, it nevertheless resembled the earlier one. At three-and-a-half years he had, as the result of the seduction by his sister and the consequent activation of his passivity, become irritable and aggressive, tormenting people and animals. Behind his tempers lay the masochistic desire for punishment at the hands of the father; but the outward form of his character was at that time sadistic. An element of father-identification was present. In the present character-change, the same regression to the anal-sadistic or masochistic level was present, but the role of the patient was passive. He was tormented and abused, instead of being the tormentor. He now lived out his favourite fantasy of Peter the Great and the son whom he killed; and X. played into his hands at his very first visit by discussing with him another Tsar and his son! The fantasy of being beaten on the penis was reflected in the delusion of being injured on the nose by X. No element of the father-role was present here. Just as the childish tempers were attempts to provoke punishment (in other words, seduction) from the

father, so too were the persistent visits to X. and the constant demands for treatment which was obviously castration.

What Freud calls the patient's pendulum-like swing from sadistic to masochistic attitude is, he says, reflected in his ambivalence, present in all his relations. Thus both are the results of his strong bisexuality.

The libidinal significance of gifts runs like a red thread through the entire history of this patient. The wolf-dream which occurred just before the patient's fourth Christmas (and birthday) contained as a leading idea the expectation of sexual satisfaction from the father as the chief Christmas gift. The craving for presents from the father was the prime expression of the son's passivity. The idea of Freud's death was bound up with the (groundless) anticipation of an inheritance from him. This inheritance, especially during Freud's lifetime, had the significance of a gift, and roused just those feelings which Christmas had roused when the patient was a child. A similar role was played by the yearly sums of money from Freud: the unconscious passivity which remained unsolved after the first analysis found in these donations a source of satisfaction. Had the patient been as cured of his feminine attitude to the father as he seemed to be, those contributions would have been devoid of emotional significance.

A word as to the patient's attitude to the loss of his fortune. It may seem strange to us that he was able to accommodate himself so easily to the post-war conditions which completely changed his manner of living. But this element of indifference is due rather to nationality than to illness. Those who have come in contact with Russian refugees have been amazed at the rapidity of their adjustment. No one, seeing them in their new life, could guess how different the old had been.

7: Problems

Certain problems arise from this case, which offers an unusual opportunity for observation by reason of the fact that we have the histories of two illnesses in the same person, both treated with apparent success by analysis. Successful treatment

implies that all the unconscious material has been made conscious, and the motivation of the illness has become clear.

The second analysis corroborates in every detail the first one, and, moreover, brings to light not one particle of new material. Our entire concern is with a remnant of the transference to Freud. Naturally this remnant implies that the patient has not been wholly freed of his fixation to the father; but apparently the cause of the remaining attachment is not the presence of the unconscious material, but insufficient living-through of the transference itself. I say this in the face of the fact that the patient spent four-and-a-half years with Freud and remained well afterward for some twelve years. It is one thing for the analyst to consider a case complete, and another for the patient to do so. As analysts we may be in full possession of the historic facts of the illness, but we cannot know how much living-through (*durcharbeiten*) the patient requires for his cure.

One fact supports our assumption that the patient did not finish his reactions to the father in the course of his first analysis. This was the first case in which a time limit to the analysis was set by the analyst. Freud resorted to this after months and months of complete stagnation, and was rewarded by the decisive material of the case. Until the setting of the time limit the patient had been hardly more than prepared for analysis, little actual work had been accomplished. Now material streamed from the unconscious, and the wolf-dream in all its significance became clear.

When one remembers how glad patients are to retain one last bit of material, and how willing they are to yield everything else in exchange for it, one understands one reason for the effectiveness of a time limit in analysis. Perhaps sometimes the pressure actually brings out all that is there; but I can imagine that an inaccessibility which necessitates a time limit will most often use this limit for its own ends. Such seems to be the case with the Wolf-Man. It would have been useless to continue the analysis longer without the exercise of the one great means of pressure which we have — a time limit: our patient was too comfortable in the analytic situation. There was no way of meeting this resistance other than the removal of the situation itself. This

resulted in the patient's bringing sufficient material to produce a cure, but it also enabled him to keep just that nucleus which later resulted in his psychosis. In other words, his attachment to the father was too strong: on the one hand, it would have prevented any analysis whatever, and, on the other, it made the patient inaccessible in his final stronghold.

Why the patient developed paranoia instead of reverting to his original neurosis is hard to say. It may be that the first analysis robbed him of the usual neurotic modes of solution. One asks oneself if the patient was perhaps always latently paranoid. A certain support for this belief is found in the hypochondriacal tendency displayed throughout his childhood, and in his shyness and seclusiveness at adolescence, as well as in his preoccupation with his nose at that time. But the fact remains that he at no time developed delusions or in any way lost his sense of reality. And the chief evidence against this theory is his conduct during his analysis with Freud. Certainly the transference brings to light whatever mechanisms the patient is capable of producing, especially those of a paranoid nature; and, although one part of the childish obsessional neurosis did remind Freud of Schreber, nevertheless in the course of Freud's analysis there was never the slightest manifestation of any paranoid mechanism.

I believe that the paranoid form of the patient's illness can only be accounted for by the profundity and consequent degree of expression of his attachment to the father. For the most part this fixation was represented by the many and varied neurotic illnesses of childhood and later life. These manifestations of his femininity proved curable. We know that the passivity of the man has three possibilities of expression: masochism, passive homosexuality, and paranoia; these represent neurotic, perverse, and psychotic expressions of the one attitude. And in our patient that part of his passivity which was expressed by his neurosis was curable: the deepest portion, which had remained untouched, went to form his paranoia.

The loss of the equilibrium attained after the first analysis was due to Freud's illness. That this should have been the case is not difficult to understand. The threatened death of a beloved

person mobilizes all one's love. But the love of this patient for his father – represented by Freud – forms the greatest menace to his masculinity: satisfying it involves castration. To this danger the narcissism of the patient reacts with tremendous force; the love is partly repressed, partly converted into hate. This hate in turn generates the death-wish against the father. Thus Freud's illness, heightening the dangerous passive love of the patient, with consequent increase in the temptation to submit to castration, brings the hostility to a point where some new mechanism is needed to provide an outlet; and this is found in projection. The patient simultaneously rids himself of part of his antagonism by attributing it to another, and provides a situation in which his own hostility finds its justification.

I believe that the insight won during the first analysis was responsible for the patient's final accessibility. Nevertheless, it seems improbable to me that analysis with a male analyst would have been possible. It is one thing to play the persecutor's role towards a female paranoiac – already castrated! – and quite another to play it towards a man for whom castration is still a possibility. It must be remembered that in the psychotic the things feared are actually believed in: the psychotic patient is afraid of the actual cutting off of his penis, and not of some symbolic act on the part of the analyst. Fantasy has become reality. Thus the situation is too dangerous for the patient. This is perhaps the one situation where the sex of the analyst is of importance.

By avoiding the homosexual transference the intensity of the transference, which is sometimes a condition of therapeutic success, is of course sacrificed. The entire effect of the treatment is risked. The case in question offered an ideal compromise on this point, because of the indirect contact with Freud due to the first analysis. For this patient, analysis was Freud. It was as though just enough of the father's influence was present to be effective, without the additional degree which would probably have proved fatal to the treatment. It will be seen throughout the present analysis that my own role was almost negligible; I acted purely as mediator between the patient and Freud.

Two points seem to me worthy of particular emphasis. The

first of these is the mechanism of the cure. I have no explanation for the final turning-point which occurred with the dream (p. 314) about the holy pictures. I can attribute the change only to the fact that at last the patient had sufficiently lived through his reactions to the father, and was therefore able to give them up. The modes of analytic therapy are twofold: the first is the making conscious of hitherto unconscious reaction; the second is the working through (*durcharbeiten*) of these reactions.

The second point involves the primary bisexuality of this patient, obviously the cause of his illness. His masculinity has always found its normal outlet; his femininity on the other hand has necessarily been repressed. But this femininity seems to have been constitutionally strong, so strong, indeed, that the normal oedipus complex has been sacrificed in its development to the negative oedipus complex. The development of a strong positive oedipus complex would have been a sign of greater health than the patient actually possessed. Needless to say, an exaggerated positive oedipus complex often masks its opposite. On the other hand, even this reaction presupposes a greater biological health than that of our patient.

Whether the patient, who has now been well for a year and a half, will remain well, it is impossible to state. I should be inclined to think that his health is in large measure dependent on the degree of sublimation of which he proves capable.⁴

4. For an interesting discussion of whether or not any new childhood material appears in this analysis, of the sources of the new symptoms, and of the mechanism of the cure, the reader is referred to a discussion between J. Hárník and Ruth Mack Brunswick in the *Internationale Zeitschrift für Psychoanalyse*: J. Hárník, *Kritisches über Mack Brunswicks 'Nachtrag zu Freuds "Geschichte einer infantilen Neurose"*, XVI (1930), 123–127; Ruth Mack Brunswick, *Entgegnung auf Hárníks Kritische Bemerkungen*, XVI (1930), 128–129; J. Hárník, *Erwiderung auf Mack Brunswicks Entgegnung*, XVII (1931), 400–402; Ruth Mack Brunswick, *Schlusswort*, XVII (1931), 402. (M.G.)