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THE CASE OF SCHREBER: BISEXUALITY,
AUTONOMY AND AUTHORITY

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Daniel Paul Schreber, a prominent German judge in the late nineteenth century, suffered a severe and incapacitating psychosis, recovered, and wrote an account of the experience. This account, published in 1903 as Denkwürdigkeiten eines Nervenkranken¹ (Memoirs of My Mental Illness) came to Freud's attention; he used it as the basis for the psychoanalytic study of Schreber in which he developed his theory of the causal role of "latent homosexuality" in paraonia. There are several features of the Schreber case, and of Freud's interpretation, that make them particularly valuable in relation to the theme of the unfinished journey. Three features of Schreber's delusional world stand out in this regard: his belief that he was changing from a man into a woman, his battles with God, and his belief that he had experienced a religious revelation. These three features can be coordinated with the three main dimensions of paradigm transition in psychoanalytic theory: from male-centered to bisexual, from conventional to critical, and from scientific (stressing the objective-rational) to psychoanalytic (giving equal value to the subjective, intuitive and unconscious). Like Freud, Schreber began his life as a proper (a very manly, conventional and rational) nineteenth-century figure. But the changes he underwent

* Chapter 5 of Freud's Unfinished Journey: Conflict Between Conventional and Critical Paradigms in Psychoanalytic Theory.

were much more violent and extreme than Freud's. He literally believed his male body was becoming feminized, that he was engaged in a personal battle with the highest authority, God, and that all that happened to him was beyond the realm of science and rationality and could only be understood as a subjective-revelatory experience. Given these connections and contrasts between the two men, it will be of the greatest interest to examine Freud's analysis of Schreber -- to note what he sees and what he does not see in the case.

There are several other features which make Schreber, of all Freud's cases, a specially interesting candidate for detailed consideration. There are other sources of information and interpretation, in addition to Freud's, available in this case. The Memoirs themselves give Schreber's own account and interpretation of what happened to him and if, following Freud's lead, we view them as a meaningful symbolic communication -- rather than as "delusional" or psychotic nonsense -- we may compare Schreber's own interpretation with Freud's. In addition to the Memoirs, much additional information has come to light in recent years concerning Schreber's father, his family and the general system of values and child training methods in which he grew up (see Niederland, 1974 and Schatzman, 1973). Since this information was not available to Freud it allows us to view the case, now, from a much expanded framework.

Schreber's father was a leading "expert" on family life and the raising of children; he published numerous books on these topics which were widely read throughout Europe during the second half of the nineteenth century. The values and practices that these books espouse

give a detailed picture of such central topics as: conceptions of infancy and childhood, male and female roles, sexuality, pleasure, work, discipline, and individual-authority relationships. The father's ideas give a flavor of the world view that shaped the childhoods of both Freud and Schreber. All of this information -- the Memoirs, the father's books, and new historical data on childhood and family life in nineteenth century Europe -- gives a more complete picture of Schreber's background than was available to Freud. We can now see more clearly the extent to which his analysis of Schreber remains within the conventional world view and the extent to which it moves to the new psychoanalytic perspective.

This chapter will be organized as follows: first, I will describe Schreber's psychotic breakdown, his recovery and his own account of what this meant. Next, I will summarize Freud's analysis of the case, with particular emphasis on his treatment of sexuality in its "masculine" and "feminine" forms. This will lead to a consideration of his theory of bisexuality which, as we will see, is treated with the characteristic mixture of old and new assumptions. Then I will describe Schreber's father, his methods of raising children and the general set of values that these exemplify. Since his father's methods shaped the context of Schreber's childhood this context will be coordinated, in the next section, with the son's "delusional" world. Finally, with all of this as background, I will present a synthesis of the case -- a synthesis that attempts to complete the journey; that is to say, one which is more fully within the new world view of psychoanalysis.

SCHREBER

Daniel Paul Schreber was born in 1842, the third of five children in a prominent family: a number of ancestors on both his mother's and father's side were distinguished scientists, doctors, judges and professors. Schreber's father, whose work we will examine in detail shortly, was a widely known physician, orthopedist, and zealous advocate of exercise and the active life. To this day many city-dwelling Germans tend their Schrebergärten -- small plots of land in the country -- a practice inspired by the father. Schreber himself had a distinguished early career as a lawyer and judge. He was a doctor of jurisprudence, stood as a candidate for the Reichstag (parliament), and eventually reached the position of presiding judge -- of what corresponds in our system to a Court of Appeals -- in the city of Dresden.

He suffered his first mental breakdown at the age of forty-two, following his defeat for the Reichstag, a breakdown that was labeled "severe hypochondriasis" at the time, and that consisted of severe sleep disturbance, difficulty eating and other somatic manifestations. He was hospitalized in the clinic of Dr. Paul Theodore Flechsig, one of the leading neuroanatomists of the time, and was discharged after six months, apparently recovered and able to return to work. Nine years later, at the age of fifty-one, Schreber suffered a more severe collapse shortly after his appointment as presiding judge to the high court in Dresden. He spent the next nine years of his life in mental hospitals where he experienced the symptoms of what today would be called a severe

paranoid schizophrenic psychosis. He lost the socially accepted sense of reality; was often catatonic or immobile, and at other times violent; refused to eat or bathe and tried to kill himself. He believed that the world had come to an end and that only he was really alive: that the people he saw around him were "fleetingly improvised men." At other times he would bellow violently at the sun. He felt that his doctors and attendants interfered with many aspects of his life, made fun of him, and intended to "unman" him.

Toward the end of this second confinement, the more disruptive elements of his behavior receded and he tried to make sense of what had happened to him. He began by writing notes on scraps of paper and eventually brought these together in his book, Memoirs of My Nervous Illness. He sought his release from the hospital and attempted to publish the book and, after legal battles with the authorities, achieved both of these goals. In the Memoirs, Schreber describes his psychotic experience in detail and formulates a neuro-psycho-theological theory to explain what had happened to his body, his mind, and his soul. He became convinced that his first psychiatrist, Flechsig, and then God himself, had been persecuting him by causing all sorts of painful "miracles" to be visited on his body. The chaotic mass of his psychosis is given order and meaning by Schreber in the explanation formulated in the Memoirs.

Here, in summary form, is his account. His condition was

the result, he came to believe, of God's actions having become out of phase with "the Order of the World." The human soul is contained in "nerves" and God is all soul or "pure nerve." Ordinarily, human soul-nerves ascend to God after the death of the body, having first to pass through a period of purification and testing. There, they dwell with God in a state of bliss, a state of uninterrupted feelings of voluptuousness and pleasure. God only rarely contacts living beings, for human nerves, especially in a state of excitement, may attract God so strongly that he will be held fast to them. Unfortunately, this dangerous attraction of God's nerves occurred in Schreber's own case. Something went wrong involving Schreber, Flechsig, God, and "the Order of Things" such that God's nerves -- in the form of "rays" (his image fuses nerve impulses, rays of the sun, and spermatozoa) -- are especially attracted to Schreber's own nerves. This results in the torture-like "miracles" of Schreber's psychosis. God is stuck in Schreber's body, His rays interfere with Schreber's every movement and function. Almost no part of Schreber's body is free of these miraculous tortures: foul tasting "souls" are forced into his stomach; pains are visited on his neck, his back, and his legs; he cannot move freely, nor eat, nor sleep without some form of divine interference. God does not even let him urinate or defecate in peace, always seeing to it that the toilet is occupied when Schreber needs it.

Throughout these descriptions, we see that Schreber's conception of God is curiously ambivalent. On the one hand, he

pictures himself as an insignificant and powerless creature in awe of an omniscient and omnipresent Being; yet, on the other, God's actions in relation to him are for the most part trivial, petty and malicious.

Things can only be put right or returned to their proper order if Schreber himself is transformed from a man to a woman. God's rays will then find pleasure -- sensations of "spiritual voluptuousness" -- in Schreber's body and a more harmonious state will be restored between God and mankind. Thus, the idea of Schreber's personal sexual transformation flows from the logic of his theory; it is part of the "solution" to the problem posed by his psychotic experiences. When he is transformed into a woman, his personal pain will become pleasure, and the world at large will be set back on its proper course.

The central imagery used to describe his relations with God fuses Christian and scientific terms and ideas in a terminology of "rays" and "nerves." The Christian aspect may strike the intellectual of today as odd, but we must remember that Schreber, like many of the most intelligent and well-educated men of his time, was much more imbued with religious values than are comparable figures today. The imagery is not only religious; Schreber incorporates much of the science that he was familiar with into his picture of rays and nerves. In its way, the theory outlined in the Memoirs is like Freud's metapsychology, in which certain terms and ideas from physical science and neurology are used symbolically to describe human feelings

and experiences. Is Schreber's theory psychotic and Freud's metapsychology -- with its mythical libidinal energies cathecting objects, deflecting from its aims, discharging in sex or being sublimated -- scientific? The reader must decide for himself; in my own view, the two theories may be more alike than not.

As Schreber formulated an explanation for his psychotic experience, his more violent and tumultuous state passed; he became, once more, the intelligent, articulate, and polite man he had been in his days as a judge. He continued to believe in the divine nature of his revelations, however, and remained convinced that he was being transformed into a woman. In addition, he felt his religious experience contained an important message for mankind. The Memoirs is an evangelistic document; Schreber expresses a certain urgency about his message which is a warning to his fellowmen about God's dangerous ways: "God was, if I may so express it, quite incapable of dealing with living men, and was only accustomed to communicate with corpses" . . . or God's "more or less absurd ideas, which were all contrary to human nature" (Memoirs, p. 127). Additional details of Schreber's life and ideas will be examined later in the section that describes his childhood.

Almost all of Schreber's contemporaries considered him insane, and he spent most of his later years confined in institutions. The Memoirs did not inspire a religion, and the religious and medical authorities of his time were content to label it the work of a madman. This was not the case with Freud, who published a major case study

in 1911 based entirely on Schreber's Memoirs.

FREUD'S ANALYSIS

Freud is aware that Schreber was insane in almost any sense of the term, yet his analysis moves well beyond the conception of insanity held by his psychiatric contemporaries. He treats the belief system -- Schreber's "delusional" ideas -- as a meaningful communication. In this he diverged from descriptive psychiatry by insisting on analysis and understanding as opposed to pejorative labeling. Thus, for Freud, the Memoirs are like the manifest content of a dream which must be decoded, or translated, into understandable terms. In addition, Freud notes that ". . . the delusional formation, which we take to be the pathological product, is in reality an attempt at recovery, a process of reconstruction" (1911, p. 71). So the Memoirs are not only meaningful, in Freud's view, but psychologically reparative.

The idea that the beliefs of a "psychotic" are meaningful, and that their analysis can lead to an understanding of insanity, is in the revolutionary new spirit of psychoanalysis. But when we examine the specific content of Freud's analysis -- and particularly his treatment of paternal authority and sexuality -- we encounter the mixture of new and conventional values that is by now familiar. Freud begins his analysis of Schreber by bringing to bear a psychoanalytic concept -- transference -- which is used to decode Schreber's ideas about Flechsigs and God. The ideas and feelings that he experienced in

relation to his psychiatrist and God are seen as projections of his impulses, fantasies and beliefs, and particularly his unconscious, childhood wishes and feelings and regarding his father. "The Patient's struggle with Flechsig became revealed to him as a conflict with God, and we must therefore construe it as an infantile conflict with the father whom he loved; the details of that conflict [of which we know nothing] are what determined the content of the delusion" (p. 55). Already, we see that it is the son's love -- shortly to be defined as "latent homosexual" or passive feminine sexual impulses -- that is the underlying disruptive force.

Freud recognizes that he is on speculative ground in his treatment of the father-son relationship since he has no direct evidence concerning Schreber's early life. Nevertheless, he assumes that it is the son's impulses and fantasies that are at the root of the threat and even guesses:

that what enabled Schreber to reconcile himself to his homosexual fantasy, and so made it possible for his illness to terminate in something approximating to a recovery, may have been the fact that his father-complex was in the main positively toned and that in real life the later years of his relationship with an excellent father had probably been unclouded. [p.78]

At another point, he notes:

Now the father [of Schreber] was no insignificant person. . . . His activities in favour of promoting the harmonious upbringing of the young, of securing co-ordination between education in the home and in the school, of introducing physical culture and manual work with a view of raising the standards of health -- all this exerted a lasting influence upon his contemporaries. [p. 51]

Freud cites this information about the father to show how he was a suitable figure for "transfiguration into a God in the affectionate memory of the son from whom he had been so early separated by death" (p. 51). (Schreber was actually nineteen years old when his father died). It is clear from these remarks that Freud assumes that the early relationship between Schreber and his father was a loving or "affectionate" one; indeed, it is precisely this "love" that menaces the patient and brings on the psychosis. As we shall see shortly, this description of the father fits the image he presented to his family and the world, but not the way he actually treated his children.

Freud's rather naive attitude toward the father's authority represents the persistence of conventional male-centered values. For, following his own rules for decoding the delusional beliefs, one could as easily assume that Schreber was abused and mistreated by his father, since he continually feels himself abused and mistreated by Flechsig and God. Freud's failure to interpret Schreber's beliefs in this way is similar to his shift away from the seduction-trauma theory of neurosis to the theory that inculcates the child's impulses, wishes and fantasies. In other words, both shy away from criticism of conventional authority. If we apply the symbolic transformation hypothesis discussed in the last chapter, we could guess that Schreber's relationship with his father -- like that of Anna O., Katharina and Dora with their fathers -- contained significant real traumatic experiences which are symbolically displayed in the symptoms of his adult disturbance. But this is not the course

that Freud took in his analysis of Schreber; rather, he exculpates the father and places the major causal role on the son's sexual impulses, just as he did in the construction of his metapsychological explanation of the "hysterical" women.

Freud's explanation of how Schreber's sexual impulses brought on his psychosis is a complicated one though at its center is a single clear idea: a disruptive, "feminine" sexuality. In Freud's terms this is the pathological role of "latent homosexuality" in paranoia. Two elements of Schreber's case are of central significance in this respect: the conviction that he has a role to play as a religious redeemer and the belief that he must be transformed from a man to a woman. Freud hypothesizes that the first idea is a defense against the second: that Schreber is threatened by his passive homosexual impulses (the wish to be a woman) and defends against them with grandiose fantasies. Eventually, these defensive efforts become the religious delusional system where his "latent homosexuality" becomes a virtue, a moral necessity required to save the world. Freud's explanation runs as follows: (1) Schreber's "homosexual libido" becomes active, manifesting itself in the dream-like thought that "it really must be rather pleasant to be a woman succumbing to intercourse" (Memoirs, p. 63) -- a thought that actually came to Schreber before his second breakdown. Freud can only guess why the homosexual libido appears when it does; he thinks it may be due to Schreber's wife's absence on vacation at the time (the missing heterosexual outlet) or their failure to have children, thus depriving

him of a son as a male love object. (2) The aroused homosexual feelings and fantasies are threatening and, in defending against this threat, projection and the mechanisms of paranoia are brought into play. (3) Freud outlines this paranoid-defensive process as a series of propositions that summarize what occurs in the patient: the proposition "I (a man) love him" (the basic homosexual wish) is contradicted by delusions of persecution -- "I do not love him -- I hate him," further transformed and justified as "I do not love him -- I hate him because he persecutes me." Thus an internal threat (homosexual libido) is transformed into an external threat (ideas of persecution). In sum: Freud posits that Schreber was sexually attracted to Flechsig, his male psychiatrist and, before him, to his father and that he defends against these feelings by transforming the homosexual impulses into the persecution by Flechsig and God. We will check the validity of these hypotheses against the new evidence on Schreber's childhood, but first it will be necessary to examine Freud's ideas on masculine and feminine sexuality in greater detail.

FREUD'S VIEW ON BISEXUALITY

As we have just seen, at the core of Freud's explanation of Schreber's psychosis is the idea of a threatening contra-sexual side. For a man this "other" side is his feminine sexuality, also described as "passivity." The idea of an internal conflict between one's

masculine and feminine -- or "active" and "passive" -- sides is referred to by Freud as the conflict brought about by "bisexuality" or "constitutional bisexuality." Hypotheses concerning bisexuality appear early and run throughout Freud's writings. The recognition of the "other" -- often unconscious -- sexual side and its many psychological effects is one of the great creative insights of psychoanalysis. Yet, these same hypotheses are shot through with conventional assumptions about sex, masculinity and femininity. Let me attempt to separate the new, insightful and critical theory of bisexuality from the residue of conventional assumptions and values.

Critical and conventional views on bisexuality operate in three spheres: 1) psychological versus biological; 2) relationship of masculine-feminine to active-passive and; 3) holistic versus dualistic. The critical theory of bisexuality is psychological: masculine and feminine sexual identity are traced to crucial early experiences (identifications) with the central male and female figures (father and mother) of childhood. The conventional view attempts to link these same bisexual features to biological characteristics. The critical view describes a fluid connection between masculinity-activity and femininity-passivity that varies between individuals, depending on their family and social experience. The conventional view posits a fixed biological link between these features and, further, ties masculinity-activity to "sadism" and femininity-passivity to "masochism." And, finally, where the critical

view allows the possibility of inner harmony between masculine-feminine and active-passive qualities, the conventional position assumes that the two biologically rooted sides must either be kept separate or always be in conflict.

The conception of bisexuality that one finds in Freud's writings is a mixture of these trends, with a progressive movement over the years from the conventional to the critical. His first ideas concerning bisexuality were taken directly from the work of his friend Wilhelm Fliess. The essence of these early ideas was fairly simple: one can find traces of the biological characteristics of each sex in the other -- truncated forms of secondary sexual characteristics such as nipples on men or the clitoris, which Freud believed was a miniature penis, in women or, as we now know, both male and female hormones at various levels in each sex -- and these are indices of biological bisexuality. Since the biological was assumed to be "the basis" for the psychological, there must be a corresponding psychological bisexuality. In one sense, these early ideas were revolutionary insights, especially in a society committed to sexual purity and a rigid enforcement of separation of the sexes, a society that was quite threatened by any mixing or blurring of sex roles. Yet, in another way, these early ideas were quite conventional since Freud assumed that bisexuality was an inevitable source of conflict and that the feminine side represented a kind of weakness or drag on masculine strength. In addition, the conventional dualism was

perpetuated with the view that biological bisexuality was the basis for psychological sexual conflicts. It is another example of the sort of split seen in the earlier theories of instincts from "the body" exerting their force upon "the mind."

Freud's commitment to this early theory did not last very long. By 1905, in the first of the Three Essays on Sexuality, he argues that physical or biological bisexuality does not explain very much about the wide range of sexual identity problems -- inversions and perversions -- that one can observe. He suggests another course, linking masculinity-femininity with activity-passivity (which are also tied to sadism-masochism) and begins to move on to psychological ground. Activity and passivity refer to psychological-behavioral qualities, as contrasted with the referents for the earlier concept of biological bisexuality, so he has moved some way towards a less reductionistic -- a less dualistic -- mode of thought. But his specific ideas about the role of bisexuality in internal conflict never get much farther than this: in most references to the concept in later writings he states that conflict arises between active and passive trends, the first associated with masculinity and the second with femininity, with the feminine-passive side typically viewed as a source of pathology.² However, while he goes no further than this with specific reference to bisexuality, he develops new lines of thought in other areas that provide the components for a coherent account of psychological-bisexual conflict, though Freud himself does not state the theory as such. I refer to his ideas on the

formation of sexual identity, on the one hand, and those concerning the role of activity in mastery, on the other. Let me summarize these ideas and show how they may be fit together as a theory of bisexuality.

The clearest statement of an interpersonal-developmental model of sexual identity is presented in The Ego and The Id of 1923, though there are precursors in various earlier works. For example, in 1920 he published a short report on The Psychogenesis of a Case of Homosexuality in a Woman, a work of direct interest in regard to the present focus on bisexuality. The case concerns a young woman who develops a homosexual passion for a "society lady" ten years her senior. Without going into the details, we may simply note the essence of Freud's analysis of her homosexuality: her own mother rejected her, favored her brothers and was jealous of any potential closeness between her and the father. When she was sixteen, her mother gave birth to yet another brother, intensifying her feelings of rivalry and rejection. She turned away from her mother, and from an identification with her as a woman, and adopted a homosexual orientation. The older "society lady," with whom she became romantically obsessed, was both a love object and a substitute mother figure. Her actions in relation to this woman, and her attempt to assume a male identity, arose from the intense interpersonal conflicts within her family, her painful rejection in favor of male siblings, her mother's own rivalry for the father, her desperate search for acceptance and love, and related factors. A comparison of

Freud's discussion of this young woman with his discussion of Dora, whose dynamics were similar, shows how far his thinking had moved from its earlier biological-reductionistic form. His explanation in the present case is entirely in terms of the effects of intense interpersonal conflicts and their internal representations. In other words, the young woman's bisexual conflicts are seen as an expression of the difficulties she experienced in identifying with her mother due to their rivalry and the culturally-typical valuation of males (her brothers) and depreciation of women.

In The Ego and The Id Freud describes the way in which the ego and the superego develop from identifications with the parents during the Oedipus complex. He specifically notes the fourfold process in which the male or female child finds him/herself in relations of love and rivalry with both the mother and father at different times and to different degrees. Thus, in addition to the well-known "positive oedipus complex" in which the boy takes his mother as a love object, feels his father as a rival and, eventually, identifies with the father's masculinity, the boy also takes his father as a love object -- or feels himself in a "passive-feminine" relation to him -- with his mother as a rival. Without going into the details of this process we may, for our present purposes, attempt to extract the underlying model. This is a model that traces sexual identity -- one's sense of maleness or femaleness -- to identifications with the important emotional figures of childhood. Since most of us are raised in a world filled with crucial male and female figures (fathers and mothers, substitutes such as nurses, and male and female siblings)

our egos -- our personalities or selves -- develop from these male and female identifications. The child identifies with its father or mother, or with different aspects of each, depending on his or her own inclinations and talents and the specific nature of the emotional relationships with the parents. Sometimes, as in the case of the homosexual young woman just discussed, hostility, rejection and a search for love will impel an outward rejection of identification with one parent, even to the extent of homosexuality. In many less disturbed persons, a reasonable adult identity -- one that lies within the culture's demands for appropriate sexual role and heterosexual object choice -- is possible, an identity that integrates the childhood identifications with mother and father.³

The essential point to take from this theory is that "bisexuality" is largely the result of these identifications. One's inner maleness and femaleness, the way qualities associated with each sex -- competitiveness, passivity, achievement, -- are experienced, as well as conflicts between them, are the results of our childhood experiences with males and females -- with fathers and mothers -- and the way we have incorporated these experiences into ourselves. Sexual identity and bisexuality are influenced as well by our contact with the social definition and treatment of masculine and feminine qualities. From our contact with parents, siblings and the other emotional figures of childhood, we acquire our characteristic orientation toward assertiveness and submission; we learn how to be loving, caring and maternal, as well as aggressive and competitive; we play

at and experiment with a variety of incipient roles and actions, both "male" and "female." And we learn which of these roles and actions are valued by society and which are not. It is from this kind of social-psychological experience that we acquire the basis of our two sexual sides, as well as the basis for conflict between them. In other words, the conflicts of "bisexuality" do not arise from some "constitutional" or biological source; rather, they are the reflection within the adult personality of the characteristic sexual conflicts of the males and females with whom one was raised.

Let us examine one characteristic example of bisexual conflict, the male fear of femininity. Boys in western society are raised by women -- their mothers or nurses -- during the significant early years, and this close and intimate contact leaves its traces as identification with maternal-feminine qualities. At the same time, and from early on, such boys learn some version of our culture's male-centered values -- that it is better to be male -- and that sex-role mixing is a terrible thing. This means that the feminine side of themselves, that part derived from the early contacts and identification with women, must be repressed, must be dissociated from the conscious self. As an adult male, a person with such a background lives a one-sided existence, the inner feminine side an ever-present source of threat and anxiety. It is exceedingly difficult for many men, raised in societies like ours (or Freud's), to confront this repressed femininity, for such a confrontation exposes one to qualities in oneself that have been frequently falsely

idealized, abused, victimized and depreciated.

The male's struggle with repressed femininity is one example of bisexual conflict arising from early experiences of identification. So called penis-envy in girls can be seen in a similar way. In a larger sense, there are as many versions of inner bisexual conflict as there are social conflicts between men and women, as there are attacks on feminine qualities, as there are overevaluations of maleness -- with all the jealousies, rivalries, envy, latent anger, sadism, masochism, guilt and fear so typical of such conflicts. It is not possible to describe this extremely complex state of affairs in any detail here, I mention it to show how the model of identification contrasts with that of "constitutional bisexuality," and how it can form a component of a critical theory of bisexual conflict. Let us now examine the other component of such a theory: activity as mastery.

As I noted earlier, Freud moved from his conception of bisexual conflict based on the biological characteristics of males and females to one stressing the conflict between active and passive impulses, the first equated with masculinity and the second with femininity. While he does not directly say so, it seems clear that he takes this equivalence from a combination of observations and widely held social beliefs. That is, men in Freud's day were everywhere more active and aggressive -- in warfare, commerce, the professions, science, politics and government -- and it was easy to connect this activity to their "basic" maleness. Women were, for the most part,

excluded from participation in all these areas and confined to the more "passive" world of home and child care. This social-cultural tie of activity-passivity with masculinity-femininity was no doubt influential but, of even greater significance for Freud -- whose general theory held that sexuality was the primary human motive -- were the "active" and "passive" aspects of sex itself. Freud saw males as sexually more active -- as the aggressor in sexual encounters, the one who penetrates -- while women assumed the "passive" role of object of seduction, of recipient or vessel. It should be clear that this was how things were for many men and women in Freud's day -- and for many still today -- but there is now much evidence that enables us to see the active and passive roles of men and women, both in the social and sexual spheres, as more the result of cultural restrictions, taboos and prejudices than of any intrinsic biologic-sexuality. Women in nineteenth and early twentieth-century Europe had little chance to play an active role in the social world. In addition, they were conditioned from childhood to be sexually modest, passive, chaste and "pure." In other words, whatever differences in the biological predisposition for males to be more aggressive -- and such differences do exist in my opinion -- were tremendously amplified by the male-centered and sexually repressive value system of Freud's time and society. And not only the social side of activity-passivity now appear culturally and historically bound, much of the evidence of contemporary sex research raises questions about the greater sexual "activity" of

males as well. Certainly the fact that the penis penetrates the vagina is only one aspect of a complex physical and psychological interaction that involves actions and feelings of a variety of kinds by both partners. If one takes capacity for orgasm as the criterion of sexual activity, then women seem more active than men. Even in Freud's day, his conception of sexual passivity only applied to middle-class women; as he knew, the world was filled with peasant and servant girls, with prostitutes and coquettes, and with women of the nobility and upper classes whose "active" sex lives were not bound by bourgeois morality. But, as in so many other spheres, it was precisely this ever-expanding set of bourgeois values that defined the social norm.

In sum: the connection that Freud makes between activity and masculine sexuality, on the one hand, and passivity and feminine sexuality, on the other, may be seen through either the conventional of the critical paradigm. While Freud questioned his own early theory of the biological roots of activity-passivity, he did not formulate a new theory when discussing bisexuality per se. Nor does he clearly incorporate into theory such observations as the traumas that result from the social discrimination suffered by women or the pathological effects of the devaluation of feminine qualities.⁴ And this, despite the fact that his own theory of sexual identity based on identification with the parents would have enabled him to do so. Yet the very same terms active and passive are used by Freud in another context, a context that he himself does not connect with bisexuality, though we can make such a connection now. This other version of the active-

passive dimension can form the second component of a coherent, critical theory of bisexuality.

Freud develops his ideas about the role of activity in mastery in Beyond the Pleasure Principle (1920) as he attempts to explain why certain persons repeat experiences that are apparently fear-provoking or unpleasant.⁵ From his considerations of certain crucial instances of repetition -- following traumatic experiences in war, in the play of children, and in neuroses -- Freud extracts a general principle: one masters traumas that one has passively suffered by actively repeating them in another sphere. Let us trace the development of this principle and then relate it to bisexual conflict.

Freud presents a defining example of mastery from his observations of the play of a young boy. The child was very attached to his mother and suffered when she would leave him. He then played a game in which he threw his toys out of sight while uttering an expressive "o-o-o-o" which proved to be the German word "fort" ("gone"). He played this "gone" game with a reel attached to a string, throwing it out of his cot, with his characteristic "gone," and pulling it back with a joyful "da" ("there"). From these and related observations (the child also played at making his reflection in the mirror disappear and reappear with his same "gone" and "there"), Freud concluded that he was motivated by an urge to master the painful experience of separation from his mother. As he puts it:

One gets an impression that the child turned his experience into

a game from another motive. At the outset he was in a passive situation -- he was overpowered by the experience; but, by repeating it, unpleasurable though it was, as a game, he took on an active part. These efforts might be put down to an instinct for mastery that was acting independently of whether the memory was itself pleasurable or not. [S.E., XVIII, p. 16, italics in the original.]

Freud brings in other considerations: he notes that the child could also be motivated by revenge -- doing to his toys what he wished to do to his mother -- and, further, that children engage in a great deal of imitative play that is motivated by their wish to be grown-up, their desire to do what adults do. He also cites, as a further example, the way a child who suffers at the hands of a doctor makes this frightening experience the subject matter of his next game -- doing to his playmates, dolls or toys what was done to him. In such an instance, one sees both mastery -- converting what he passively suffered into an active game -- and the seeking of revenge on a symbolic or substitute figure. The validity of these hypothesis is borne out by much later observational work with young children (see, for example, Piaget 1951) and may be easily confirmed by anyone who takes the time to watch children at play. Now, let us examine the broader meaning of passive and active that is contained in Freud's principle of mastery.

First, it should be noted that Freud himself makes no attempt to connect passive and active, as he uses these terms in the discussion of mastery, with his use of these same terms in discussions of bisexuality. Passive in the new context refers to one's position in a

traumatic, painful or fear provoking situation -- a position of helplessness or victimization. Examples would be: experiences of separation, loss, and loss of love, as illustrated by the example of the little boy; illnesses, accidents, injuries of all sorts -- all that causes pain to one's body; and psychological injuries: blows to self-esteem and pride, as in insults, shaming and disciplinary measures that cause one to feel intrinsically bad or worthless. These experiences of passive victimization are not confined to childhood; adults suffer losses, illnesses and psychological insults -- though they are no doubt more traumatic early in life due to the child's greater helplessness: his undeveloped understanding, special fears and sheer smallness and lack of power in the world.

And now we may make the link between the two uses of "passivity" that Freud does not make. For while we all suffer our share of the passive traumas and insults of life, there are certain classes of people who are more likely to suffer than others. I have noted the special sensitivities of childhood and must add those social conditions which define groups of people as childlike, which deprive them of power, limit their opportunities for active participation in the world, in short, that keep them in positions of relative helplessness. The treatment of slaves in this country and the continued discrimination against nonwhites are familiar examples. In Freud's time there was much anti-semitism, derogation of the poor and uneducated and, bringing the discussion full circle, mistreatment of women and devaluation of the feminine. Insofar as women were seen

as childlike and weak, blocked from a fair realization of their talents, and directly victimized -- kept in positions of inferiority, used sexually and in other ways -- they suffered more in the way of passive trauma, and had less opportunity for active mastery, than did men. But, it must be emphasized, this was not due to their "constitutional" or "biological" passivity. Men who were poor, members of minority groups, children of both sexes, and many others suffered in related ways.

Activity appears in both the principle of mastery and as the masculine side of bisexuality and, again, we must distinguish the two uses. For it is easy to make the mistake of equating the activity of mastery with male aggressiveness and this is a serious distortion. When one masters a trauma by repeating actively what one has passively suffered, "active" refers to the reenactment of the experience in a sphere where one has a sense of control, where things are more understandable and managable. The young child who is examined by a large and frightening doctor -- who is given painful injections, the long-term benefits of which he cannot possibly understand -- experiences it all as a confusing, painful trauma, an assault on his body and affront to his dignity. But, within the world of his dolls and toys, things are managable; this is a sphere that he does understand, that he can control. When he replays the scene he is active. Sometimes this activity may be aggressive, may involve symbolic violence, revenge, and turning aroused anger on substitute figures. But active mastery may also involve love and tenderness; the

child who suffers the loss of his mother's love may master the painful loss by loving his teddy-bear or in loving and soothing games with other children. As a different sort of example -- that also illustrates how mastery should not be equated with physical activity or aggressiveness -- consider the mastery of unconscious conflicts that results from psychoanalytic therapy. Here one reexperiences the passive traumas of the past by giving them verbal and emotional expression, and by reliving a version of them in the transference. This is a form of active mastery that makes experiences more understandable and manageable, that results in a greater sense of personal control, though the "activity" itself consists of talking to another person. And, of course, men are no better at this than women; active mastery bears no intrinsic connection to active-masculinity as Freud used this term in his discussions of bisexuality.

Freud's principle of mastery provides broad definitions of passivity and activity within which the more specific uses of these terms in the bisexual theory may be fit. In other words, the principle of mastery encompasses the older usage in which passivity was equated with female sexuality and masochism on the one hand, and activity with male sexuality and sadism, on the other. These traditional equivalencies -- which were and are there to be observed in many women and men -- can now be seen as particular instances that result from social values which define women as passive, which limit their opportunity for active participation, and which give men more in the way of such opportunities. "Feminine masochism" in Freud's time, like

"Jewish masochism" within an anti-semitic society, or like the masochism of "Uncle Tom" blacks in this country, are the result of the social definition of biological characteristics and not of some independently existing "constitutional" factors.

The principle of mastery lies within the new, critical paradigm; for when one defines passivity and activity in this way, the next step is to examine the factors that create passive victimization and helplessness, on the one side, and that facilitate active engagement, understanding and control, on the other. One directs attention to such things as: separations and losses in childhood, and the host of factors which interfere with the secure mother-infant bond; modes of discipline and punishment that victimize children and exacerbate their sense of helplessness; and social discrimination of all sorts which interferes with the freedom of whole groups and classes of people to achieve an active engagement in life. But while these considerations follow logically from the conception of the role of active and passive in mastery, they were not spelled out by Freud except, perhaps, with reference to psycho-analytic therapy itself. It remained for later theorists to examine in more detail what the crucial passive traumas are, who suffers them and why, and to delineate the conditions which facilitate active mastery.

We may sum up this examination of bisexuality as follows: Freud begins with a biological-reductionist theory: our masculine and feminine qualities are the results of constitutional factors and are an inevitable source of internal conflict. He early

recognizes the inadequacy of this view and replaces it with one that relates masculinity to activity (and sadism) and femininity to passivity (and masochism). While at various points, he notes the problems in connecting these ideas to biology, he does not work out these problems in the specific area of bisexuality. In two other areas, however, he develops concepts which provide the basis for a coherent account of bisexual conflict, though he himself does not pull these strands together. The first is his theory of the development of the ego and superego -- and of one's sexual identity -- from identifications with the emotional figures of childhood. The second is the role of passively suffered traumas and active repetition in the process of mastery. I have made some suggestions as to how those ideas illuminate the intricacies of bisexual conflict, for such conflicts are real enough and are perhaps even culturally universal, though not always in the forms we are familiar with in the West. It is not the case, in other words, that bisexual conflict is wholly a social matter -- as the emphasis of my discussion may have misleadingly suggested. Clearly, men and women are biologically different: but, these differences only achieve psychological salience as they are defined in a social-cultural context. One cannot meaningfully separate the "biological" from the "social" -- anymore than one can separate mind from body -- for one's physical maleness or femaleness is, from the moment of birth onward, shaped by a great number of interpersonal influences. The task in adulthood is not, I think, one of getting rid of one's "other" side, nor of accepting the inevitability of conflict between the two. It

is, rather, one of understanding the specific way masculinity and femininity have been structured in oneself, and in one's family and society, and of seeing how a greater degree of harmony can be achieved between them.

This discussion of the twists and turns in Freud's theories of bisexuality may seem to have taken us far from the case of Schreber, but the distance is only apparent. For Schreber's early life exemplifies, in the most striking way, many of the themes just discussed. His "feminine" qualities were subjected to forceful repression. The possibility of active mastery was severely blocked by attacks on his autonomy; life in his family was almost a caricature of the patriarchal state, with its rigid splitting of male and female. And, at the center of it all was his moral-reformer father.

SCHREBER'S FATHER

Freud limited himself to the Memoirs in his analysis of Schreber. Though he knew who the father was in a general way, he makes no use of, and presumably did not know anything about, the particulars of the father's ideas. We are now in the fortunate position of having a good deal more evidence about the father. William Niederland, an American psychoanalyst, has done extensive research on the case, interviewing relevant individuals in Europe and bringing to light the significance of the father's many books dealing with physical culture, medical treatment and childrearing. Niederland is apparently the first to draw attention to the connections between

Schreber's delusional ideas and the father's prescriptions for the treatment of children.⁶

Daniel Paul Schreber's father was Daniel Gottlieb Moritz Schreber, a physician and educator of great influence in German-speaking countries in the nineteenth century. He authored numerous books concerned with physical and moral health, books that prescribed techniques for the raising of children from infancy to adulthood. The titles give the flavor: The Harmful Body Positions and Habits of Children, Including a Statement of Counteracting Measures; The Cold Water Healing Method; and The Book of Health of the Art of Living According to the Arrangement and the Rules of Human Nature. His most popular work, Medical Indoor Gymnastics, went through forty editions and was translated into several languages. I will refer to the father as "Doctor" Schreber hereafter -- the son was also a doctor, of jurisprudence, but the title fits the father better. He was a physician and self-styled medical expert: a man concerned with fixing, molding, and shaping the human body, with eliminating all that he considered base, weak, and sinful.

Dr. Schreber had very definite ideas concerning the treatment of children. These are detailed in his many books and both Niederland and Schatzman assume, given the Doctor's thoroughness and other evidence, that he carefully supervised the upbringing of his own children (including Daniel Paul) according to these principles. Given this assumption, we can recreate the childhood experiences of the son from the father's writings and use this new information to

illuminate the son's "nervous illness" and the meaning of the Memoirs.

Like so many other "experts" in the history of Western Civilization, Dr. Schreber thought his age was "soft," "decadent," and "morally weak." This was due to a lack of firmness and discipline in the home and school and the Doctor proposed an elaborate system of childrearing to "battle" the "weakness" of his era. He was a devout Christian and all he counseled was phrased in a language of "God" and "love." His proposals were always for the child's own good and aimed at eradicating base or evil impulses so that the child would grow in the Right, Just, and True manner. When we view his methods today, he seems to demand complete submission of the child to adult authority and to punish, quite harshly, any sign of sexuality, pleasure, or autonomy.

Two quotations from Dr. Schreber will give the flavor of his ideas and values:

The noble seeds of human nature sprout upwards in their purity almost on their own if the ignoble ones, the weeds, are sought out and destroyed in time. This must be done ruthlessly and vigorously. It is a dangerous error to believe that flaws in a child's character will disappear by themselves. The blunt edges may disappear but the root remains, shows itself in poisoned impulses, and has a damaging effect on the noble tree of life. A child's misbehavior will become in the adult a serious fault in character and opens the way to vice and baseness.

. . . especially important and crucial for the whole life with regard to character . . . to form a protective wall against the unhealthy predominance of the emotional side, against that feeble sensitiveness -- the disease of our age, which must be

recognized as the usual reason for the increasing frequency of depression, mental illness, and suicide [as quoted in Schatzman, 1973, pp. 19-20].

These quotations reveal that the "weeds" that Dr. Schreber is concerned to stamp out of the child have to do with feelings -- "the emotional side . . . feeble sensitiveness"; in other words, with the maternal, female, and childlike aspects of human nature. A good part of his methods are directed against such feelings including sexuality and masturbation, though like many nineteenth century moralists, he could not mention these by name. His disciplinary efforts are also directed at the child's "will." He states, "suppress everything in the child, keep everything away from him that he should not make his own, and guide him perseveringly towards everything to which he should habituate himself" [quoted in Schatzman, p. 20].

In the methods of child care he advocates, Dr. Schreber exemplifies the "new" -- nineteenth century-Christian-enlightened-scientific spirit. The underlying values -- the view of emotion, pleasure and sexuality as threatening components of human nature that parents need battle, and the idea that the child's will must be combatted with strong discipline -- were not new, of course. One sees these values and beliefs quite clearly in the preceding centuries of European family life. Nor is it novel to justify almost any mode child treatment (or abuse) in the name of God, Christianity, Morality, the Good, the True, and the Beautiful. But there are several aspects of Dr. Schreber's approach that are new, and these are worth noting.

First, the Doctor counsels a very early attack on the child's will: where the experts of prior centuries were content to ignore this area until around the age of two, the Doctor argues that the battle must be joined almost from the beginning of life and be waged on all fronts. For example, in discussing the way to handle very young infants, the Doctor advises:

Our entire effect on the direction of the child's will at this time will consist in accustoming it to absolute obedience, which has been in great part prepared for already by the applications of principles laid down previously. . . . The thought should never occur to the child that his will could be in control, rather should the habit of subordinating his will to the will of his parents or teachers be immutably implanted in him. . . . There is then joined to the feeling of law a feeling of impossibility of struggling against the law; a child's obedience, the basic condition for all further education, is thus solidly founded for the time to come [quoted in Schatzman, pp. 21-22].

Where earlier authorities were content to let a little autonomy and will flourish -- indeed, it was often stimulated by teasing and purposeful frustrations -- before battling it, Dr. Schreber, attempts to forestall its very appearance.

A second novel feature of the Doctor's approach is the use of all sorts of mechanical devices and contraptions that are applied to the child to mold, "strengthen," and moralize his body. The Doctor is the Thomas Edison of childcare machines. These are belts to tie children in one position while they sleep, metal bars to keep them

sitting straight, harnesses and springs to pull the shoulders back, and straps that bind the head and keep it upright by pulling on the hair. The Doctor obviously did not believe that the human body could move, sit, stand, or lie down in the "correct" way without mechanical assistance. We have but to imagine ourselves as young children tied rigidly in bed or made to sit for hours in a fixed position, to realize how painful and oppressive these techniques were. An additional and specially harmful feature of such devices was the way in which their interposition between parent and child interfered with the mutual communication of emotion. A father who twists his child's arm is directly aware of the pain he inflicts and may be influenced by the child's cries. If the child is strapped into a bed by a "scientific" instrument, the parent does not so directly feel the pain he is causing. The machine separates him from his own potential empathy. Doctor Schreber's machines for child-shaping are homely examples of devices we know on a much wider scale in modern warfare -- for example, the pilot who does not feel empathy for the victims of his bombs because distance, speed, and radar are interposed between his actions and their effects on the victims.

A third novel feature of the Doctor's approach is the extension of discipline from behavior to the mind. The child must not only outwardly obey and engage in the right acts, his obedience must extend inward -- he must always think

the right thoughts as well. We might say that the Doctor counsels "thought control," as we have come to know it in certain modern totalitarian states.

This is a complicated issue because, in reality, mind and body are never separated, so that the more careless brutalities of earlier periods affected "the mind" of the child as well as his body. The point is that the child was not required to like it when he was whipped or abused and, further, could indulge in thoughts and fantasies of revenge or express his violence towards other children. This is certainly the picture that Hunt [1970] and others paint of seventeenth-century French life, as we saw in chapter 2. Dr. Schreber's approach is less outwardly brutal: there is less talk of whipping and beating the child and much emphasis on "love" and discipline in the name of God and the Natural. At the same time, what is done to the child is likely to be even more frustrating since it is imposed earlier, is mediated by mechanical devices, and extends systematically into all areas of his life. And, the child is made to act as if he likes what is being done to him: the Doctor counsels that children should not show "spite" or "bitterness" towards the adults who discipline them and must apologize and shake hands after a reprimand or punishment. Thus, the child must not only obey and submit to discipline and punishment, but must act as if he is not angry, and even as if he feels friendly toward his tormentor.

The Doctor's need to rationalize his own violence and the threats posed by "softness" and disobedience is such that a system of thoroughgoing mystification is constructed. Since it is imposed on the child very early in life, when his capacity for understanding is barely formed, by a seemingly unanimous group of God-like adults, it is only natural that the child incorporate the entire system, rationalizations and all, into his own personality. Schatzman stresses this point: Dr. Schreber not only programmed his children to obey him completely, but also not to be aware of the process and its origins -- to think of their obedience as their own "free choice." In psychoanalytic terms we see here the inculcation of a severe unconscious superego, the creation of an inner agency that prohibits, criticizes, and controls impulses, feelings, and fantasies, and that remains outside of awareness. This agency or part of the self is modeled on the parent-child interaction; one comes to treat aspects of oneself as these aspects were treated by the authorities of one's childhood.

Dr. Schreber's methods defined the childhood matrix in which Daniel Paul Schreber's personality was formed -- including his severe unconscious superego and other anlage of his delusional system. Let us look in a bit more detail at the father's methods. The father counseled that love and softness not be encouraged, that the infant be rewarded when he was calm, not crying, not demanding or being willful. We do not really know what went on in

the son's earliest years -- general practice at the time would suggest that nurses had the day to day care of the infant, under the supervision of the mother and, of course, the ubiquitous Doctor. Niederland [1963] quotes from a letter written by Schreber's sister that the mother worked closely with the Doctor in everything. In any case, it seems likely from the Doctor's writings that all areas of the child's life came under scrutiny and attempted control. If an infant cries for what the Doctor deems "no reason," it is seen as self-will which must be met with "moderate, intermittant, bodily admonishments consistently repeated." Here are some additional examples of the recommended methods.

Eating is subjected to strict regulation from the earliest months. Far from eating when they are hungry, infants are fed according to a schedule set by adults. They must learn great self-control with regard to food -- adults eat in their presence but they are not to be given the smallest morsel, even if they cry or beg. From the age of six months, warm baths should be discontinued in favor of cold baths, along with "cold rubbings of the body" which have a "toughening-up" effect. Their rooms were not to be heated lest the children become soft. Along with these stringent regulations of food and body temperature were the use of the many straps, braces, harnesses, and other apparatuses for controlling the body and its movements already described. One has but to imagine oneself as a young child subjected to these modes of control to see how almost all areas of potential pleasure and comfort -- eating, moving, playing, even sleeping -- were made painful and difficult.

The Doctor was an absolute fanatic regarding posture. He had

a passionate belief in balancing all actions of the body, a sort of right-left fetish. The child was to perform all actions and movements equally with the right and left hand, arm, foot, or leg. This was related to the emphasis on straight posture and all was rationalized in the name of health and medicine. A single example:

One must see to it that children always sit straight and even-sided on both buttocks at once . . . leaning neither to the right nor left side. . . . As soon as they start to lean back . . . or bend their backs, the time has come to exchange at least for a few minutes the seated position for the absolutely still, supine one. . . . If this is not done . . . the back bones will be deformed. . . . Half resting in lying or wallowing positions should not be allowed: If children are awake they should be alert and hold themselves in straight, active positions and be busy; in general each thing that could lead towards laziness and softness [for example the sofa in the children's room] should be kept away from their circle of activity [in Schatzman, p. 44].

This concern with management of the child's body was, no doubt, extended to those other areas that the Doctor could not directly mention by name -- sex, masturbation, urination, and defecation, with their various pleasurable, soft, dirty, sensuous, and degenerate connotations. (The Doctor, and his son, like most nineteenth-century authorities, referred to emissions of semen as "pollutions.") And in these areas too, we can be sure that control and strict discipline was justified in the name of medical necessity, health, and the child's own well-being.

As the children became older, the Doctor recommended the use of a "punishment board." All transgressions of the many family rules

and regulations were to be written down on a board in the child's room so that he would be constantly reminded of his sins. The entire family would then gather before the board, once a week, for a meeting out of praise and admonitions by the father.

THE FATHER'S METHODS AND THE SON'S PSYCHOSIS

We come now to the specific parallels and connections between these methods -- which we can assume were applied to Schreber by his father -- and his adult psychotic experiences, and specifically the belief system outlined in the Memoirs. As an overall statement, the effects of the Doctor's methods on his son may be understood in two stages, corresponding to the "pre-psychotic" and "psychotic" stages in Schreber's life.

First and foremost, the Doctor's methods worked: his son's will was outwardly crushed -- "soul murder" is his phrase in the Memoirs -- and he became an extremely obedient, scrupulous, hardworking, self-denying individual. Studies of the effects of terror -- for example in police states and concentration camps and especially examples where these methods are applied early in life -- demonstrate the pervasive and long lasting effects of such traumas. Person subjected to terror remain terrified, usually for life; they go to great lengths to avoid repetition of the tortures they have experienced. Such experiences also leave a legacy of depression and self-destructive tendencies. Concentration camp survivors speak of the wish to kill themselves to avoid reexperiencing the horrors that continue to haunt them years

after they have left the camp. Severe depression was a prominent feature of Schreber's two breakdowns, as were numerous attempts to kill himself. His older brother, who was raised by the same methods, suffered from depression and committed suicide by shooting himself at the age of thirty-eight. Thus, the first effect of the father's child-rearing regime was to create a son who internalized the values embodied in the father's methods. He became a "good," frightened boy and, as an adult, was extremely eager to please and comply with authority, as attested by his rapid success as a judge in the authoritarian German legal system. As far as we can tell, the mystifications and rationalizations of the father's methods were effective: during this first or prepsychotic stage, Schreber revered his father and other male authorities -- including God. Bad feelings, depression, bodily aches and pains, and suicidal acts were experienced as ego-alien; they were attributed to "fatigue" or some other cause external to the self.

The second stage, Schreber's psychosis proper, may be understood as the breakup of the personality compliant with the internalized rules of his father. It was a revolt against the tyranny experienced as a child; a tyranny that had continued within the adult personality. In other words, the seemingly bizarre aspects of the delusional system described in the Memoirs become understandable when we view them as a symbolic reexperiencing of the traumas of childhood. Schreber must regress to his painful childhood in order to free himself from the long lasting effects of his traumatic upbringing, effects enshrined in his harsh, unconscious superego -- the sadistic father within his adult self.

The major key to the translation of the Memoirs is the substitution of "father" for "God" and "childrearing method" for "miracle." The overall scheme of the "psychotic" belief system -- that God's rays are drawn to his body and keep interfering with its functions in a loving-punishing way -- is then seen as a symbolic description of what he experienced as a child under the Doctor's sadistic-intrusive care. Drawing on Niederland and Schatzman, we may examine some specific examples.

Schreber writes, "Miracles of heat and cold were and still are daily enacted against me . . . always with the purpose of preventing the natural feelings of bodily well-being." This represents the father's "Cold-Water Healing Method," the use of cold baths and cold-rubbings from infancy onward, no heat in the child's bedroom, and so on.

The son describes, "The so-called coccyx miracle . . . an extremely painful, caries-like state of the lowest vertebrae. Its purpose was to make sitting and even lying down impossible." He goes on to describe how he "was not allowed to remain for long in one and the same position . . . when I was walking one attempted to force me to lie down, and when I was lying down one wanted to chase me off my bed." The "ones" that do this to the adult Schreber are God's "rays," which are inside his body -- that is, the superego or internalized version of the father's treatment. This experience matches the father's rules and procedures for enforcing "correct" posture and preventing "laziness" and "wallowing" positions. The plaintive voice of the harassed little boy is heard in Schreber's statement, "Rays [of God] did not seem to appreciate at all that a human being who actually exists

must be somewhere. . . . " [All quotations to follow are from Chapter 4 of Schatzman].

The effects of the father's mechanical devices are experienced by the adult Schreber as the various painful bodily states caused by God's miraculous rays. There are "tearing and pulling pains" in his head, representations of the sensations caused by the father's straps which pulled on the hair to keep the head erect. He describes the "compression-of-the-chest miracle" that matches the feelings of the metal bar used to keep children sitting straight at tables and desks.

A number of other aspects of Schreber's experiences may be translated as versions of the traumas of his childhood. He speaks of "God's writing down method" which matches his father's "punishment board." The various disturbances in digestion and evacuation -- the "miracles" performed on his stomach and other organs -- are tied to the father's rules and control over eating, urination and defecation.

The father's overall intrusive control of his son's body and its functions is nicely captured in this statement from the Memoirs:

God is inseparably tied to my person through my nerves' power of attraction which for some time past has been inescapable; there is no possibility of God freeing Himself from my nerves for the rest of my life. [Memoirs, p. 209]

As this passage indicates, Schreber senses that his father was drawn to interfere with his body by some powerful need of his own. In the early stages of his breakdown he speaks of God's "play with human beings," of God's intent to "use him" like a "strumpet" or "whore," of voices that call him "Miss Schreber" in a sexually derogatory way.

He keeps trying to understand why these painful things happened to him, why was God -- his God-like father -- of all Beings so involved in a rigid, controlling, sadistic manner with the body of one insignificant creature? The Memoirs is a search for an explanation and an attempt to find a justification for the pain he suffered.

These examples are informative on several counts. First, they show that the father's methods were indeed a painful torture for the child who was still suffering the effects fifty years later. Second, they show the lasting mystification. The effects are mediated by an internal agency -- "God the father" is inside the son's mind and body -- but Schreber does not know or understand what is happening to him. His breakdown, the psychosis, and the eventual writing of the Memoirs are his attempt to understand and find some meaning in all these puzzling experiences.

When he first breaks down, he and his doctor think he is ill ("hypochondric"). Then all becomes confusion and chaos as he sinks into a wild and withdrawn psychotic state. Then it is Flechsig persecuting him and, finally, he discovers it was God: "It occurred to me only much later, in fact only while writing this essay did it become quite clear to me that God Himself must have known of the plan, if indeed he was not the instigator, to commit soul murder on me" [Memoirs, p. 38]. The chapter of the Memoirs dealing with the Schreber family was censored by the court and denied publication. Because of this we will never know what Schreber said about his father there. In published portions he at times seems to implicate his father. For example, in speaking

of Flechsig, he says, "You, like so many doctors, could not completely resist the temptation of using a patient . . . as an object for . . . experiments" [p. 34].

The symbolism of so much of the Memoirs comes very close to identifying the real Doctor behind God's rays, but Schreber does not take this final step, attesting to the lasting power of the rationalizations and mystifications that were part of the treatment he received in childhood. I think Schreber also avoids some additional pain by not directly recognizing that his own father did these horrible things to him; he hopes and longs for love, and its lack is an excruciating part of his suffering. Thus, the ambivalence toward God, the symbolic father, that runs throughout the Memoirs (the sarcasm of "miracles," God's stupidity and inability to understand living persons, being a "whore" to God -- and the eventual transformation into a woman) is truly a state of opposed feelings -- the indirect hostility is there and so is the intense longing for love from the father figure. It was Freud who first noted this ambivalence, and this brings us back to a consideration of his ideas regarding Schreber's "paranoia."

FREUD'S ANALYSIS IN THE LIGHT OF NEW EVIDENCE

Freud reasoned that Schreber's feelings of persecution by God arose from his passive-feminine impulses, his wish to assume a female position vis-à-vis his father. There is a certain truth to this, as the foregoing discussion should have shown. Schreber did wish -- indeed desperately longed for -- the love of his father. And this longing was unacceptable to him. Until the time of his breakdown at age fifty-one, he was committed to the standards of his upbringing

which viewed such feelings as soft, degenerate, and unmanly. But the evidence just reviewed casts a different light on this conflict than that shed by Freud's interpretation. Freud believed that such impulses were intrinsically threatening; in this respect he shared the viewpoint of the Doctor and Schreber's own prepsychotic superego. I don't mean to imply that Freud was a Gestapo-parent like Dr. Schreber, nor that he would have approved of the latter's methods, but simply that he shared the general world view of instinct, femininity, sexuality, and autonomous strivings. All were seen as potential threats to the organism, in need of control. The evidence we have just examined, on the other hand, suggests an iatrogenic explanation for Schreber's insanity.

What was threatening to Schreber was not his "latent homosexuality," but the realization -- in body and mind -- that his soul had been murdered, that his will and spirit had been broken and torture inflicted on his body. He comes to the realization -- in a symbolic way to be sure -- that his father, believing in the evil nature of softness, comfort, pleasure, maternal love, and individual autonomy had systematically attempted to destroy these aspects of his soul. By "iatrogenic" I mean that the "disease" -- Schreber's psychosis -- is not caused by his impulses (latent homosexuality, passive-feminine wishes), but by the childrearing methods based on the belief that such impulses were dangerous. In a sense, he suffers from his culture's distorted view of femininity and autonomy as this view was transmitted to him through his father's beliefs and methods. What "breaks through" when Schreber becomes psychotic is, thus, the denied and repressed side

of his humanity: femininity, softness, the desire to feel some comfort and pleasure in his body, and his long repressed willfulness or autonomy.

Freud goes astray in his explanation of the cause of Schreber's psychosis -- attributing it to the threatening quality of love (homosexual libido) -- because of the persistence of conventional values in his theories. In addition, he seems too ready to see the father as loving, and to attribute conflict in the father-son relationship to the son's impulses, rather than the father's actions. This brings us to a critical point regarding Freud's analysis. In the throes of his insane breakdown, and in the complications of the system he develops in the Memoirs, Schreber is struggling to understand and to tell the world something of great importance about fathers and children; about love, masculinity, and femininity; about discipline and child abuse. He is struggling to express his ideas in a society dominated by men, by fathers, and by a male God. While Freud's analysis illuminates a great deal about Schreber, it misses these essential issues.

Freud is correct in seeing Schreber's struggles with the male authorities (Flechsig and God) as symbolic transformations of his infantile relationship with his father, though he is wrong in his guess about what this relationship was like. He is also correct in seeing the Memoirs as a reconstructive effort by which Schreber regains his sanity, and in drawing attention to the central importance of the role of sexuality and the sex-role change. His analysis is limited, however, by the pull of conventional values in three areas: 1) his generally positive evaluation of male authority -- his tendency to accept such authority on its own terms and to overlook its abuses;

2) his attitude toward sexuality -- specifically sexual pleasure as embodied in "femininity" (Schreber would call this "feelings of voluptuousness" or "spiritual voluptuousness") -- the tendency to see such "instincts" as potentially dangerous; and 3) the persistence of split and reductionistic modes of thought which precluded a theory that combined social-psychological and biological factors. One sees this last tendency in the assumption that psychological disturbance is caused either by trauma or by instincts (wishes) in contrast to a holistic view which would hold that such an either-or split is a distortion of human experience.

Let me conclude with an integrated summary of the Schreber case, a summary that will, I hope, complete the transition from conventional values to the new psychoanalytic world view.

SCHREBER'S TRANSFORMATION: A SYNTHESIS

We must begin our attempt to understand Schreber, not with his psychosis, but with a critical examination of his "normality." With a few exceptions, those who have written on the case, including Freud, accept this normality at face value. Yet what does it mean to call a life like this normal? What was Schreber like during the forty-two years before his first official breakdown. His wide knowledge and achievements as a lawyer and judge indicate that he was an excellent student -- a willing pupil who absorbed much during his school years. Dedicated to hard work and extremely self-denying, Schreber did not marry

until the age of thirty-six. His wife was a sickly woman (diabetic according Kitay, 1963) who was fifteen years younger than he. They had a very close relationship and Schreber always spoke of her in loving and respectful terms. Indeed, he first undertook the writing of the Memoirs to acquaint her with the oddities of his behavior prior to his return from the hospital. They were persistently disappointed in their attempts to have children; his wife underwent six, full-term stillbirths. There is much symbolic material in the Memoirs dealing with the illustrious Schreber family line that no doubt relates to this. The failure to have children was, by Schreber's own account, a sharp disappointment.

He was quite successful in his profession; he rose to a high judicial position -- more or less equivalent to chief justice in an appellate court in our system -- at what was apparently a young age. From this, we can assume he made a favorable impression on the officials and other judges with whom he worked. His professional accomplishments, and the feeling one gets from the Memoirs, suggest a man who outwardly manifested the virtues of his society: a tremendous capacity for hard work, recititude, and compliance with the rules and laws of the system. He was, after all, a judge: an official embodiment of social conscience or superego, an interpreter and enforcer of standards and laws.

In sum, the "normal" Schreber was a shining example of his father's principles in action. He was self-denying, "moral" to a fault, an extremely hard worker (none of that "laziness" or "wallowing"

on sofas), obedient to authority, and possessed of tremendous sexual inhibitions. "Few people have been brought up according to such strict moral principles as I, and have throughout life practiced such moderation especially in matters of sex, as I venture to claim for myself" [Memoirs, p. 208] he states, and I think we can believe him. Not only did his personal life and habits show the harsh superego in action, but in his career he was, like his suicidal brother before him, a judge: a representative of social or national superego. Schreber, along with his countrymen who revered the father and bought so many editions of his books, considered this a virtuous, manly, and admirable way to be.

What is wrong with this view of the "normal"? The Doctor's own approach, because it is so exaggerated, highlights the bizarre ideas associated with this sort of normality. For is it not a bit crazy to equate morality and virtue with extreme sexual self-denial? What can it mean to think of semen, the human seed necessary to propagate life, as a "pollution," as some kind of garbage? What is "moral" about the interference with so many species-wide processes -- body movement, eating, defecating, sexual pleasure, sleeping, and posture? Obviously, the values and practices that we see in the Doctor's approach are a caricature of the patriarchal state, with its attack on all that seems feminine, maternal, "soft" and autonomous. And it is the rigid and unbalanced nature of this attack that makes this sort of normality so abnormal, so out of phase with human nature, or, as Schreber himself puts it in the Memoirs, how God's actions are not in keeping with

"the Order of the World," or "the Order of Things."

In Schreber's personal version of this abnormal-normality, life must have been a constant struggle to maintain a rigid control. He would be forced to repress and in other ways keep from consciousness all those feelings, urges, and memories that conflicted with his internalized version of the "moral," "normal" life. Sexual impulses of all sorts, including the most rudimentary longings for love, pleasure, and for body comfort -- could he lie down? dare he relax his posture? touch his wife's body? -- must be squelched. Then there would be the immense store of frustration and rage aroused by the sadistic father and potentially active in relation to later "fathers" -- judges, officials, doctors, God -- as well as in relation to the "father" within himself. Mingled with these would be willfulness and urges toward autonomy, the revolutionary spirit and wish to break free from repressive authority -- both external and internal. And, finally, would be the memories of all the pain he suffered as a child, all the perplexing, "loving" punishments, the sadistic intrusions and violent manipulations of his body. To state the point again, to function in an acceptable way, Schreber would have been forced to dissociate all these feelings, wishes, and memories from the conscious version of his "normal" self. They made up the content of his unconscious, the dissociated or repressed side of his personality.

We come, now, to the details of Schreber's psychosis. Why, having functioned successfully for a number of years, does he finally make such a sharp break with reality and plunge into the painful world

of madness? Freud suggests that it is due to the breakthrough of homosexual libido. Schreber himself attributes it -- initially -- to the overwork occasioned by his new job. Of course, in his later versions, he sees it as due to his persecution by Flechsig, by God, and all the other miraculous circumstances outlined in the Memoirs. A number of later psychoanalytic writers have pointed to possible precipitating factors including: his loss of the election for the Reichstag, his reaching the same age -- fifty-one -- at which his father suffered a head injury that led to his deterioration and subsequent death (an "anniversary reaction"), and the failure to have children. This last must have been specially painful, since his wife repeatedly went through a full pregnancy only to deliver a dead baby. For one predisposed to believe that his semen was a pollution, this must have seemed a striking confirmation of guilt and inner evil.

All of these factors no doubt added to the stress that led to Schreber's breakdown, though it is not really possible to know how important each one actually was. There is a danger, however, that speculations about such precipitating factors will obscure the main issue. Like the question of Schreber's "normality," the question of what precipitated the psychosis should be turned around. In the light of what we now know about his life, the question to ask is, "How did he function for so many years without breaking down earlier?" In other words, the mystery is not why he became insane but how he remained "normal" given his earlier experiences. Part of the answer to this question is again to be found in his society's

view of normality. From the bits of evidence available, it seems likely that Schreber's unconscious conflicts appeared as depression and "sickness" at various earlier points in his life. The first breakdown, and the beginning phase of the second, were both labeled "hypochondria" -- there was sleep disturbance and various bodily complaints. Everyone was only too ready to see these symptoms as due to some unspecified physical illness, to be treated by medicine. (At the time of the second breakdown, Flechsig promised Schreber a cure with a new sleeping medication -- much as psychosis is treated in the mental hospitals of today; times change and they stay the same!) As long as Schreber remained compliant with the values of his society -- as long as he was the respectable, hardworking, and obedient lawyer and judge -- the signs of his internal distress were attributed to factors apart from his personality and way of life. In this way, both he and his doctors avoided the threat aroused by relating "symptoms" to the person and his mode of living.

To restate this point in a different form: the explanation one formulates to explain Schreber's psychosis -- whether precipitating factors or its overall meaning -- stems from a paradigm, theory, or world view. One explanation will be given if the world view is that shared by Schreber's fellow citizens, by his father, by Flechsig, and even, in certain ways, by Freud. Within this view, Schreber's "normality" is not questioned and the cause of the psychosis is sought in various external agents: his bad sexual habits, his homosexual libido, overwork and sleep loss, or even such apparently psychoanalytic

factors as an "anniversary reaction." A very different explanation will be given from a point of view that takes a critical stance relative to the values of this society. Within this framework, the psychosis is seen as a personal-moral crisis, an overthrow of the internal values of "normal" society. From this perspective, Schreber's own rather simple-appearing explanation for the onset of his second breakdown -- that it was brought on by too much hard work on his new job in a strange city where he and his wife had few friends and little social life -- gets closer to the truth, especially as one considers the deeper meaning of work and pleasure in the family-social context of Schreber's life. Let us here follow the course of the second break from this critical perspective.

Schreber and his wife move to a new city, Dresden, so that he can assume his post as chief judge. He finds a "heavy burden of work" and, with his characteristic fairness, wonders whether it was "personal ambition" that drove him to work so hard. This may have been a part of it, but he is more certain that he was anxious to earn "respect among my colleagues and others concerned with the Court . . . by unquestionable efficiency." The other judges were all older than he, which made him, by his own account, even more anxious to do a good job, to impress them with his "efficiency." In addition to all this work, there was no fun, no play.

There was almost no opportunity for social distraction which would certainly have been much better for me -- this became evident to me when I slept considerably better after the only

occasion on which we had been asked to a dinner party -- but we hardly knew anybody in Dresden. [Memoirs, p. 64]

So there were no more dinner parties, no "social distractions," and the first symptoms of disturbance -- inability to sleep and "crackling noises" in the walls which kept waking him up (in retrospect he sees these as divine messages) -- appear. I think his state at this time can be described as follows: the "normal" Schreber, operating according to the deeply ingrained superego (his father's rules) works hard, is fearful of displeasing the authorities, strives to earn their respect, and on and on in a never ending fashion. The rewards for such obedient performance were never much in the way of direct pleasure or fun. There were the rewards of higher positions, but these, while gratifying, also meant a further burden of work. Given what we know of his upbringing, it is reasonable to assume that a superego such as his would never be satisfied: there would always be more demands and ever more impulses to fight back. This burden of work and conscience might have been balanced by the pleasures of children or friends -- relationships that gave expression to his need for love and to the maternal-feminine side of his nature, but, as we know, these were notably absent. The sixth miscarriage and his advancing age made it clear that there would be no children to love and be loved by; no friends in the new city, and not even any dinner parties! In other words, his outward circumstances portrayed, in exaggerated form, the content of his entire life: obedience, efficiency, hard work, renunciation -- all the "masculine" virtues -- and little care, tenderness or love. The never ending internal

demands and constrictions, together with the further lack of love and pleasure, combined to create a crisis, as they had on several earlier occasions. His laboriously maintained outward personality begins to crack apart (is that the shell of his obedient "self" that he projects into the "crackling walls"?). Symptoms -- at first sleeplessness -- overtake him and force him to leave his new post in Dresden and to return to Flechsig for treatment (by way of his mother's house, interestingly enough).

The treatment, largely drugs and other attempts to help him sleep, prove ineffective. He grows increasingly suspicious of Flechsig -- another "doctor" who tells "white lies" and experiments on his body, as he notes in the Memoirs. The crisis deepens and he sinks into the madness that is to consume him over the next years, a madness that he experiences as "the end of the world" -- the end of his normal self -- and from which he eventually extricates himself by creating a new world -- a new self -- expressed in the revelations of the Memoirs. Most striking, of course, is the central necessity that this new self be in part feminine, with an acceptance, indeed a welcoming, of the feelings of pleasure that Schreber associates with that state.

What I am suggesting is essentially this: Schreber's self -- including his body with all its built-in postural rules, strictures condemning all sensual pleasure, in short, the self with its punitive, unconscious father within -- becomes an intolerably painful burden. This self must be destroyed, at first by becoming sick, and then totally incapacitated and insane. Once destroyed, there is the possibility of reconstruction, and this begins as Schreber engages

in a war with God and His absurd rules. The chaotic insanity becomes focused around the struggle to get God out of his body, to overthrow His (God-father-superego) tyranny, and to create a new set of rules -- a new religion or moral code -- to live by. This new code allows, even demands, that there be a place for his feminine-maternal and autonomous qualities.

How does this interpretation of Schreber's psychosis differ from others that have been offered? Many who have written about the case are, like Freud, still trapped within the conventional world view. Within that view the psychosis, the breakdown, the loss of ability to function in the old or normal way are seen as signs of sickness: badness or evil if one is religiously inclined, psychosis or schizophrenia to the medically or scientifically trained. I am suggesting an alternative view: that the initial breakdown occurs because of the confluence of factors that make Schreber's "normal" life intolerable. Next comes a chaotic, disorganized, frightening, painful and confusing state in which he passively suffers the effects of his conflicts. Gradually, this suffering takes an active form as he identifies what is wrong: it is Flechsig and then "God" and all the one-sided values that "God" espouses. Once the problem is given this definition, Schreber can fight against it, reconstruct his personality and attempt to communicate, through his book, the wider meaning of his experience.

When we consider Schreber's breakdown and transformation in this way, as a creative struggle for freedom, it must be termed

a form of self-therapy.⁷ But how is therapy carried out without a therapist? Since there is no analyst to serve as a transference figure, Schreber uses first Flechsig and then the God of his delusional world. In order to free himself from his internal tyrant he must have some way of "seeing it" apart from himself. He struggles to separate himself from his internal father -- his superego -- by projecting it into the outside world: it is not he persecuting himself, but Flechsig and then God. The projection is a necessary -- though terrifying -- part of the process by which his old personality is destroyed, making way for a new self. When viewed in this way, the constant threats to "unman" him, reported in the Memoirs, do not refer to homosexual impulses; they are, rather, part of the struggle with the rigid patriarchal superego -- a struggle to define his feminine qualities as desirable rather than repugnant. By projecting the various aspects of his superego outside himself, Schreber is able to engage in a form of combat and, eventually, to expose the "absurdity" of its rules.

But to do so he must regress, he must recapture the state of potential autonomy he had as a boy. In order to break free from his extremely punitive superego, he must lift the repression surrounding its origin and reexperience the tortures and pain of his childhood. This is precisely what happens during the florid phase of his psychosis; he goes to war with God and struggles against Him and all His tortures and absurd rules. This struggle contains the various ambivalent feelings toward the father and the self. Part of him attempts to comply and be loved, while another part rebels. Here is a single example

illustrating the struggle over posture and body position, together with a characteristic comment on "God":

I mainly sat motionless the whole day on a chair at my table . . . even in the garden I preferred to remain seated in the same spot. . . . I considered absolute passivity almost a religious duty. . . . Although this idea did not originate spontaneously in me but was induced by the voices that talked to me, I kept it up myself for a time until I realized it was purposeless. That rays could ever expect me to remain totally immobile . . . ["not the slightest movement" was an oft-repeated slogan] must be connected, I am convinced, with God not knowing how to treat a living human being, as He was accustomed to dealing only with corpses. . . . [Memoirs, p. 127]

We see, in this example, Schreber carrying the father's painful postural rules to an extreme which reveals their absurdity. Those who saw Schreber during his later, post-hospitalization phase, reported that he often held his head at a somewhat odd angle, expressing, I would think, his refusal to comply with father-God's postural rule. Once the rules are exposed in this way, he can criticize them (rays, God) and move toward a new and different way of life. But the danger -- the terror -- is that he does this from the standpoint of a little child, dependent on parental love and frightened of punishment. This is, of course, symbolized in the image of one puny man in combat with God. On a larger scale, this is what he did through the years of his psychotic struggles. He shows, through his personal experience, how God's way of treating people is painful and nonsensical. God is out of phase with "the Order of the World," an oft-repeated message in

the Memoirs. This is, in my view, the redeeming message that Schreber is trying to communicate to his fellow citizens. His father's and his society's sadistic treatment of children, and their rigid and repressive standards of adult conduct, are contrary to human nature, to "the Order of Things." They are fine for corpses or machines, but harmful to living beings.

This redeeming message is then given the most concrete personal expression in the idea that he, Schreber, must be transformed into a woman. This transformation, which he believes is necessary for both his personal salvation and the salvation of the world, is a powerful symbolic statement of the need to reassert the value of the female-maternal side of life -- of tenderness, care, and love -- in the face of the masculine-Prussian standards represented by his father's beliefs and methods.

In sum, Schreber's struggle is a moral one, in the traditional meaning of that term; it is his attempt to shape a new code of life, a new superego, that will give a more adequate expression to all sides of human nature. The fact that he had to descend to the depths of insanity in order to destroy the old order attests to the degree of its one-sidedness and rigidity. A concluding quotation from the Memoirs illustrates, in quite a poignant way, much that I have been trying to say. Schreber is describing how things will be in his transformed state. When this state is reached, God will have reversed the nature of his demands:

God demands a constant state of enjoyment, such as would be in

keeping with the conditions of existence imposed upon souls by the Order of Things; and it is my duty to provide Him with this . . . in the shape of the greatest possible generation of spiritual voluptuousness. And if, in this process, a little sensual pleasure falls to my share, I feel justified in accepting it as some slight compensation for the inordinate measure of suffering and privation that has been mine for so many past years [as quoted in Freud, 1911, p. 34].

The interesting fact is that once he had symbolically transformed himself into a female being, Schreber showed the qualities of a loving mother and not a male homosexual.⁸ Niederland has interviewed some of those who knew Schreber during the period after his release from confinement, including an orphaned young girl that the Schreber's adopted in 1903. It was Schreber's idea to adopt her and he was ". . . 'more of a mother to me than my mother.'" Neiderland continues:

She [the adopted daughter] also gave me letters and poems written by Schreber, details on his personal warmth and kindness, told me how he helped her with her school work, took her on hikes through the forests and mountains surrounding Dresden, and so on. These additional data coincide with information from other sources. Schreber's letters and poetry disclose his personal sensitivity and a quality of genuine tenderness, over and above that creative ability which found expression in the writing of the Memoirs [1974, pp. 31-32].

This detailed analysis of Schreber has shown, I hope, how the belief system of the Memoirs is, in its idiosyncratic way, aligned with the new world view of psychoanalysis. While Freud's analysis of Schreber only partly captured that aspect of the case, due to his

lingering commitment to conventional values, his own views continued their progressive journey. In his later works -- most clearly in Civilization and Its Discontents -- he arrives at a position quite close to that which I have outlined in the foregoing synthesis of the Schreber case. It is to this essay that we may now turn.

FOOTNOTES

1. Schreber's book was translated into English in 1955 by Macalpine and Hunter as Memoirs of My Mental Illness, and I will refer to it hereafter as the Memoirs.
2. In his later work Freud makes clear his awareness that the equation of active-masculine, passive-feminine is problematic. For instance, in a footnote added to the Three Essays in 1915, he states: ". . . in human beings, pure masculinity or femininity is not to be found either in a psychological or a biological sense. Every individual on the contrary displays a mixture of the character traits belonging to his own and to the opposite sex; and he shows a combination of activity and passivity whether or not these last character traits tally with his biological ones." (S. E. VII, p. 220). He makes a similar point in a long footnote in Civilization and Its Discontents (S. E. XXI, pp. 105-6).
3. A much more detailed discussion of the processes by which boys and girls acquire their sexual identity, along with a critical examination of Freud's ideas in this area -- including his concept of bisexuality -- is provided by Robert Stoller (see 1968, 1972). The reader is referred to Stoller's careful analysis for a full

exploration of these issues, here I would just note several points. First, one's basic sense of maleness or femaleness -- what Stoller terms "core gender identity" -- is acquired very early: in the first two or three years. Acquisition of the sorts of bisexual conflicts I have been discussing come later -- they represent, essentially, a filling in of what it means to be a male or female. Second, while biological sex is important, there is no "biological bedrock", as Freud thought, that explains such psychological conflicts as penis envy in girls or fear of femininity (masculine protest) in boys. Early interpersonal experiences are of much greater power and, since almost all infants begin with an attachment to their mother, we may all be said to start with a feminine imprint. Finally, Stoller's review of modern biological evidence, including rare biological-sexual anomalies which provide the bases for "natural experiments", as well as cases in which parents raise their biologically normal children in the "wrong" sexual direction, all point to the great importance of social experience -- and particularly early experience with the mother. As Stoller puts it:

" . . . the effects of these biological systems, organized prenatally in a masculine or feminine direction, are almost always . . . too gentle in humans to withstand the more powerful forces of environment in human development, the first and most profound of which is mothering." [1972, p. 211].

4. The social and cultural factors that defined women as passive and inferior and kept them from a full and active participation in life were not unknown to Freud. This sort of social or "culturalist" revision of psychoanalytic theory was begun by Alfred Adler (and carried forward by Karen Horney, Wilhelm Reich, Erich Fromm, H. S. Sullivan, Erik Erikson and many other psychoanalysts influenced by them) and was an issue in the break between Freud and Adler. Adler used the phrase "masculine protest"; he stressed the social discrimination suffered by women which formed the basis for internal psychological conflict with feminine characteristics. Freud specifically discusses Adler's view in his 1919 paper, "A Child is Being Beaten" (see S. E., XVII, pp. 201-4), and argues against it, for mistaken reasons, in my view. Freud's disagreement with Adler about other matters -- and the personal disappointment and anger involved in the defection of a former supporter -- led him to criticize all of Adler's ideas, the valuable as well as those that were truly incompatible with the psychoanalytic position. His major disagreement -- a legitimate one I think -- was with the way Adler downplayed the unconscious and resistance; the Adlerian approach is essentially a psychology of consciousness and its therapy is based on educational principles. This is really incompatible with all the psychoanalytic evidence that points to the necessity of struggle with unconsciously motivated resistances in the complex transference relationship. This conflict

was basic and Freud was right in his position that, insofar as Adler adhered to these views, he should not call himself a psychoanalyst. But the emphasis on the social discrimination suffered by women and the "masculine protest" entailed no such incompatibility. Indeed, there are numerous examples in Freud's own cases -- as we have seen with Anna O., Katharina, and Dora, and as Schreber's case will illustrate -- of deeply unconscious and strongly resistant conflicts that arise out of the social discrimination one suffers because of one's sex. Freud needed a way of incorporating such observations into theory and it is unfortunate that other disagreements with Adler interfered with the use of these insights.

Though the principle of mastery by reversal of passive to active is not as well known as some of Freud's other contributions, several theorists consider it one of his major insights. Thus, as we saw in chapter 3, George Klein (see 1976, pp. 31-34) includes it as one of the main principles of the clinical theory of psychoanalysis and Jane Loevinger (1966) cites it as one of the three basic principles that are unique to psychoanalytic theory.

Niederland's papers, along with those of several other psychoanalysts, are collected in The Schreber Case [Niederland, 1974].

Morton Schatzman, a psychiatrist influenced by R. D. Laing, presents an analysis of the interrelationship of father and son from a different perspective in his book, Soul Murder: Persecution

in the Family [1973]. See, also, the symposium edited by Kitay [1963]. I will draw on all these sources in the discussion to follow.

7. Schreber's self-therapy is a more tumultuous version of similar processes seen in several other nineteenth century men whose early lives were dominated by their fathers. Anthoney [1975] presents several cases of such self-therapy while Erikson [1968] discusses William James' struggle to break free from the depressing legacy of his father's early rule. George and George's analysis of Woodrow Wilson [1956] shows still another version of the connection of adult struggles with father figures to the early father-son relationship, though Wilson never worked his conflicts through in any sense. Most striking, perhaps, is the case of John Stuart Mill [see Mazlish, 1974] whose early education was dominated by a father who, if he was not as intrusive and sadistic as Doctor Schreber, was certainly as omnipresent and forceful. Mill underwent a psychological crisis analogous to Schreber's, though by no means as severe, from which he emerged with a new philosophy that championed women's rights and the autonomy of the individual. When, in his great essay On Liberty, Mill says, "Spontaneity forms no part of the ideal of the majority of moral and social reformers, but is rather looked on with jealousy, as a troublesome and perhaps rebellious obstruction to the general acceptance of what these reformers, in their own judgment, think

would be best for mankind" [quoted in Mazlish, p. 147], he is no doubt speaking from his own early experience with his moral-reformer father, just as Schreber does when he describes God's inability to understand living human beings.

8. Many persons with whom I have discussed the present version of the Schreber case have raised the question of the role of his mother -- and one might add his sisters, his wife and other significant women -- whose absence is quite striking. In reply, I would say that his mother is nowhere and yet she is everywhere. The fact that Schreber's mother is just mentioned in passing as a wife who followed the Doctor's dictates in raising her children illustrates the male-dominated quality of this society in which the significance of mothers, women and the qualities associated with them, were minimized. Yet these same qualities were everywhere since the one-sided "masculine" men were constantly fighting against their own "feminine" qualities, their needs and longings for mother-love. I hope my analysis has shown that it is positively-valued maternal love that finally emerges in Schreber as contrasted, for example, with the hostile attack on mother and the feminine symbolically expressed in the lives of some male homosexuals. Schreber must have received enough maternal care to provide the basis for the identification with these qualities that are eventually integrated into his post-psychotic personality.