

Bonomi, C. (2013). Withstanding Trauma: The significance of Emma Eckstein's Circumcision to Freud's Irma dream. *The Psychoanalytic Quarterly*, Vol. LXXXII, 3: 689-740.

**WITHSTANDING TRAUMA:
THE SIGNIFICANCE OF EMMA ECKSTEIN'S CIRCUMCISION
TO FREUD'S IRMA DREAM**

By Carlo Bonomi

Abstract: The author considers the medical rationale for Wilhelm Fliess's operation on Emma Eckstein's nose in February of 1895, and interprets the possible role that this played in Freud's dream of Irma's injection five months later. The author's main argument is that Emma likely endured female castration as a child and that she therefore experienced the surgery to her nose in 1895 as a retraumatization of her childhood trauma. The author further argues that Freud's unconscious identification with Emma, which broke through in his dream of Irma's injection with resistances and apotropaic defenses, served to accentuate his own "masculine protest." The understanding brought to light by the present interpretation of Freud's Irma dream, when coupled with our previous knowledge of Freud, allows us to better grasp the unconscious logic and origins of psychoanalysis itself.¹

Keywords: *Brith milah*, crypt, Eckstein, endocryptic identification, female castration, female genital mutilation, history of psychoanalysis, mute word, retraumatization, trauma, traumatic progression.

THE CRISIS OF THE CANONIC NARRATION OF THE ORIGINS OF PSYCHOANALYSIS

For a long time, we believed that we knew how psychoanalysis originated: Freud stood as a solitary hero who had single-handedly discovered the sexual etiology of the neuroses, infantile sexuality, and the unconscious. All three of these facets were part of the same grand discovery, all made possible by Freud's abandonment of the seduction theory in September of 1897. Self-analysis was the undisputed fulcrum of his entire achievement, the heroic achievement when Freud acquired access to a new psychology after liberating himself from the neurological prejudice initially found in his theoretical approach, a biased reinforced by his close collaboration with Wilhelm Fliess and Freud's endorsement of his reflex neurosis theory at the time.

Ernest Jones (1953) described this momentous shift in the opening volume of his biography of Freud:

¹ The present paper is a follow-up essay (part 2) to my previous work on this theme (Bonomi 2009).

The passage from physiology to psychology meant far more than a merely intellectual exchange of outlook: it betokened a reaching towards depths of his own being that had for many years been covered over. The struggle must have been titanic. [p. 314]

This superficial and simple-minded view of the *passage from physiology to psychology* was strongly challenged in the 1970s, both from within and from outside official psychoanalysis. Distinguished scholars, such as Robert Holt (1985), George Klein (1976), and Roy Schafer (1976), in a momentous choral effort, came to the conclusion that Freudian metapsychology had been fatally infiltrated by outdated physiological notions and hidden biological assumptions stemming from the period of Freud's studies in medicine.

At the same time, the idea that Freud was an original thinker who single-handedly founded and discovered psychoanalysis was seriously challenged by historians of medicine and science as well. Ellenberger (1970) convincingly argued that the sexual theory of the neuroses, as well as the very idea of the unconscious and of unconscious motivation, had been around long before Freud. A further blow was dealt by Sulloway (1979), who undermined the very idea of a passage from physiology to psychology in Freud, while arguing that the discovery of infantile sexuality, promoted by Freud, was already well on its way to gaining acceptance.

After the canonic narrative was challenged, an attempt to integrate historical research into a comprehensive view was offered by Makari (2008). He replaced the concept of *discovery* with the idea of *creation*. Freud, in Makari's text, is no longer seen as a hero who struggled against himself to establish psychoanalysis, but rather as an author who had produced an overreaching synthesis. To quote Makari: "Sigmund Freud did not so much create a revolution in the way men and women understood their inner lives. Rather he took command of revolutions that were already in progress" (2008, p. 5). The reading presented by Makari is compelling but incomplete, if only because the question of Freud's self-analysis was overlooked---a clear sign that the crisis has not yet been overcome.

THE PLACE OF THE IRMA DREAM IN RELATION TO SELF-ANALYSIS

Freud's self-analysis has in large part lost its foundational status within our field. This has occurred, I would argue, mainly because of our failure to tap the hidden meaning of Freud's founding dream, his dream of "Irma's injection." Freud presented his specimen dream and his interpretation of it

in the second chapter of *The Interpretation of Dreams* (1900) for didactic purposes, in order to illustrate how analysts should proceed when trying to gain access to thoughts underlying the manifest text of a dream. In his analysis of his dream, Freud introduced us to the systematic use of free association, which was to be applied to key elements within the dream to arrive at its truth; hence the reason why the Irma dream became “the most interpreted dream of all time” (Blum 1996, p. 515). Yet, and despite this, we still fail to understand just how and why this dream, of all dreams, became the starting point of everything for Freud.

Freud dreamt his Irma dream in the summer of 1895. Five years later, he dared imagine that a tablet honoring his dream and his interpretation of it would one day be placed outside the Hotel Bellevue, the building overlooking the city of Vienna where he had dreamt the dream. As he wrote to Fliess on June 12, 1900: “Do you suppose that someday a marble tablet will be placed on the house, inscribed with these words?---‘In this House, on July 24th, 1895 the Secret of Dreams was Revealed to Dr. Sigm. Freud’” (Masson 1985, p. 417).

Between 1895 and 1900, the Irma dream precipitated Freud’s shift from medicine to psychology, survived the collapse of the seduction theory, fertilized his systematic self-analysis, inspired the method of deciphering dreams, and helped pave the way to the Freudian unconscious. During this crucial period, Freud’s theory went through two dramatic shifts: first, the formulation of the seduction theory, later followed by its abandonment---a turn that contributed to Freud’s discovery of psychic reality. The Irma dream is thus a major element of continuity during a period in Freud’s life characterized by a number of dramatic twists and turns; anyone who desires to interpret the origins of psychoanalysis must face the riddle behind the “revelation” from which psychoanalysis itself was born.

Let us bear in mind that a revelation, especially the revelation of a secret, is typically unexpected, sudden, and traumatic, and furthermore, that the slow, active, and systematic application of a method was a consequence rather than a cause of this revelation. We might speculate that psychoanalysis was engendered as a product of Freud’s need to achieve control of his dream, and further that his self-analysis, as well as his theories, was the product of an immense intellectual and emotional effort by him. On one side, we find that Freud’s dreams were saturated with scientific formulas, abstract notions, and typographic elements, and on the other, that his production of theory was permeated by visceral sensations and oneiric visions.

The Irma dream was undoubtedly the starting point of this immense effort by Freud and makes it appear as though Freud had experienced only one dream during the most creative and crucial period

in his life. The dreams Freud dreamt during the course of his self-analysis might well seem to be repetitions, inversions, and recapitulations of words, scenes, or themes already present and at work within the Irma dream, his *Traummunster*---its entire unfolding reminding us of a musical fugue built on a theme presented at the beginning and then developed in the course of the composition, before finally being recapitulated. Thus the Irma dream serves to introduce and puts into play the exposition of a theme that continually recurs and returns throughout the course of Freud's self-analysis and beyond.

How is that possible? And what exactly is a recursive dream? Psychoanalysis has already presented us with answers to these questions: repetitive dreams are a response to a traumatic collapse and always involve an attempt to secure a new solution to trauma.

The idea that the Irma dream harbored a traumatic core was proposed by Anzieu (1986), a respected scholar of Freud's self-analysis. In his magnificent study of Freud, Anzieu describes Freud's specimen dream as a "post-traumatic act of repetition aimed at reparation" (p. 143).

The structural relationship between Freud's founding dream, the damage suffered by Emma Eckstein as a child, and the creation of psychoanalysis can be better understood, in my view, in light of Ferenczi's conception of trauma---particularly his notion of *traumatic progression*. Ferenczi (1933) noted

. . . the surprising rise of new faculties after a trauma, like a miracle that occurs upon the wave of a magic wand, or like that of the fakirs who are said to raise from a tiny seed, before our very eyes, a plant, leaves and flowers. [p. 165]

This blossoming and emergence of new faculties was, according to him, an outlet for mortal terror. The latter, Ferenczi added, appears to "possess the power to waken up suddenly and to put into operation latent dispositions which, uncathected, wait . . . in deepest quietude for their development" (1933, p. 165).

Might the Irma dream be explained in such a fashion? Did the mortal terror memorialized in the founding dream of psychoanalysis serve to unleash an immense intellectual effort by the dreamer that culminated in the birth of a new science and an altogether new system of thinking?

INITIATION, CONVERSION, AND INSPIRATION

One of the best-known and most detailed interpretations of Freud's Irma dream was presented by Erikson (1954). His reading of the dream recognized Freud's most famous oneiric production as the

carrier of “the historical burden of being dreamed in order to be analyzed, and analyzed in order to fulfil a very special fate” (p. 7). Erikson’s statement remains cryptic and enigmatic. In what follows, I will try to provide my own reading and translation of it.

Irma was a female in treatment with Freud who was far from being the “standard good and amenable patient” (Freud 1900, p. 109n). Freud, for his part, was a doctor who at times was unable to maintain an appropriate medical presence and clinical distance from his patients. While he would have indeed preferred Irma to have been a more cooperative patient, the fact is that she was not. Since she was so recalcitrant to treatment, Freud decided to stay up late into the night in order to write out her case history. In doing so, he found himself annoyed at having to justify and explain why his treatment of Irma had not fulfilled expectations.

This is a situation that every psychotherapist has experienced at least once. In such situations, our therapeutic alliance is broken, and we are cut off from our visceral sensations or overwhelmed by them, such that we become unresponsive and unable to focus and listen, making the clinical work difficult if not impossible. If luck visits us, we might dream a dream that helps us reconnect to ourselves and reengage and resume our clinical work with the patient. The Irma dream is a dream of this kind; it is one of those dreams produced to help restore the analytic space, the only difference being that it was dreamt by Freud in a period when the analytic space itself had not yet developed proper roots. The analytic space was itself created by this dream, in a way, and so came into being through the representation of the violation of boundaries. These facts might lead us to view the dream as the *totem and taboo* of analytic space itself.

The Irma dream presents us with a patient who bursts into the private life of her analyst, a woman who complains of pains in her “throat and stomach and abdomen” (Freud 1900, p. 107), and causes an embarrassing situation at a delicate moment in Freud’s life---indeed ,the worst possible one for him. The dream, let us recall, opens as Freud is celebrating his pregnant wife’s birthday. Freud, not expecting such an invasion of his private space, is obviously upset by the intrusion. He takes Irma aside and, after initially hesitating, starts to examine her throat. He immediately becomes scared and confused, unable to understand or grasp the meaning of what he sees.

The scene was recognized by Erikson (1954) as the fertilizing moment of the discovery of the unconscious. According to him, Irma’s oral cavity stood as a symbol for a “woman’s procreative inside,” and as such it aroused “horror and envy” (p. 45). In the same stroke, Freud’s unconscious was symbolically fertilized. The act of peering down into Irma’s throat, of glimpsing the inside of a female

patient, was seen by Erikson as the moment of Freud's "initiation, conversion, and inspiration"---the instant when he was transformed into a hero who would come to be regarded by mankind "with pity and terror, with ambivalent admiration and ill-concealed abhorrence" (p. 47).

Taking Erikson's emphasis on the *horror* from which psychoanalysis originated as a starting point, Lacan (1954--1955) was led to describe the scene in the dream when Freud looks down to examine Irma's throat in the following way:

There's a horrendous discovery here, that of the flesh one never sees, the foundation of things, the other side of the head, of the face, the secretory glands *par excellence*, the flesh from which everything exudes, at the very heart of the mystery, the flesh in as much as it is suffering, is formless, in as much as its form in itself is something which provokes anxiety. [p. 154]

We typically utilize the function of vision to gain control and mastery and do so by inspecting, localizing, and defining causes and effects; this attempt to impose our will and to gain control, however, can collapse and dissolve. Such an unexpected sudden happening is the central experience staged in the Irma dream. The *horrendous discovery of the flesh one never sees* is the prototype of what Lacan named the *real*, i.e., what escapes both the imaginary and the symbolic registers of meaning.

For many scholars, the horror of the Irma dream lies at the root of psychoanalysis itself, a horror that Freud introjected by virtue of dreaming the dream. This might render psychoanalysis a product born of a poisoning infiltration. Whereas Erikson read the Irma dream as an injection of *horror feminae* and (pro)creation, Lacan sensed a deeper *horror vacui* and a confrontation at work within it. This confrontation seems to have been necessary, argues Lacan, for a new system of thought to come into being. What Freud encountered in the dream through Irma's mouth, according to him, was a truth that served to generate and produce an altogether new and radical system of thinking.

According to both Erikson and Lacan, the most important feature of the Irma dream was that it was not a nightmare. While the dream could indeed have been nightmarish, it was not. Freud's capacity to see was restored after the initial visual shock he encountered, and he of course did not wake up but continued dreaming. What maintained the dream and allowed Freud to continue dreaming was the trimethylamin chemical formula that suddenly appeared to him in his dream in bold type. As Erikson (1954) noted, Freud, in the end, managed to "see," and what he saw in the dream at that point was a "formula" printed in bold or "heavy type" (p. 27).

Freud's initial surprise and visual shock were thus overcome and conquered by the sudden revelation of a novel doctrine and a new *belief*. This, oddly enough, is something that often occurs in the case of paranoiacs and to those who go on to found and establish a new religion. Erikson himself described Freud's ability to regain and recover the function of sight within his dream as a *conversion*. Lacan, for his part, was led to recognize the function of the Word (*la parole*) through it, a new solution to the problem that materialized---for Freud and for us---through the founding dream of psychoanalysis.

THE INCIDENT

The magisterial readings of the Irma dream offered by Erikson (1954) and by Lacan (1954--1955) remain unsurpassed. Erikson's interest in the dream appears to have been triggered by the appearance of Freud's letters to Fliess, first published in an abridged form (Bonaparte, A. Freud, and Kris 1950) that was heavily censored by Anna Freud. She decided to remove all references to Emma Eckstein, Freud's patient and the woman whose nose was operated on by Fliess in February 1895, five months before Freud dreamt his Irma dream.

Erikson and Lacan were both unfamiliar with the dramatic outcome of the operation on Emma's nose and were ignorant of the fact that her condition worsened, and that she nearly bled to death a few weeks after her operation---at which Freud, who attended the patient every day for several weeks following her surgery, nearly fainted. He lived through the swelling, the fetid odor, and the visual shock of her infection and hemorrhaging. Considering that neither Erikson nor Lacan knew what had happened to Emma, the emphasis that Erikson places on the dream's visual shock, as well as Lacan's description of the invisible flesh as the *foundation of things*, may strike us as expressions of the clairvoyance that we as analysts value so highly in our practice.

Let me briefly digress here in order to gloss the significance of clairvoyance in relation to traumatic experiences that are kept secret by our patients. According to Ferenczi (1933), clairvoyance is the main feature of the traumatic progression characterizing the *wise baby*. What is a *wise baby*? Oedipus is a typical wise baby---a human being who, despite having suffered a trauma, nevertheless manages to find the solution to a great and difficult riddle. As Ferenczi noted, however, the wise baby is at the same time a subject who is *forced* to grow wise. Oedipus, for example, became wise by virtue of the momentous events that impacted him early in life but remained hidden from him.

Immense intellectual effort, and the sudden rise of new cognitive faculties and abilities such as clairvoyance, are often the product of experiences that are unbearable and secret. Children may be forced to become wise, for instance, by growing up to be the therapists and psychiatrists of disturbed adults.

Erikson's and Lacan's clairvoyance with regard to the Irma dream was perhaps of this kind. Despite their ignorance of the Emma incident, both men managed to partially touch on its truth as they attempted to decipher the meaning of Freud's founding dream. About them we can say what Ferenczi once pointed out about common neurotic patients: "They show a remarkable, almost clairvoyant knowledge about the thoughts and emotions that go on in their analyst's mind" (Ferenczi 1933, p. 161).

THE SPLIT BETWEEN TRAUMATIC REALITY AND PSYCHIC REALITY

Paradoxically, the disclosure of the Emma incident decreased our capacity to see its meaning for the dream. The incident was first revealed by Schur (1966), who, as we know, acted as Freud's personal physician and cared for him during his final difficult years. The person who presented Schur with the burden of the incident, secret until then, was Princess Marie Bonaparte. After purchasing Freud's letters to Fliess from a book dealer in Vienna in 1936, she resisted Freud's demand that she destroy the letters. Many years later, in 1961, she presented Schur with a copy of the original letters; they of course contained the material about Emma that Freud's daughter had left out when publishing the initial edition of Freud's letters to Fliess (Bonaparte, A. Freud, and Kris 1950). The censored material was published for the first time some years later (Schur 1966; see also Masson 1985) and contained three groups of letters from the period 1895--1897.

The first group related to the Emma incident in February 1895; the second dealt with Freud's initial attempt to formulate a psychological theory about Emma's bleeding (April--May 1896); and the third concerned two scenes produced by Emma during her analysis, which were striking and revealing. One of these scenes was suggestive of the medieval theory of demonic possession, while the second concerned a "scene about the circumcision of a girl" (January 1897; Masson 1985, p. 227). This last scene, Schur pointed out, pre-dated Freud's abandonment of the seduction theory and his shift toward psychic reality in September 1897.

We will soon make our way back to this second scene; the scene itself---I must point out in advance---was not itself disconnected from the woman who had rescued Freud's letters to Fliess. Marie

Bonaparte, it turns out, had undergone not one but three similar operations in Vienna beginning in 1927, just six months after starting her analysis with Freud (Bertin 1982).

Let us now shift our focus to the links between the Emma incident and Freud's Irma dream.

The Emma incident was caused by a surgical error. Emma, we know, was operated on by Fliess in February 1895, with Fliess forgetting to remove a piece of gauze from her nasal cavity during surgery. According to Schur (1966), *Irma was Emma*, and the fault memorialized in Freud's dream was none other than the one created by Fliess's surgical malpractice.

Schur, however, failed to consider Freud's relationship with Emma as having played a role in either the operation (treated by him casually and as a mere external factor) or in the dream. The only transference that Schur took into account when pondering the meaning of the Irma dream was that of Freud's towards Fliess. According to Schur, the Irma dream was the expression of Freud's need to preserve his relationship with Fliess by exonerating him of any blame: "It was the need to exculpate Fliess from responsibility for Emma's nearly fatal complications that was probably the strongest (immediate) motive for the constellation of this dream" (Schur 1966, p. 104).

Fliess was indeed a central transference figure in Freud's life at the time, a subject who commanded powerful internal loyalties from Freud. As Schur (1972) noted in his posthumously published book, the catastrophic outcome of Fliess's operation on Emma dealt a blow to Freud's trust in him. It gave rise to powerful feelings of ambivalence that, once repressed, would slowly return to mark the course of his self-analysis. According to Schur, Freud's self-analysis was itself the expression of the painful and difficult dissolution of his transference to Fliess.

Despite the fact that the emphasis on Fliess as a father-and-brother transference figure sheds light on Freud's self-analysis, Schur appeared unable to realize that the figure of the "father" and "brother" had been a screen (both an obstacle and a protection) that served to block Freud's fundamental identification with a traumatized/traumatizing female figure. In the Irma dream, the encounter with the traumatized female body can be seen in the horrible vision that overwhelmed and terrified Freud before it was quickly dismissed and brushed aside. Freud in fact stepped back immediately from the scene in order to enlist and call on the help of father and brother figures. Unable to tolerate what he saw and witnessed in the dream, Freud looked to be reassured and calmed by a father figure (Josef Breuer) before being backed up by brother figures (the trio of doctors who worked with him at the children's hospital)---each of whom stepped in to take command of the situation and perform a medical examination on Irma.

Why was Irma's body so frightening to Freud? And why are the male figures in the dream so clumsy in the performance of their task?

Although we do not know the answers to these questions, we do know that female figures would in time emerge as symbols of sexuality and death for Freud during the course of his self-analysis. I think here of his dream of the "Three Fates" (Freud 1900, p. 203), as well as his dream of the "self-dissection of the pelvis" (pp. 452-455)---the dream that brought Freud's self-analytic journey to an end and allowed the frightening female body to finally be represented by him. Split in two, emotionally eviscerated, and horribly castrated, Freud was no longer afraid. The female body, glimpsed and examined by Freud in the horrible vision that appeared to him through his Irma dream, had finally become his own body. As Erikson (1954) put it: "The dreamer, in experimenting with traumatic reality, takes the outer world into the inner one," with Freud making an "autoplastic experiment of an alloplastic problem" (pp. 31-32).²

If we consider that in Freud's case this process lasted four years and took the form of a regressive journey, leading him back into his earliest memories, we realize that the Irma dream functioned as the interface between his outer and inner worlds, and, furthermore, that the meaning of his dream for the history of psychoanalysis is best appreciated if both these aspects are weighed and pondered. Erikson's attempt to read the specimen dream by focusing on earlier crises in Freud's life³ must therefore be complemented by the effort to take into account the trauma memorialized within the dream. The disclosure of the Emma incident presented us with this possibility; it never came to fruition, however. After Freud's previously censored letters to Fliess were published in unabridged form (Schur 1966; Masson 1985), our capacity to keep together the outer and inner worlds was compromised by the material reality of the operation that Fliess performed on Emma's nose.

Significantly, Schur (1966) felt that Erikson's effort to interpret the dream had been unduly intrusive. Schur---the man who had first published the shocking excerpts about the Emma incident---

² Various elements suggest that Freud's final dream in his self-analysis was a replay or a new version of his founding dream---among them the duplication of the "preparation of propyl" (*Propylpräparat*) (Freud 1900, p. 107), presenting itself to him in the dream in the form of a "dissection [*Präparation*] of the lower part" of his body, his "pelvis and legs" (p. 452). The horrible vision of Irma's body in Freud's founding dream thus returned to him at the end of his self-analysis as a horrifying and unsettling image of his own eviscerated body.

³ For Erikson, the Irma dream stood as an adaptive or regressive response to a conflict or life crisis in Freud's life at the time of the dream, when his ego was in similar fashion impaired and endangered, as it was the day before Freud dreamed the dream (Levine 1998, p. 38).

proudly assured us that he had deliberately refrained from providing any reinterpretation of the dream's possible deeper sources. The meaning Schur intended seems clear: we are not allowed to be clairvoyant or to grow into wise babies who struggle to gain speculative knowledge about the origins of Freud's founding dream or of psychoanalysis. Our desire to explore the catastrophic collapse that fertilized Freud's unconscious and generated a new science must be held back and kept in check. Such a renunciation reveals a lack of confidence in psychoanalysis---the same lack of confidence shown by those who, like Eissler (1985), declared the case closed once they were able to "prove" that the Irma in Freud's dream was *not* Emma Eckstein but someone else.

Only our ability to probe the deeper meaning circulating in Freud's Irma dream will allow us to obtain the knowledge of the origins of psychoanalysis that we seek. It is precisely our ability to continue on in our journey that will help us arrive at the possible deeper meaning of Irma's terrifying cavity in the dream; that, and perhaps a strange idea put forth by Erikson himself, is what will allow us to inhabit new analytic ground with regard to Freud's Irma dream.

As Erikson (1954) noted, the collapse memorialized by the Irma dream was ultimately overcome by means of "a religious rite of conversion or confirmation" (p. 30). A double influence, Jewish and Catholic, resonates and vibrates within it. Speculating further on the visual trauma that broke through the Irma dream, Erikson decided to fill in the gap by reporting the dream of a woman patient of his own, which consisted of nothing more than the image of a word that contained a play on words in a variety of languages. The solution to the multilingual riddle rested on a shocking image: the painting of the *Circumcision of Christ* that Erikson's patient had admired in the Louvre. Erikson would obviously not have dared to fill in the gap precisely in this way if he himself had not already been convinced at some level of the affinity between the theme of the painting and the trauma that the Irma dream memorialized.

THE MEDICAL SCENE AND THE CASTRATION OF WOMEN

Fliess's malpractice during Emma's nasal surgery offers us just one piece of the puzzle. An important question must be raised here: Why did Freud encourage and allow Emma to undergo surgery to her nose? We might expect that psychoanalytic scholars would have carefully investigated the possible medical rationale for the procedure once the Emma debacle became known. Indeed, the Irma dream is in part about physicians, hospitals, scientific theories, medical remedies, diseases, and their

diagnoses. Investigators, however, have by and large not ventured to treat these themes in relation to Freud's founding dream. Why?⁴

Two decades ago, on the occasion of a conference entitled "One Hundred Years of Psychoanalysis," I decided to entitle my contribution to the proceedings "Why Have We Ignored Freud the 'Paediatrician'?" (Bonomi 1994a). I had no answer to this question then and still do not have one. What I feel more certain about today, however, is that if we are to successfully transcend the split between fantasy and reality, we must necessarily consider the role that another medical practice--- ignored by psychoanalytic scholars up to now---might have played in the affair. I am referring to the practice of female castration.

Notwithstanding the masculine connotations that the term carries, the word *castration*, during the years when Freud studied medicine as well as during the period when he was founding psychoanalysis, referred mainly to a surgical procedure to treat nervous, psychic, and "moral" disturbances in women. For the most part, it consisted in the removal of the ovaries, which, thanks to the "advancements" of science at the time, were viewed as regulators of sexuality. This type of operation was first undertaken by Hegar in 1872 (in the United States, it was called "Battey's operation").

Fifteen years later, in 1887, Friedrich Merkel published a book in which the castration of hysterical women was defined as the most-discussed problem of that period. In his rich bibliography, Merkel cited thirty-five works referring to castration of women---many were university dissertations--- published from the summer of 1886 until the end of the year. Ten years later, in 1896, the number of women who had undergone the procedure was said to be "legion" (Krömer 1896, p. 4). The study begins with Krömer stating that the problem of castration had been at the center of psychiatric controversies for over twenty years. He proceeds to examine 240 studies on castration that had appeared in the literature during those years.

Although many opponents of the procedure at the time described it as "a crime against society and a degeneration of our condition" (Krömer 1896, p. 2, translation by C. Bonomi), female castration was a respected medical practice, frequently recommended by doctors to treat hysteria, during the period that psychoanalysis was being established by Freud. This treatment, moreover, partially

⁴ Erikson (1954) admitted that he had not been "sufficiently familiar with the history of medicine to fully comprehend the anatomical, chemical, and procedural connotations which the body parts and the disease entities mentioned in the dream had in Freud's early days" (p. 27)

overlapped with the surgical “cure” for masturbation in female children, which consisted of various types of mutilations of the external genital organs.⁵

Freud, like his mentor Josef Breuer, opposed the practice of female castration. Despite this, several of their patients were nevertheless sacrificed on the altar of medicine. Was Emma Eckstein advised to undergo a genital treatment as a child, and/or an ovariectomy as an adult? The symptoms she displayed appear to strongly support that she suffered from hysteria, a condition which, as noted, was in those days often treated by gynecologists. Did Freud try to save his patient from undergoing a gynecological procedure? Did he attempt to do so, moreover, by recommending that she undergo an operation to her nose---a procedure that he likely viewed as essentially harmless? Did the surgery and near-fatal bleeding incident that followed play a role in Freud’s subsequent reformulation of his theory of hysteria?

It is important for us to note that Freud began to develop a new theory to explain hysteria only after his Irma dream. Hysteria, according to Freud in 1895, was the product of a sexual shock experienced by the patient in childhood. This traumatizing element, he argued, was accessible to psychological investigation and treatment---in other words, to intellectual deconstruction and emotional working through. Subsequent to the Irma dream, Freud’s new theory was based on the same elements as the old one. Seduction, for instance, was now defined by him in terms of an “actual excitement of the genitals” (Freud 1896a, p. 152). The “sensations and paraesthesias of the genital organs,” however, were now traced back to “the sensory content of the infantile scenes, reproduced in a hallucinatory fashion, often painfully intensified” (1896b, p. 214).

Strictly speaking, Freud added nothing new to traditional medical knowledge; yet the consequences of his theoretical position were far-reaching, inasmuch as the “causes” of hysteria now shifted from the world of physical anatomy to the living world of meanings. By assuming that the genital sensations typical of hysteria were mnemonic symbols of forgotten sexual abuses, Freud presented us with a new and revolutionary way of dealing with *the same genital paresthesias that were the target of gynecological manipulations*. Prior to the Emma incident, Freud viewed the treatment of hysteria through gynecological manipulation as a substitute form of treatment (Masson 1985, p. 110). After the Irma dream---a dream about substitutes and substitutions---he managed to achieve a fundamental

⁵ I have previously discussed the origins, developments, and rationale for such treatments in considerable detail (Bonomi 2007).

advancement from *the manipulation of substitutes* to *the analysis of substitutions*, severing the final thread with traditional medicine in the process.

This shift allowed Freud to establish psychoanalysis as an independent field charged with a new responsibility: withstanding the psychic consequences of sexual shock while refraining from offering manipulative or suggestive responses to patients in treatment. Freud never abandoned this basic principle, one that was to forever guide the talking cure in favor of palliative remedies. Interestingly, a long-term consequence of Emma's operation and the bleeding incident that followed was that it helped Freud to set up and establish the notion of analytic space as a working and functioning concept.

THE GAP

Kurt Eissler and Harold Blum---the first the founder and former director of the Freud Archives, the second its present director---separately came to the conclusion that the operation on Emma's nose was a displaced form of, and a substitute for, castration, circumcision, or clitoridectomy. As Eissler (1997, p. 1303) noted: "Inasmuch as ovariectomy as an intended cure for hysteria was performed with some frequency in late-nineteenth-century Vienna, the removal of a little bone must have appeared to Freud as innocuous." Blum (1996), for his part, proposed that Fliess's operations on the nasal cavity were "similar to mutilating procedures of the genitals, to preclude and punish masturbation" (p. 519).

Both Eissler and Blum, however, failed to make use of the connection between Emma's surgery and castration in their respective interpretations of the Irma dream. Nor did they make use of it to help bridge the gap between the pre-analytic treatment period in the history of psychoanalysis and the period when psychoanalysis was itself founded by Freud, or even to throw light on the relationship between Emma's body and Irma, the patient who appeared to Freud in his founding dream. Like Emma, Irma, too, apparently suffered from an ailing and damaged body.

The main idea that Anzieu (1986) contributed about the figure of Irma in his monumental reconstruction of Freud's self-analysis is that the examination performed by Freud on her throat in the dream memorialized "a gynaecological examination in disguise" and was "a substitute for it" (p. 145). Anzieu considered it a symbolic exploration of the mother's uterus, which had likely occurred as a result of the fact that Martha Freud was five months pregnant at the time Freud dreamt this dream.

Anzieu, however, did not go farther than this, and he, too, failed to establish a link between his "gynaecological" interpretation of the dream and a surgical procedure that had likely been performed on Emma's genitals as a child. Instead, he offered the hypothesis that Freud, in real life, had been in

conflict about his wife's pregnancy, and that he perhaps also entertained the fantasy of her undergoing an abortion. Freud's participation in a medical world that had so often responded to female hysteria with a systematic assault on female genitalia was ignored by Anzieu.

In his excellent reconstruction of Freud's self-analysis, Anzieu (1986) makes use of the word *castration* more than sixty times. Not once, however, does he employ the term according to the prevalent meaning during the years when psychoanalysis was being established---that is to say, as referring to the extirpation of the ovaries in women who suffered from hysteria. Castration to Anzieu meant only symbolic rather than actual or real castration. This shift in meaning with regard to the word has been so deeply incorporated into the psychoanalytic mental space that it is difficult to convince an audience of psychoanalysts today that, in everyday medical language during the time when Freud began to practice medicine in Vienna, *castration* was associated with a real and actual medical procedure *performed on women*.

We therefore face the following paradox. On one side, the nasal surgery performed by Fliess on Emma Eckstein has been acknowledged by a number of respected psychoanalytic scholars as a substitute for female castration and circumcision. On the other side, Freud's examination of his patient's throat in the Irma dream has been seen as "a gynaecological examination in disguise, a substitute for it" (Anzieu 1986, p. 145). The gap between these two views is so wide that it seems nearly impossible for us to bridge them and thus bring together material reality and psychic reality.

A DREAM OF MALE DOMINATION

As most commentators on Freud's Irma dream have noted, Martha Freud's final pregnancy appears to have played an important role in her husband's dream of Irma's injection. In the dream, the "hall" in which the guests are being received (the German word *empfangen* means both *to receive* and *to conceive* in the sexual sense), the white patch in Irma's throat, her "pale and puffy" (Freud 1900, p. 107) appearance, and her "choking" and "pains" in her "abdomen" all combine to suggest a landscape in which conception, pregnancy, and giving birth are condensed into a single scene.

Anzieu (1986) qualified this as the scene of a "maculate conception" (p. 146), an expression suggesting an allusive contrast with the immaculate conception. One factor that remains absolutely certain in relation to the scene is that Freud and Martha had been experiencing a diminished sex life in 1895, and further, that they had previously agreed to have no more children. Martha, however, became

pregnant for a sixth time in 1895. As Anzieu notes, Freud must have “felt guilty” about her “unwanted pregnancy” (1986, p. 141).

The role of the marital crisis in Freud’s life around the time of his Irma dream has been identified and commented upon by various scholars. According to Elms (1980), Freud was distressed with inadequate methods of contraception and viewed fellatio as an alternative to traditional sexual gratification. Eissler (1985) found this hypothesis so convincing that he based his rereading of the Irma dream upon it. In reconsidering the text of Freud’s dream, he found that certain words and sentences alluded to the “most ominous” (p. 123) circumstances of his wife’s unwanted pregnancy. For instance, the sentence “I took constant pains to be sure that the syringe was clean” appears to suggest, Eissler noted, that despite Freud’s careful and constant care not to impregnate his wife, this time the “syringe” had indeed been “contaminated and Martha became pregnant” (p. 123). Similarly, the sentence “She opened her mouth properly” appears to hint at the possibility that Martha had “refused to grant him oral gratification, which would have averted pregnancy” (p. 124). Eissler obtained further evidence for his reading (i.e., that Martha’s pregnancy was at the core of Freud’s Irma dream) from Freud’s assertion---in a letter to Karl Abraham of January 9, 1908---that “sexual megalomania” (Falzeder 2002, p. 20) stood behind his dream.

In the same letter to Abraham, Freud pondered the meaning of the trimethylamin formula, while also noting: “The three women, Mathilde, Sophie and Anna, are the three godmothers of my daughters, and I have them all!” (Falzeder 2002, p. 20). This statement reveals the logic hidden behind some of the material encoded within his dream, material that undoubtedly helped to shape its intricate plot. Despite the fact that the “Irma” who appeared to Freud in his dream condenses and combines multiple identities and stories, the evidence suggests that, whereas the main storyline in the dream involves Emma, the person who is visually represented in the dream was Anna Hammerschlag, future godmother of his daughter Anna (Anzieu 1986, p. 134).⁶

This fact has been called upon by psychoanalytic scholars---Eissler (1985) among them---to undermine the significance of the Emma Eckstein incident to Freud’s Irma dream. Freud’s allusion to sexual megalomania, argues Eissler, “would make no sense in connection with Emma Eckstein, but might be the upshot of sexual abstinence enforced by his wife’s pregnancy” (p. 124).

⁶ See also Freud’s first account of his Irma dream (1895), in which he wrote: “R. has given an injection of *propyl* to A” (p. 341, italics in original). The letter *R* is an obvious reference to Oscar Rie, with the *A* a reference to Anna.

Paradoxically, the point in the dream that Eissler viewed as most remote from the Emma incident is actually its closest point of connection. The birth of Anna Freud, whom Freud decided to name in honor of Anna Hammerschlag four and a half months after his “Irma/Anna dream,” fell on a Tuesday: December 3, 1895. If we go back nine months from there, we arrive at the date of Tuesday, March 5, 1895. Anna Freud’s conception and Freud’s unplanned impregnation of Martha in all likelihood occurred between March 5 and March 12, 1895---that is to say, precisely when the Emma Eckstein incident materialized and intruded on Freud’s life.

It was on March 8, 1895, that Freud wrote to Fliess to inform him of the Emma incident and to report to him that a second emergency operation had been performed on Emma just a few days earlier, in response to her having nearly bled to death. The match between this “incident” and the “maculate conception” is truly uncanny.⁷ The overlap is particularly germane when we consider Blum’s position (1996) that the guilt memorialized in the Irma dream flowed back to a “sadistic assault on the mother figure” (p. 523) and a “hostile attack on the pregnant mother” (p. 531).

Did Freud ever take notice of and reflect on the contiguity between the Emma incident and his impregnation of Martha? We simply do not know. What we do know is that Freud, in the next few years, would follow Fliess in calculating the “critical dates” that linked conception, birth, and death, and that, furthermore, one of the first things he did after receiving Fliess’s manuscript on the “relationship between the nose and the female sexual organs” (*Die Beziehungen zwischen Nase und weiblichen Geschlechtsorganen*) was to calculate the interval between the return of Martha’s menstrual periods (February 29, 1896), the birth of his daughter Anna (December 3, 1895), and the first movements of the fetus that Martha had been carrying (July 10, 1895). According to Eissler (1985), Freud at that time “stood in the shadow of a very severe self-reproach, having necessarily judged his wife’s sixth pregnancy to have been the result of a lack of sexual control on his part” (p. 124).

Eissler noted that when Fliess announced his new solution for the prevention of conception in May of 1895, Freud had replied: “For me you come too late by a few months” (Eissler 1985, p. 124). Freud’s statement anticipates the many self-reproaches that surfaced in the Irma dream and his associations to them.

⁷ I am indebted to Mario L. Beira for this observation and insight. On reading an earlier draft of this paper, Beira was inspired to calculate the probable date when Freud impregnated his wife, Martha, with Anna, their last child.

Freud's need to discharge the high level of anxiety he must have felt for having placed Emma's life in danger perhaps renders his lack of sexual control somewhat understandable. However, the humiliation he then experienced might help clarify the link between the two scenes. When Emma was operated on for a second time in February 1895 as a result of her massive hemorrhage, she managed to remain on the scene and not lose consciousness. Freud, however, was overwhelmed by a powerful upsurge of emotions and walked away, going into another room and nearly fainting. When he returned to the room where Emma was, she greeted him with an ironic and condescending remark: "So this is the stronger [*starke*] sex" (Masson 1985, p. 117).

Glossing the Irma dream in light of Emma's statement, Mahony (1977) wrote: "It is as if Freud . . . vengefully works out Emma's remark about females as the strong sex and he fabricates a dream of male domination" (p. 97). The material that was to give rise to the dream four and a half months later began to coalesce with the Emma incident, when Freud engaged in unprotected sex with his wife to affirm his masculine organ. If, moreover, Eissler's (1985) hypothesis is correct, Freud's frustrated attempt to have his wife serve him with oral sex would also function to inscribe and graft the two scenes together.

BEYOND THE PLEASURE PRINCIPLE

What makes it particularly difficult to bridge the gap between the Emma incident and the Irma dream is that Freud's entire interpretation of the latter revolves around a fantasy of substitution, read by him only from "the point of view of wish-fulfilment" (Freud 1900, p. 119). His focus neglects to take into account the "return of unmastered traumatic sensory impressions which struggle for solution," identified by Ferenczi (1931) as the "traumatolytic function of the dream" (p. 240).⁸

Freud certainly had good reasons to emphasize the formula of trimethylamin and the sexual megalomania that he claimed underlay the dream. Verbal patterns, however, are not all that function within a dream.

The most prominent characteristic of trimethylamin, a chemical substance associated with the vagina, is its foul-smelling odor, similar to that of rotting fish. Therefore, it serves to introduce the idea

⁸ Elaborating further on Freud's (1920) revision of traumatic dreams, and realizing that day and life residues were "repetition symptoms of trauma," Ferenczi (1931) proposed that "a more complete definition of the dream function would be: Every dream, even an unpleasurable one, is an attempt at a better mastery and settling of traumatic experiences" (p. 238).

that the female genitals are repellent. According to Lotto (2001), the trimethylamin formula in Freud's Irma dream functioned as a highly condensed symbol for "the conflict between misogynistic thoughts and deeds and the guilt they generated---as well as a reminder of those shameful parts of himself that he characterized as feminine: the passive, castrated Jewish victim" (p. 1310). Contending that "the primary source of guilt in the Irma dream" was Freud's misogyny, Lotto detected throughout Freud's self-analysis clear evidence of "a sequence in which he acts badly toward a woman" (pp. 1306-1307). Lotto concluded that Freud struggled during his whole life with strong misogynistic impulses, and the Irma dream was "part of an ongoing reparative process in a man engaged in battle with the darker aspects of his inner life" (p. 1310).

In peering down into Irma's throat, Freud was struck by the resemblance of the three curly structures to the female genitalia⁹; he was also frightened by the necrosis of his patient's membranes. These necrotic spots were linked by Freud to his own medical errors, which in turn gave rise to harsh self-reproaches. Soon, however, they were separated from the incident and displaced into the remote past.¹⁰ According to Langs (1984), Freud's worries and concerns in the Irma dream touch "more broadly upon the issue of whether or not psychoanalytic procedures could be dangerous and harmful to patients even to the point of bringing about their death" (pp. 606-607).

A similar concern appears to break through in the medical examination performed on Irma in the dream, carried out by pediatricians in a hospital for children. At a certain point, Freud (1900) experienced the sensation that Irma was herself a child. To recall his words:

⁹ Commenting on his associations to the trimethylamin chemical formula, Freud (1900) wrote that Fliess "had a special knowledge of the consequences of affections of the nose and its accessory cavities," and that Fliess had also "drawn scientific attention to some very remarkable connections between the turbinal bones and the female organs of sex (cf. the three curly structures in Irma's throat)" (p. 117).

¹⁰ Freud (1900) reported that he saw "a white patch and turbinal bones with scabs on them" (p. 111) when examining Irma's throat in the dream. The white patch reminded him of diphtheria, the serious illness suffered by his daughter Mathilde, and of another "incident" as well---namely, the "severe toxic state" of a patient of his, also named Mathilde. As Freud explained, the "toxic state" had come about as a result of his prescribing "what was at that time regarded as a harmless remedy." The scabs recalled "a worry about [his] own state of health," an "extensive necrosis of the nasal mucous membrane" in a female patient, and the death of Ernst von Fleischl, which had been hastened by Freud's substitution of morphine with cocaine, a medical recommendation that "had brought serious reproaches down on [Freud]" (p. 111).

In the further course of the dream the figure of Irma acquired still other meanings, without any alteration occurring in the visual picture of her in the dream. She turned into one of the children whom we had examined in the neurological department of the children's hospital. [p. 292]

Freud here seems to come quite close to grasping the “nightmare” and trauma that Emma had experienced as a child. In the course of progressively telescoping the pain affecting his patient's body--her throat, stomach, and abdomen---did Freud ever manage to glimpse the mortal terror that Emma might have endured as a child as a result of her possible circumcision?

THE CUT

Anzieu (1986) proposed that the Irma dream as a whole epitomizes the transformation of the carnal body into a symbolic body. This, he argues, was triggered by “the body of the crime from which [Freud] must exculpate himself” (p. 155). Anzieu argues that this “body of the crime,” around which the discovery of the unconscious revolved, was “the desired body of the unpossessed mother.” Anzieu is, I think, partly correct, if only because the body in question was that of a hysterical Jewish woman who had likely endured castration (circumcision) during her early years.

Geller (2007) devotes several pages to Freud's identification with Irma's body. Geller associates circumcision with the nose to arrive at the conclusion that the Irma dream “betrayed the process by which Freud was generating apotropaic defenses against the ongoing trauma of his own Jewishness (*Judentum*) as lived and ascribed” (p. 94). In Geller's view, the emotional source of the shock that Freud experienced when confronted with Emma's massive nasal hemorrhaging tapped into his “feminization” and his relationship with Fliess.

In this regard, Geller wrote of Freud's “Jewish and gender-coded identification with Irma” (p. 91), which was reflected, he argued, in the perilous assimilation between Freud's body and that of his female patient. Remarkably, Geller arrived at his conclusion without apparently noticing that Emma's body had likely been scarred by a procedure that resembled an actual circumcision.

In a letter to Fliess on January 24, 1897, we find Freud writing the following:

Imagine, I obtained a scene about the circumcision of a girl [*eine Szene von Mädchenbeschneidung*]. The cutting off [*Abschneiden*] of a piece of the labium minor (which is even shorter today), sucking up the blood, after which the child was given a piece of the skin to eat. This child, at age 13, once claimed that she could swallow a part of an earthworm and proceeded to do it. An operation you once performed was affected by a hemophilia that

originated in this way [*Unter der so begründeten Hämophilie hat einmal eine Operation von Dir gelitten*]. [Masson 1985, p. 227]

Freud did not explicitly state that the patient was Emma Eckstein; the context and his wording, however, strongly suggest that she was. Emma was affected by interminable bleeding after nasal surgery with Fliess. Freud interpreted her bleeding as a product of hysteria for several reasons, among them the fact that she had engaged in compulsive self-mutilating and self-cutting behaviors, and because she had “always has been a bleeder” (Masson 1985, p. 186).

Why, we may ask, was Emma a “bleeder”? Why did she so often cut herself? Were her reenactments the products of fantasy or of real trauma?

Emma suffered from severe physical pain in her legs and had problems walking throughout most of her life. Her leg pains were associated with genital paresthesia and forced her to remain confined to bed or lying on a couch for long periods of time. Her analysis with Freud had a positive and beneficial effect on her condition, and she was able to engage in a more normal life for several years. However, she experienced a relapse and developed masochistic fantasies and a traumatophilia. As Freud (1937) reported, Emma began to compulsively reenact her fantasies and underwent a “complete hysterectomy” “twelve or fourteen years after her analysis ended” (p. 222).

The continuity between the circumcision scene and her complete hysterectomy years after her treatment with Freud had ended is striking and uncanny. If we consider that Freud (1937) had also indicated that the patient’s relapse and second illness had “sprung from the same source as her first one” (p. 222), we might easily reach the conclusion that her genital trauma was not as insignificant as might appear from Freud’s passing remarks concerning the shortening of her *labium minus*.

Schur (1966) identified the patient mentioned in Freud’s letter to Fliess of January 24, 1897, as Emma Eckstein, commenting that Emma was “one of the first patients who offered Freud a clue to the crucial realization that what his patients had described to him as actual seduction episodes were fantasies” (p. 114). Schur’s conclusion has never been rejected, nor has it been elaborated any further--despite the fact that Freud, in January 1897, still considered hysterical fantasies to be grounded in real trauma. Indeed, it is important for us to note that Freud, in this passage, associates his patient’s hysterical circumcision fantasy to an actual and real cut on her external genitals, the traces of which had faded during the course of time but were nevertheless recognizable.

Masson (1984) was unable to make up his mind about whether the scene involving the circumcision of a girl mentioned by Freud in his January 24, 1897 letter had been real or fiction.¹¹ Appignanesi and Forrester (1992) describe this scene, as well as the preceding one in which “the diabolus sticks needles into her fingers,” as “fantastic scenes from [Emma’s] inner life, in the no-man’s land between fantasy and memory, resonating with the sadistic acts and fantasies of a former historical epoch” (p. 137). Wilcocks (2000), for his part, raised the following perceptive question: “How on earth . . . did Freud know that one half of the vaginal lips of Emma was shorter than the other half?” (p. 102).

There is no doubt that Freud, in his letter to Fliess, had been referring to a real cut on the external genitals of one of his female patients at the time, supported by his report of the existence of a disparity in the lengths of his patient’s labial lips. Those who contend that Freud was referring to a fantasy on the part of his patient (but whose fantasy---Freud’s or Emma’s?) must necessarily explain the reason for this hypothesis.

Emma herself was likely unaware of the circumstances surrounding her castration and was probably even confused about the cut to her genitals. Domestic accidents that occur at a very early age can at times function as the somatic basis for fantasies, as Freud himself discovered during the course of his self-analysis. Between the age of two and three, he had climbed up on a stool that tipped over, its corner striking him behind the lower jaw. The injury caused a considerable loss of blood, and some stitches had to be put in by a surgeon. In October 1897, Freud determined that the event had functioned as the basis for an oedipal fantasy of punishment (castration) for his incestuous wishes (Anzieu 1986, p. 243).

Something similar probably occurred with Emma. There are, however, a number of important differences, the implications of which are far-reaching.

1. In Freud’s case, the injury occurred to the jaw, while in the case of Emma it was in the genital area. It strikes me as obvious that the scar on Freud’s jaw became symbolic of castration for

¹¹ We can safely surmise that Masson’s doubt persisted since he began to actively research the topic of female circumcision and clitoridectomy soon after publishing his translation of the complete edition of Freud’s letters to Fliess. Masson later edited a collection of English translations of original German and French texts on women and sexuality, which he described as capturing “fallacies and contradictions underlying the nineteenth-century gynaecology and psychiatry” (1986, p. 7). This side of Masson’s research was, however, not integrated into a single historical reconstruction with his work on Freud (Masson 1984).

him only as a result of the scene presented to him by Emma during her analysis with him in January 1897.

2. It is unlikely that an injury to the vaginal lips could be caused by a domestic accident. The *locus morbi* is so protected and hidden that we can only assume that such an is intentional. Obviously, we cannot exclude the possibility that it was self-inflicted, given Emma's history of habitual masturbation. If we consider the medical context, however, we cannot ignore that the cutting of the labia minora (together with the excision of the clitoris and the surgical closure of the labia majora) was a medical procedure often performed between 1860 and 1885 in an effort to "cure" masturbation (Bonomi 2009). Emma was born in Vienna during this time, in 1865. The first pediatric department in a general hospital in Vienna had been established in 1872, and was headed by Ludwig Fleischmann (1841--1878), a respected pediatrician and surgeon in Vienna (Tragl 2007). In 1878, the same year in which he died, Fleischmann published a paper in which he openly recommended that habitual masturbation in girls should be treated with the scarification or amputation of the clitoris. Furthermore, in the case of small children, it should be treated with the "cauterization of the Labia or of the entrance of the vagina" (1878, p. 49, translation by C. Bonomi). This kind of medical procedure, I wager, was likely the cause of the anomaly in Emma's vaginal lips, reported by Freud in his letter to Fliess in January 1897.
3. Emma's childhood trauma was symbolically revisited with the operation that Fliess performed on her nose in 1895, the year in which she turned thirty. Reacting to the surgery on the basis of her core fantasy, Emma could not fail to unconsciously experience it as the reactivation of an earlier surgical intervention and the resultant genital wound.
4. Freud played an active role in Emma's retraumatization. The fact that her operation (the removal of the turbinal bone) had been intended as a "cure" for the consequences of habitual masturbation (Masson 1984) presents Freud's behavior as no different from that of Emma's father, the man most likely responsible for taking her to a surgeon to cure her of her masturbation.
5. Given the strong transference that Emma had developed to her analyst (Appignanesi and Forrester 1992), we might further surmise that, in witnessing the repetition of his patient's trauma, Freud unconsciously saw himself as the seducing and traumatizing object of her internal world.
6. This might very well be the source of Freud's feeling that he had damaged Emma---a feeling that managed to speak through his Irma dream just months after Emma underwent her surgery with Fliess.
7. Freud was deeply puzzled by his thoughts and feelings on the matter and was unable to understand their logic in terms of a countertransference enactment---despite his feeling that Irma had herself been "one of the children whom we had examined in the neurological department of the children's hospital" (Freud 1900, p. 292). Freud, the evidence suggests, simply truncated and blocked this particular line of thought, avoiding and derailing the subject by switching to the "immensely powerful factor of sexuality" (p. 116), a factor that in time he associated with the unsatisfied and demanding sexuality of widows.

8. Finally, we might surmise that the sensation of having turned into the traumatizing object of his female patient remained particularly unbearable for Freud. Rather than acknowledging this fact, however, he reacted by unconsciously identifying with Emma's traumatized self. This autoplasmic reaction is, I think, confirmed particularly by his interpretation of the necrotic spots that he found on examining Irma's throat in his dream. Freud, as we know, interpreted these as pointing back to *his own state of health* at the time. This is partly explained by the fact that his own nose had been operated on by Fliess just prior to his performing surgery on Emma. Thus, if Emma failed to fully and unambiguously break through into the Irma dream, it was because her body had somehow managed to morph with Freud's, and his patient's nightmare becoming his own. From this point of view, the significance of the Irma dream for the origins of psychoanalysis might in the end boil down to its simply being an expression of the *analyst's introjection of the psychic reality of a patient who had been traumatized*.

An analyst's preconscious understanding of a patient's trauma is rooted in their uneasy and challenging participation in a process in which the analyst is contaminated, imbued, and sometimes flooded by the patient's dissociated experiences. The analyst is then forced to become the container (Bion 1962) in which these unrecognized, visceral sensations are temporarily stored. As Borgogno (2013) described with remarkable clarity, since the patient lacks "the stomach for digesting indigestible and un-assimilable experiences" (2013, p. 209), the analyst must host the latter in his own stomach until the patient develops a stomach of his own.

The abuse suffered by Emma as a child was memorialized in Freud's dream by Irma's painful sensations in her throat, stomach, and abdomen. Crucial here is that Freud was infiltrated by Irma's pain, and furthermore, that this infiltration in time slowly *turned him into his own patient*. This initiated a process whose terminal point was Freud's dream of himself dissecting his own pelvis---a definitive point in his analytic initiation. A perhaps more important point to highlight here is that Freud himself failed to note that his own body---dissected (i.e., analyzed) by him in his dream---had been transformed into *the container of the visceral sensations of his own patients*.

EMMA'S MASCULINE FANTASY

Several elements suggest that Emma's genital paresthesias were associated with unconscious phallic fantasies; these did not escape Freud's attention. An important clue is Freud's first allusion to a woman's penis. This allusion surfaced in direct connection with a "scene about the circumcision of a girl" that Freud extracted from a female patient in January 1897. Freud was not acquainted at that time

with the phallic fantasies of his female analysands or with how they viewed or fantasized the male organ.

In his letter of January 24, 1897, however, he formulated the idea that the broomstick upon which witches are often portrayed riding was most likely “the great Lord Penis” (Masson 1985, p. 227). Another clue may be isolated in the fact that, forty years after the incident, Freud decided to base his position on what analysis is able and not able to achieve by appealing to his treatment of Emma, and what he, in light of her case, described as the impossible task of convincing a woman on giving up on her wish for a penis. “At no other point in one’s analytic work,” Freud (1937) wrote on that occasion,

. . . does one suffer more from an oppressive feeling that all one’s repeated efforts have been in vain, and from a suspicion that one has been “preaching to the winds,” than when one is trying to persuade a woman to “abandon her wish for a penis on the ground of its being unrealizable.” [p. 252]

These elements not only appear to substantiate the idea that the sensorial hallucination of a penis had played a crucial role in Emma’s clinical profile (the genital paresthesias), but also seem to suggest the need for us to reconsider her fantasy of having a penis as a “witness to the history of the origin of the illness” (Freud 1896b, p. 192). Beyond the mere intrapsychic denial of her vagina, we might consider Emma’s phallic fantasy a symptom---a memorial to her trauma that embodied her hope to have her genitals and her trauma recognized by her analyst.

I am here relying on the principle that repetition fulfills a useful function and involves an attempt to “bring about a better solution than was possible at the time of the original shock” (Ferenczi 1931, p. 238). Penis envy might operate as a disguise for “the *good* sex organ” (Torok 1964), and fantasized penises may at times serve to organize sensations in the genital area (Bernstein 1990). In the case of Emma, however, her hallucinations could well be viewed as an attempt on her part to restore the underlying representation of a vagina that had been violently and traumatically damaged by male doctors.

THE MOMENT OF BLISS

Emma’s fantasy of having a penis might shed light on the interpersonal dynamic of her retraumatization. Freud’s desire to have a less masculine and more submissive female patient in his Irma dream appears to lie at the heart of his most famous oneiric production. The fantasy to take

possession of the magic penis of the woman could provide important clues into the meaning behind Freud's preoccupation with not "doing harm" to Irma. Freud's position might then shed light on the "deflowering fantasies" that, following his Irma dream, became a focal point of his self-analysis. Let me provide a brief overview of this crucial subject.

A key component of Freud's self-analysis revolved around the scene in the meadow with flowers in which he, at the age of about three, along with his "companion in crime"---his nephew John---behave "in cruel fashion" toward Pauline (Freud 1900, p. 483; Masson 1985, p. 262). Hartman (1983) was one of the first to call attention to the significance of this scene in relation to the Irma dream, presenting it as a proof of "the importance of the repetition of infantile conflict in the discovery of psychoanalysis" (p. 559). The Emma Eckstein incident, in Hartman's view, stood as merely a replay of his cruel ("*grausam*") treatment of Pauline at the age of three, with Fliess cast in the role of John and Emma playing the role of the victim (Pauline). Hartman's interpretation soon gained acceptance among Freudian scholars, most likely because it offered a straightforward and simple analogy between the two scenes.

The childhood meadow scene that took place in Freiberg in the spring of 1859 became the central memory around which Freud built his disguised autobiographical paper on screen memories (Bernfeld 1946; Freud 1899). In it Freud's sexual aggression toward his niece Pauline is framed in the romantic language of flowers and screened by the action of his aggressively "snatching away" a "little girl's bunch of flowers" (Freud 1899, p. 310). The scene also served to represent the prototype of Freud's memory of bliss, which---after being articulated by him in the language of chemistry in the Irma dream---was then transposed into the language of flowers in his dream of the Botanical Monograph, dreamt by him in March 1898, nearly three years after his Irma dream. Freud's language and description, according to Anzieu (1986), was modeled on a simple equation: "flower = female genitals" (p. 292). Anzieu presented the following account of Freud's associative paths:

I would contend that the present action in the [Botanical Monograph] dream---opening a folded plate on which a flower is "reproduced"---represents an intellectualization of a past, carnal action---opening the folded "flower" of a little girl, in other words her sexual organs, whose purpose is, precisely, to "reproduce," and where the little boy imagines he can see the results of castration. The reproductive functions of the human body are often explained to small children through the analogy of botanical examples. [pp. 286-287]

Anzieu is here able to detect the disturbing presence of a fantasy of "castration" at work within the scene. The same disturbing presence is evoked by an important association that Freud (1900) himself

provided: the plastic memory of himself at the age of five, when, together with his three-year-old sister Anna, he blissfully pulled apart a book---“to pieces (leaf by leaf, like an artichoke)” (p. 172). According to several commentators, Freud’s memory was tied to his blissful moment of “defloration,” while the image of “pulling the book to pieces” successfully conveys the idea of a destructive action that resonates with the verb “*schockieren*---to shock, to offend, and to disgrace”---itself associated with the German “*Artischocke*” (Mautner 1991, p. 283).

Freud’s fantasies and ruminations on female genital organs bear the mark of Emma’s impact. The symbolic meaning of defloration was later clarified by Freud (1918); he associated the hymen with the female’s inborn illusion of having a penis and the rupture of the magic membrane, a form of symbolic castration that triggers her wish to castrate a man in order to keep his penis to herself. Despite the fact that Freud’s defloration fantasies were rooted in his own life and history, I tend to think that they were overdetermined by his unconscious concern with Emma’s retraumatization---an event which ultimately represented an attack on her magically protective shield (the phallic magic membrane).

On a more general level, the assault on the imaginary phallus functions as an unconscious factor motivating men to treat hysterical women by castrating them. If we examine the issue more closely, we realize that the practice emerged precisely during a time when the emancipation of women began---indeed, during a period when the modern myth of the *femme fatale* began to surface in Western culture. The *femme fatale*, as de Klerk (2003c) has pointed out, is a *phallic woman*, a woman who takes revenge on men by placing them in a powerless, threatened, and dependent position in order to make them feel what she herself has been made to experience.

Remarkably, this was also how Freud himself seems to have experienced the Emma incident. While Freud identified with castrated female patients, the one who was ultimately castrated was not Emma but Freud himself. This reversal of roles was part of an ongoing, shared fantasy between Freud and Emma. The fantasy they unconsciously shared may be seen in Emma’s reaction to Freud’s near-fainting spell in response to her bleeding incident in February 1895.

Circling back to an earlier point, I note that, when Freud returned to the room where Emma had been recuperating from her massive bleeding, she responded by greeting him with the remark: “So this is the stronger sex” (Masson 1985, p. 117). The impregnation of Martha in early March of 1895, and the fantasy of sexual grandiosity that Freud enacted through his Irma dream, were both reactions to the powerless, threatened, and dependent position in which he felt himself caught during and after the Emma incident.

In Freud's self-analysis, this position was revived through his ruminations on the true *femme fatal* in his life: the Roman Catholic nanny whom he described in his letter to Fliess of October 1897 as his sexual "initiator" or "prime originator" [*Urheberin*] (Masson 1985, p. 278). Freud had no clear recollection either of his seductress or of the specifics of the abuse he suffered; he did, however, experience various dreams in which he found himself sexually aroused, trapped, and unable to move, as well as mistreated, scolded, and humiliated.

These paralyzing feelings, characterized by a blend of erotic arousal and sensations of impotence, were reawakened in Freud by his preconscious understanding of the infantile abuse that Emma had suffered. It is important to underscore in this regard what several authors (Grigg 1973; Mahony 1977; Schur, 1972) have previously emphasized: namely, that Freud sometimes characterized his childhood seductress as his *Amme* (wet nurse)---although he was presumably breastfed by his mother---and that, as Freud himself noted, *Amme* is *Emma* spelled backwards (Freud to Jung, June 6, 1907 [McGuire 1974, p. 59]; see also Vitz 1988, p. 7).

Moving away from the analytic situation and fantasizing about his Roman Catholic nanny enabled Freud to commit to and enter into a systematic self-analysis. His unconscious identification with Emma, however, remained immured within the psychoanalytic corpus as an inaccessible enclave---a "State within a State, an inaccessible party" (Freud 1939, p. 76).

THE ENCLAVE

If we dig deeper into Emma's scenario, we are struck by its similarity to the Jewish ceremony of circumcision. This event traditionally takes place on the eighth day of the child's life and is *exclusively meant for boys*. In the orthodox tradition, the ceremony is known as the *brith milah*. The ritual of circumcision is always performed by a man, a *mohel* who, after cutting and removing the foreskin at the tip of the boy's organ, applies his mouth to the child's penis in order to suck up the initial drops of blood produced by the cutting. The ceremony is then followed by a celebratory meal.

The account that Freud obtained from Emma was obviously modeled on this ceremony. Freud himself was struck not by the mutilation or by the content of his patient's fantasy, but by the ritual pattern encoded in it. In his letter to Fliess of January 24, 1897, he associated the scene presented to him by Emma to the idea of a "primeval sexual cult, which once was---perhaps still is---a religion in the Semitic East (Moloch, Astarte)" (Masson 1985, p. 227). Freud then writes that perverse actions "are

always the same---meaningful and fashioned according to some pattern that someday will be understood” (p. 227).

Freud’s (1901) brilliant anticipation of the metapsychological idea of a deep structure of the unconscious, homologous to religion, diverts our attention from Emma and the possible meaning of Emma’s fantasy. If we attempt to grasp why her genital trauma had been reshaped to match the ritual of circumcision---a ritual from which girls are obviously excluded---we arrive at the following possible reconstruction. As a child, Emma must have found herself confused about her genitals and the fact that they had been injured and cut. She then likely developed the *fantasy* that she, too, like her brothers and male cousins, had received and experienced a *brith milah*. By turning her trauma into an active fantasy, by enabling and making her genital mutilation thinkable, Emma’s *masculine fantasy materialized as an attempt aimed at mastering her trauma*.

Two months after Freud obtained information about the *brith milah* scene from Emma, he developed the idea that fantasies issued from things that had been heard but understood only subsequently (Masson 1985). Freud further maintained that fantasies were psychic facades produced to bar access to memories and thereby to preserve them:

They are manufactured by means of things that are heard, and utilized subsequently, and thus combine things experienced and heard, past events (from the history of parents and ancestors), and things that have been seen by oneself. They are related to things heard, as dreams are related to things seen. In dreams, to be sure, we hear nothing; but we see. [Masson 1985, p. 240]

This passage helps us better appreciate the role that the words *brith milah* might have played in the construction of Emma’s fantasy. It also sheds light on the verbal mechanisms by which this same fantasy made its way into Freud’s Irma dream. The notion that, in dreams, “we hear nothing but we see” anticipates not only the theory that words are therein represented as things, but also reminds us of the trimethylamin formula that helped restore Freud’s capacity to see in the dream. Remarkably, and as de Klerk (2009) pointed out, the trimethylamin formula itself appears to be “an anagram, a nearly literal transcription, of ‘*brith milah*.’”¹²

¹² According to de Klerk (2009): “When I began to read Freud ‘sub specie circumcisionis,’ I was startled to find that the keyword in the Irma-dream ‘trimethylamin’ can be read as an anagram, a nearly literal transcription, of ‘*brith milah*’ (Hebrew for circumcision). Try it and you will find that nearly all of the letters and sounds of *brith milah* are present in ‘trimethylamin,’ except for the initial ‘b’ in the phrase. It may be just a sheer coincidence, a speculation on my part; but perhaps maybe not. Anzieu once said that a nearly perfect likeness is a complete one for the unconscious.”

Privately, Freud viewed his Irma dream as the moment when “the secret of the dream” had been revealed to him: “the dream-content seems like a transcript of the dream-thoughts into another mode of expression, whose characters and syntactic laws it is our business to discover by comparing the original and the translation” (1900, p. 277). These and other factors give plausibility to de Klerk’s hypothesis that Emma’s nasal surgery served as an unconscious reminder of Freud’s own traumatic *brith milah*; the fantasy and sexual grandiosity inscribed in and carried by the word *trimethylamin* thus appear to be built upon a phallic wound.¹³

Before further expanding on this point, I wish to briefly review how the topic of Freud’s circumcision has been treated and addressed in the psychoanalytic literature.

De Klerk belonged to a small but heterogeneous group of scholars who came to realize that circumcision functioned in Freud’s work as a kind of hidden script. Gilman (1993), citing a rich literature that considered circumcision “a remnant of the early Jewish idol or phallus worship” (p. 58), made many interesting observations about circumcision and nineteenth-century medicine. He noted that “in seeing the act of circumcision as ‘primeval,’ Freud placed it at the root of Western civilization” (p. 83). Gilman proceeded to point out that “the debate about the impact of circumcision on the communal psyche was also closely related to Freud’s discussion of the trauma theory in the late 1890s” (p. 87). Finally, he noted that “by moving hysteria to the realm of the incestuous,” Freud had effectively eliminated “the trauma of circumcision” (p. 89).

Other authors have found the trauma of circumcision reverberating within the flow of some of the most important dreams that Freud reported during his self-analysis. Colman (1994) suggests that, as a child, Freud was likely ridden with conflict as a result of witnessing the circumcision of his younger brother Julius, who died just six months after the ceremony. In Colman’s view, Freud’s affective response to the events of Julius’s circumcision and death impacted his later dreams and his theoretical views on the castration complex. The fact that Freud was never able to fully retrieve the emotions he experienced as a result of Julius’s sudden death influenced his ability to adequately conceptualize the castration complex (Colman 1994).

Maciejewski (2002) traced the clinical material in Freud’s self-analysis back to the trauma of his circumcision, interpreting it as the primal scene [*Urszene*] of the “bad treatment” that Freud had

¹³ Sadly, de Klerk died in 2010; although he was unable to publish his fascinating hypothesis himself, he entrusted me with his intuition.

reported to Fliess in his letter of October 3--4, 1897 (p. 47). De Klerk (2003a, 2003b, 2004, 2008) integrated both aspects of the equation, proposing that Julius's circumcision and death functioned to remind Freud of his own circumcision. In a later work, Maciejewski (2006) viewed Julius's circumcision as at the center of a primal scene that haunted Freud and never ceased to influence him.

Both de Klerk and Maciejewski placed heavy emphasis on the fact that Freud appears to have decided not to have his own male children circumcised. Each read Freud's dream of the self-dissection of his pelvis as a representation of trauma, viewing his circumcision not only as a traumatic life event, but also as "a crypt of the repressed sufferings of the young Oedipus" (Maciejewski 2002, p. 28, translation by C. Bonomi). De Klerk's contribution was developed around the assumption that a neonatal circumcision without the benefit of anesthesia is necessarily experienced by the infant as catastrophic and traumatic. De Klerk supported his position with clinical research and analytic vignettes. Maciejewski's methodology, on the other hand, is mainly sociological; he works and proceeds on the assumption that neonatal circumcision is---in contradistinction to initiation rites during puberty---a cultural "memotechnique" aimed at reproducing a painful memory trace in the body.

Expanding on Derrida's (1996) suggestion that we consider a bodily memory trace an *archive*, Maciejewski found that it represents a second archive of psychoanalysis, one that underpins the primacy of the phallus and castration. Despite the fact that many of his interpretations are profoundly interesting and thought provoking, Maciejewski ultimately arrived at a rather disappointing conclusion; picking up on Derrida's remark on the irreducible literalness of circumcision in Freud's text, he found that the ultimate content of this secret archive is "the fact of circumcision [*Tatsache der Bescheidung*] as the traumatic central event of Jewish socialization and ethnogenesis" (Maciejewski 2002, p. 309, translation by C. Bonomi). Geller (2007), who expanded on Gilman's (1993) research, responded by objecting that circumcision in Freud's work is not a mere *fact*, but a *dispositive*.¹⁴

These authors all share the idea that the mark of circumcision in Freud's work is a *memory without memory* that returns everywhere (to employ Derrida's [1996] phrasing). These same authors, however, ignore the social and cultural relevance of the medical cure/punishment for masturbation; de

¹⁴ The term *dispositive* was introduced by Foucault (1977). According to Geller (2007), circumcision became, in the central European cultural imagination, "both an apotropaic monument and a floating signifier that functioned as a dispositive, an apparatus that connected biblical citations, stories, images, phantasies, laws, kosher slaughterers (*Schochets*), ethnographic studies, medical diagnoses, and ritual practices, among other deposits in that noisome landfill called Europe, in order to produce knowledge about and authorize the identity of *Judentum*---and of the uncircumcised" (p. 11).

Klerk, to be fair, does come close to recognizing this by virtue of his association of the disavowal of the traumatic element of circumcision to the neurological notion that infants fail to suffer pain---a misconception that began in 1872 with the discovery of the partial myelination of the newborn baby's neurons. This misconception persisted for an entire century (Cope 1998; Fitzgerald 1998).

The consequences of such selective inattention are many, the principal one being that these contributions on the subject of the hidden script in Freud's texts are obsessively and defensively fixated on the male genital organ, as if contamination with the female gender was somehow forbidden. This might be one of the reasons why Emma's "circumcision scene" has remained a residue even within the psychoanalytic literature. Yet in my view, circumcision is scarcely understandable if it is isolated and cut off from the male imitation of the wound that the female body itself embodies---a fact that renders the human physical body a symbolic one, and that transforms the wound in the flesh of the female body into a *symbolic wound* (Bettelheim 1954).

The script of the original "contamination" was implicitly revived by the notion that men "menstruated" through their noses---an idea having a long history before it resurfaced through Fliess's theory of the nasal reflex neurosis. Moreover, Freud's rejection of the Jewish ceremony of circumcision had been "contaminated" from the beginning by the horror that the medical practices of castration and circumcision of females (women and girls) must have produced in him during his early years as a medical doctor. The crucial question is when and how circumcision became the hidden signifier of a traumatic inscription within the Freudian corpus.

THE INSCRIPTION

We know that Freud was impacted by a painful psychic impression the day before he dreamt his Irma dream; it was then deflected onto Irma in the form of a damaging injection. He felt annoyed by a reproach, a statement regarding Irma's "incomplete cure," and decided to stay up late into the night to write up a report of his treatment of her, essentially in order to offer a self-justification of his procedures. Writing the report was a painful exercise, both mentally and physically. Freud, we know, had been suffering from rheumatism at the time he dreamt his Irma dream, and that night he felt particularly bothered by pain in his left shoulder [*Schulter*].

In the dream, these pains reappeared and were reflected in Irma's body. Freud, in his dream, turns to her to say: "If you still get pains, it's really only your fault [*Schuld*]" (Freud 1900, p. 107).

Apparently, Freud jettisoned the painful reproach directed at him and cast it in the direction of his patient. However, later on, in the course of the medical examination performed on Irma in the dream, her pains were isolated to a portion of her skin [*Hautpartie*] that had been infiltrated; this pain was immediately felt by Freud in his own left shoulder.

Geller (2007) convincingly associated the word *Hautpartie* to circumcision. Here we arrive at an important and crucial passage in Freud's dream. As Mahony (1977) noted, the German word for shoulder (*Schulter*) "phonologically incorporates *Schuld*" (p. 91)---guilt, pronounced *Schult* in German. Ultimately, the unacceptable reproach ended up being placed, by Freud himself, upon his own shoulders.

The person from whom Freud had received the painful impression and reproach regarding Irma's incomplete cure was his medical colleague and friend Oscar Rie ("Otto" in Freud's account of the dream). Freud was so upset with Otto in the dream that his annoyance was quickly displaced toward the gift that Rie had brought with him when he came to visit: a bottle of pineapple liqueur (*Ananas*). Freud, however, detected a strong smell of fusel oil (*amyl*) when the bottle was popped open. Freud found the odor so disturbing that he immediately decided to rid himself of the gift.

In the dream, moreover, the responsibility for Irma's pain was vengefully thrown back on Otto, who was dismissed by Freud as the "impure" one who had thoughtlessly injected Irma with a dirty syringe. The smell of *amyl* led Freud to recollect the whole chemical series (propyl, methyl, and so on)---a series that accounted for the "preparation of *propyl . . . propyls . . . propionic acid*" (1900, p. 107) that had been injected into Irma's body.

The replacement of *amyl* (the painful impression) with *propyl* (the injection) is the crucial point in the dream. It is the juncture at which Freud loses and then regains his masculine status. This replacement becomes more intelligible if we consider still another layer of meaning and a deeper level of reproach. Oscar Rie had just come from visiting Anna Hammerschlag's family; Anna was Freud's patient and the primary person condensed into the figure of "Irma" in his dream. Freud fancied that his friend Otto had been siding against him under the influence of his patient's relatives. Otto's reproach must have been felt by Freud as coming directly from Professor Hammerschlag, his former Hebrew teacher and a friend of his father, Jacob, as well as his patient's father.

During the night, the reproach directed at Freud by Otto for failing to "cure" his patient turned into an admonishment, with Freud left feeling he had failed to fulfill his *medical* duties. We could well surmise that Professor Hammerschlag's complaint against Freud, coming as it did from an authoritative

and paternal figure who served as an agent of Jewish tradition, served to reawaken a much more substantial reproach in Freud. More deeply, Freud must have widened his self-reproach to include the fact of his having drifted away from Judaism and the consequent failure to fulfill *his religious* duties to his father, Jacob.

Freud's self-reproaches thus tapped into a central conflict in his life concerning his problematic and conflicted relationship with his Jewish ancestry and the religion and legacy of his forefathers. This theme cannot be examined in depth here; suffice it to say that it was only after the death of his father that Freud opened up to the prospects of filial piety---and also, that it was only with his father's death that he entered self-analysis and his lifelong journey back home (Rice 1990).

Seen from this angle, the Irma dream presents an all-too-clear expression of Freud's rebellion against his Jewish heritage. He still felt himself entitled to make his own choices, and he pretended to be his own father. The weight of his self-reproaches, however, began to slowly turn the tide. Freud's revolt---his conflicts and vacillations with regard to his origins---speaks most powerfully through his failure to fulfill some of the most important duties that an observant Jewish father demands from a son. Unlike Jacob, Freud failed to endow his male children with Hebrew names, and, more crucially, failed to circumcise them as well, symbolically keeping his sons from entering into the covenant. The accusation that he had failed to cure the daughter of his former Hebrew teacher (the *incomplete* cure) reverberates in his failure to inscribe God's name on the organ of generation through the practice of *milah*---the very event at which Jewish male children are offered their Hebrew names (the *incomplete* ceremony) and symbolically enter into covenant with the God of Israel.

Freud did not consciously notice this particular line of reproach involving his failure to live up to his duties as a Jew when analyzing his Irma dream. Instead, he reacted with the vengeful fantasy of a super-complete cure for widows (the "sexual megalomania" [Falzeder 2002, p. 20]). Freud clearly felt the weight of the blow, however. His failure to fulfill his religious duties as a son was thus quickly turned toward Oscar Rie, a fellow Jewish doctor, who was scolded by Freud as a "disbeliever" (Erikson 1954, p. 31). Despite the fact that Freud responded to Otto's reproach as *non arriv *, it nevertheless came to be inscribed in the dream through displacement and condensation. The most crucial inscription can perhaps be found in the word *amyl*, the signifier of the painful impression that Freud had received. This word, remarkably enough, encodes and nearly reproduces the reverse sound of *milah*, the Hebrew word for *cut*.

Traumatic memories are easily associated with odors, and the smell of amyl might well have condensed many traumatic memories and paralyzingly visceral feelings of impotence tied to the primordial “cut” that Freud had received by virtue of having entered the Jewish covenant through circumcision. In the dream, the signifier *amyl* is replaced by a chain of signifiers that, associated to pleasurable memories, reveals an attempt by Freud to dispel impotence, to overcome isolation, and to restore his masculine position.

Erikson (1954) found the association of *propyl* to the Greek word *propylon*, and the verbal vicinity of *propionic* to *priapic---phallic*, particularly enlightening (p. 26). In a letter to Fliess written in the spring of 1898, Freud himself remarked that “Priapus stood for permanent erection, a wish fulfilment representing the opposite of psychological impotence” (Masson 1985, p. 308). The precise meaning of the Priapus fantasy was more fully disclosed by Freud (1918) in his report of a custom that supposedly once existed in the Roman marriage ceremony, in which a virgin wife was required to “seat herself on the gigantic stone phallus of Priapus” (p. 204) in order to sacrifice her hymen.

The operative model for the substitution here is obviously a chief element within Freud’s own family romance: the replacement of his Jewish mother (Amalia) with the Roman Catholic nanny who cared for him during his early days in Freiberg. The replacement of *amyl* with the *propyl* series thus appears to be a replacement of the Hebrew ceremony of circumcision with the Roman marriage ceremony, and, through and beyond it, of the Hebrew *milah* (cut) with the rupture of the hymen. In Freud’s self-analysis, this cut would come to be associated with the moment of bliss that brought pleasure and justified life itself.

The “triumph of wish-fulfilment” (Freud 1913, p. 299) was, however, affected by a death anxiety that functioned as a prelude to Freud’s own discoveries and observations on castration anxiety. At a verbal level, the conjunction between bliss and shock, defloration and castration, potency and impotency, was hinted at by Freud’s stress on the reversibility of words. For instance, Freud transferred the verbal quality of the name *Anna* (doubly inscribed in *Ananas*) to the name *Otto*, also a palindrome. His doing so implicitly calls attention to reading words not only from left to right, but also in right-to-left Hebrew fashion---hence the double reading of *Emma*, which, once metaphorized into *Amme*, is fused with a series of key names (*Anna*, *Emma*, *Nana*, *Amalia*) and primal fantasies in Freud’s life (Vitz 1988). These names are tucked away and lost in a Freudian box. They might well serve, however, to present us with the key that may help unlock the navel (*Nabel*) of Freud’s dream, identified by him as “unplumbable” (1900, p. 111).

Throughout his professional life, Freud repeatedly reminded us of the magical power of words. For example:

Words were originally magic and to this day words have retained much of their ancient magical power Thus we shall not depreciate the use of words in psychotherapy and we shall be pleased if we can listen to the words that pass between the analyst and his patient. [1916, p. 17]

In the specimen dream, this acoustic scenario was evoked by Irma's resistance to opening her mouth properly and by the medical examination performed on her by a trio of doctors who shake and auscultate her body. When one of the doctors examining her finds that "a portion of the skin [*Hautpartie*] on the left shoulder was infiltrated," Freud (1900) was struck not only by the fact that he felt this in his own body, but also by the "ambiguous wording" and "unusual phrasing" (p. 113) regarding the infiltration---as though a piece of the talking cure had been made inaccessible to verbal communication.

The important association *propyl-Propylaea* offered by Freud (1900) as a specimen of displacement might allow us to here fill in a gap. Freud's association, given Emma's family name, Eckstein itself presents an ambiguity. *Eckstein* means *cornerstone* and, as such, points directly to architecture, religion, and even foundations and founding rituals. *Propylaea* is used not only to refer to the ceremonial gateway to Greek temples, but is also, oddly enough, "a word given to the labia majora surrounding the vaginal orifice" (Anzieu 1986, p. 145).

The bridge connecting these two meanings thus serves to bring together the realms of architecture and anatomy; it also functions to tie the body to a sacred place of worship. Indeed, and even more deeply, it transforms *a mutilated body into a sacred temple*. It is as though---rather than analyzing it---Freud has appropriated and made Emma Eckstein's *brith milah* fantasy his own fantasy.

As well, Freud turns to the Jewish ceremony of circumcision, where the most vital part of the body, the penis, is consecrated to God, as the model for the "consecration" of a woman. This ancient Hebrew ritual is thus questioned at its most delicate point---namely, the division between the sexes and the split between pure and impure.

Freud's irreverence helps us turn our attention to another side of his long-standing habit of distancing himself from his origins and heritage (*milah*), a movement that may be witnessed in the universalism that he adopted as his work developed. Freud's desire for the universal is perhaps best adumbrated, in his dream of dreams, by the "Roman Catholic" resonance of his bold chemical formula---a formula that, visually speaking, is "a system of triads, to each element of which is linked a subtriad,

all stemming from one central point (N)” (Richardson 1983, p. 69). The word *Catholic* not only means *universal*, but is also the name personally selected by Freud to introduce us to his dream girl: *Irma* means *universal*. Indeed, Irma = Emma, since both derive from the German *ermen* (*whole, universal*).¹⁵

The architectural element at play within the Irma dream, too, the *propylaea*, points to Classical Greece as the cradle of universal culture, absorbing any and all possible “temples” into itself, beyond all differences in race, gender, and religions. While the template is indeed Hebrew (*milah*), in Freud’s founding dream, this is transformed into a scientific formula (trimethylamin) that hints at a universal function.

CONCLUSIONS

In his remarkable interpretation of Freud’s specimen dream, Erikson (1954) managed to grasp that Martha Freud’s physical fertilization and pregnancy had been duplicated in the spiritual fertilization that Freud, as founder and father of psychoanalysis, had experienced. The “mouth” that Freud opened to examine his patient’s buccal apparatus in the dream stood not only as a symbol for a woman’s procreative inside, but also of the dreamer’s unconscious.

In Erikson’s (1954) words:

Wir empfangen: we receive, we conceive, we celebrate a birthday. That a man may incorporate another man's spirit, that a man may conceive from another man, and that a man may be reborn from another, these ideas are the content of many fantasies and rituals which mark significant moments of male initiation, conversion, and inspiration; and every act of creation, at one stage, implies the unconscious fantasy of inspiration by a fertilizing agent of a more or less deified, more or less personified mind or spirit. [pp. 46-47]

Freud’s so-called feminine yielding, the convergence of womb and mind, the possibility that a male subject may incorporate the spirit of another, and the intellectual birth of the notion of bisexuality are all ideas that fundamentally contribute to our understanding of the founding dream of psychoanalysis. An important point overlooked by Erikson in his analysis of the dream, however, was that Freud’s homosexual submission to Fliess had been intertwined with his identification with Emma, and furthermore, that what most powerfully served to fertilize Freud’s unconscious in the summer of 1895 was the reproach that had materialized in light of the “bad treatment” Emma had received.

¹⁵ See, among other sources: <http://www.behindthename.com/name/irma>. I owe this insight to Mario Beira.

The Irma dream, according to Langs (1984), encompasses the entire history of psychoanalysis. It does so not only because it is a paradigmatic representation of the sense of guilt that exists in most analysts (Searles 1966), but also because the prevailing reaction to that sense of guilt was highlighted in the service of defense. In my tentative reconstruction and interpretation of Freud's dream, I have tried to argue that Freud's guilt above all consisted in the incorporation of his patient's psychic reality. This incorporation entailed Freud's unconscious participation in the process of repetition and, eventually, of retraumatization. The medicalization of Emma's treatment, the severity of the incident that followed as a result of her botched operation, as well as the intensity of Freud's guilt feelings, all combined to prevent him from acknowledging having done harm to his patient---something that is always specific to the work of analytic treatment, a process that features the tendency to repeat as an important therapeutic factor in the cure.

The interpretation of Freud's dream presented here allows us to better grasp that the dreamer's "Jewish and gender-coded identification with Irma" (Geller 2007, p. 91) was the product of the transformation of Freud's visceral body into the passive recipient of Emma's trauma. We might therefore wonder whether the underlying guilt immortalized in the dream was the *crime of introjection* itself (Abraham 1963; Abraham and Torok 1978). Freud's so-called feminization might itself be an expression of his difficulties in withstanding trauma, as well as of his inability to serve as a container for Emma. As far as we know, he never took responsibility for the role he played in Emma's suffering and retraumatization. The Irma dream, to be sure, aptly captures his desire to cleanse himself of any and all guilt.

Freud's analysis of Emma---his most important patient at the time---concluded in 1897, and quickly opened the door to Freud's becoming his own "most important patient" (Masson 1985, p. 279). Despite the fact that Freud was cognizant of his identification with Emma, during those years his ideas on identification had been mainly based on the model of hysterical identification. The latter, in Freud's (1901) view, consisted of an unconscious inference (a form of "assimilation on the basis of similar aetiological pretension," p. 149) that enabled patients to express, through their symptoms, their experiences---as well as those of other people, so that others might suffer on their behalf. If we apply this logic to Freud's transference neurosis, we realize that in many of his enactments and unconscious formations---in dreams, daydreams, parapraxis and fantasies---he not only managed to relive and dramatize Emma's traumatic experience, but also to unconsciously suffer on her behalf. It is important here to remind ourselves of the fact that Emma was the first analyst personally trained by Freud.

A crucial element that facilitated Freud's identification with Emma was the similarity of their reactions to the trauma each had experienced in childhood. In Emma's case, feelings of impotence were exorcised through her *brith milah* fantasy. In Freud's case, the apotropaic reversal of impotence into sexual grandiosity and megalomania (*trimethylamin*) was linguistically encoded within the body of a formula that hinted at Roman Catholicism. It functioned as a memorial to the trauma Freud had endured at the hands of his Catholic Nanna (*Amme*).¹⁶

Applying the schema of hysterical identification, we unavoidably reach the conclusion that Emma's *brith milah* fantasy was not only well understood by Freud at an unconscious level, but also that it functioned as a model for the trimethylamin formula itself. Seen from this angle, the revelation disclosed by the specimen dream was indeed an abstract thought, one consisting of an *unconscious inference* that harkened back to the dreamer's personal childhood trauma. In short, Emma's reaction to her circumcision functioned as an unconscious reminder to Freud of the childhood sexual abuse he had suffered at the hands of his Catholic caretaker.

At a performative level, however, Freud appropriated Emma's *brith milah* fantasy, and in this way managed to fulfill his wish to have a "good and amenable patient" (Freud 1900, p. 109n), reenacting the same fantasy that underlay the operation on her nose. That is, through Emma's nose, Freud once again managed to "snatch away" her imaginary penis. Relating Freud's fantasy back to his Catholic nanny, we now see that it also carries the mark of his identification with the aggressor. What Freud ultimately repeated here was the fantasy of an abused child. It led him to become as powerful as his aggressor by taking possession of Emma's "Three-Amen" formula---the signifier of her imaginary phallus---with the unbearable sensations of impotence being split off and projected onto his traumatized patient.

Perhaps a deeper point to emphasize here is that Freud's hysterical identification with Emma might itself not be sufficient to accurately describe the role that she played in the birth of psychoanalysis. Freud's progressive discovery of "symbolic castration" of his own body comes to closely resemble the "identification of the ego with the abandoned object" (Freud 1917, p. 249). Furthermore, the verbal immurement of Emma's *brith milah* fantasy, in light of the trimethylamin formula in Freud's dream, is suggestive of the textual inscription of the *mute word* (Derrida 1976);

¹⁶ Many decades ago, Velikovsky (1941) read and deciphered the formula in Freud's founding dream: "Tri---three; amin; Amen---belief in the trinity" (p. 492n).

indeed, it more generally suggests the “endocryptic identification” described by Abraham and Torok (1978, p. 142).

The silent, invisible bond between Freud and Emma is perhaps best portrayed in a text Freud wrote while in the midst of his meditations and reflections on Moses (Freud 1939). While struggling with the “evidence afforded by circumcision” (described in his book on Moses as a precious “key-fossil” [*Leitfossil*] [p. 39]), he (1937) was led to reflect on the role that the “bedrock” [*gewachsene Fels*, or *growing rock*] of castration played in any and all psychoanalytic treatment. In that context, Freud suddenly decided to circle back to his beginnings as an analyst in order to ponder, for the last time, the sediments of his treatment of Emma Eckstein---a concrete specimen of a petrified life, and also a literal cornerstone [*Eckstein*] of psychoanalysis.

Acknowledgments: The author wishes to thank Mario L. Beira for his help in editing this paper and for his many suggestions and comments, which have greatly enriched it. In addition, Peter L. Rudnytsky read and offered helpful feedback on an early draft of this text.

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Borgo Pinti 87
 50121 Firenze, Italy
 e-mail:carlo.bonomi@hotmail.it