

EDITOR'S NOTE

PSYCHOANALYTISCHE BEMERKUNGEN ÜBER EINEN AUTOBIOGRAPHISCH BESCHRIEBENEN FALL VON PARANOIA (DEMENTIA PARANOIDES)

(a) GERMAN EDITIONS:

1911 *Jb. psychoan. psychopath. Forsch.*, 3 (1), 9-68.

1913 *S.K.S.N.*, 3, 198-266.

1924 *G.S.*, 8, 355-431.

1932 *Vier Krankengeschichten*, 377-460.

1943 *G.W.*, 8, 240-316.

1912 'Nachtrag zu dem autobiographisch beschriebenen Fall von Paranoia (Dementia paranoides)', *Jb. psychoan. psychopath. Forsch.*, 3 (2), 588-90.

1913 *S.K.S.N.*, 3, 267-70.

1924 *G.S.*, 8, 432-5.

1932 *Vier Krankengeschichten*, 460-3.

1943 *G.W.*, 8, 317-20.

(b) ENGLISH TRANSLATION:

'Psycho-Analytic Notes upon an Autobiographical Account of a Case of Paranoia (Dementia Paranoides)'

1925 *C.P.*, 3, 387-466.—' "Postscript" to the Case of Paranoia', *ibid.*, 467-70. (Tr. Alix and James Strachey.)

The present translation is a re-issue, with a number of corrections and additional notes, of the one published in 1925.

Schreber's *Memoirs* were published in 1903; but, though they had been widely discussed in psychiatric circles, they seem not to have attracted Freud's attention till the summer of 1910. He is known to have talked of them, and of the whole question of paranoia, during his Sicilian tour with Ferenczi in September of that year. On his return to Vienna he began writing his paper, and letters dated December 16 to both Abraham and Ferenczi announced its completion. It seems not to have been published till the summer of 1911. The 'Postscript' was read

before the Third International Psycho-Analytical Congress (held at Weimar) on September 22, 1911, and was published at the beginning of the next year.

Freud had attacked the problem of paranoia at a very early stage of his researches into psychopathology. On January 24, 1895, some months before the publication of the *Studies on Hysteria*, he sent Fliess a long memorandum on the subject (Freud, 1950a, Draft H). This included a short case history and a theoretical discussion which aimed at establishing two main points: that paranoia is a neurosis of *defence* and that its chief mechanism is *projection*. Almost a year later (on January 1, 1896) he sent Fliess another, much shorter, note on paranoia; this formed part of a general account of the 'neuroses of defence' (ibid., Draft K), which he soon afterwards expanded into his second published paper bearing that title (1896b). In its published form, Section III of this paper included another and longer case history and was headed: 'Analysis of a Case of Chronic Paranoia'—a case for which Freud (in a footnote added nearly twenty years later) preferred the amended diagnosis of 'dementia paranoides'. As regards theory, this paper of 1896 added little to his earlier suggestions; but in a letter to Fliess not very long afterwards (December 9, 1899, Freud, 1950a, Letter 125) a somewhat cryptic paragraph occurs, which gives a hint of Freud's later views, including a suggestion that paranoia involves a return to an early auto-erotism. It will be found quoted in full in the Editor's Note to the paper on 'The Disposition to Obsessional Neurosis' in connection with the problem of 'choice of neurosis'. (See below, p. 314f.)

Between the date of this last passage and the publication of the Schreber case history more than ten years elapsed with scarcely a mention of paranoia in Freud's published writings. We learn from Ernest Jones (1955, 281), however, that on November 21, 1906, he presented a case of female paranoia before the Vienna Psycho-Analytical Society. At that date he had apparently not yet arrived at what was to be his main generalization on the subject—namely, the connection between paranoia and repressed passive homosexuality. Nevertheless, only a little over a year later he was putting forward that hypothesis in letters to Jung (January 27, 1908) and Ferenczi (February 11, 1908), and was asking for and receiving their

confirmation of it. More than three more years elapsed before the Schreber memoirs offered him the opportunity of publishing his theory for the first time and of supporting it by a detailed account of his analysis of the unconscious processes at work in paranoia.

There are a number of references to that disease in Freud's later writings. The more important of these were his paper on 'A Case of Paranoia Running Counter to the Psycho-Analytic Theory of the Disease' (1915*f*) and Section B of 'Some Neurotic Mechanisms in Jealousy, Paranoia and Homosexuality' (1922*b*). In addition, 'A Seventeenth Century Demonological Neurosis' (1923*d*) includes some discussion of the Schreber case, though the neurosis which is the subject of the paper is nowhere described by Freud as paranoia. In none of these later writings is there any essential modification of the views on paranoia expressed in the present work.

The importance of the Schreber analysis, however, is by no means restricted to the light it throws on the problems of paranoia. Its third section, in particular, was, together with the simultaneously published short paper on the two principles of mental functioning (1911*b*), p. 218 below, in many ways a forerunner of the metapsychological papers on which Freud embarked three or four years later. A number of subjects are touched upon which were to be discussed afterwards at greater length. Thus, the remarks on narcissism (p. 60 *f.*) were preliminary to the paper devoted to that subject (1914*c*), the account of the mechanism of repression (p. 66 *ff.*) was to be taken up again in the course of a few years (1915*d*), and the discussion of the instincts (p. 74) was feeling its way towards the more elaborate one in 'Instincts and their Vicissitudes' (1915*e*). The paragraph on projection (p. 66) on the other hand was not, in spite of its promise, to find any sequel. Each of the two topics discussed in the later part of the paper, however—the various causes of the onset of neurosis (including the concept of 'frustration') and the part played by successive 'points of fixation'—was to be dealt with before long in a separate paper (1912*c* and 1913*i*). Finally, in the postscript we find Freud's first brief excursion into the field of mythology and his first mention of totems, which were beginning to occupy his thoughts and which were to give the title to one of his principal works (1912–13).

As Freud tells us (p. 46, *n.* 1), his case history makes use of only

a single fact (Schreber's age at the time he fell ill) that was not contained in the *Memoirs*. We now possess, thanks to a paper written by Dr. Franz Baumeyer (1956), a quantity of additional information. Dr. Baumeyer was for some years (1946-9) in charge of a hospital near Dresden where he found a quantity of the original case records of Schreber's successive illnesses. He has summarized these records and quoted many of them in full. In addition to this he has collected a large number of facts concerning Schreber's family history and antecedents. Where any of this material seems to be directly relevant to Freud's paper, it will be found mentioned in the footnotes. Here it is only necessary to report the sequel to the history narrated in the *Memoirs*. After his discharge at the end of 1902, Schreber seems to have carried on an outwardly normal existence for some years. Then, in November, 1907, his wife had a stroke (though she lived until 1912). This seems to have precipitated a fresh onset of his illness, and he was re-admitted—this time to an asylum in the Dösen district of Leipzig—a fortnight later.¹ He remained there in an extremely disordered and largely inaccessible state until his death, after gradual physical deterioration, in the spring of 1911—only a short time before the publication of Freud's paper. The following chronological table, based on data derived partly from the *Memoirs* and partly from Baumeyer's material, may make the details in Freud's discussion easier to disentangle.

- 1842 July 25. Daniel Paul Schreber born at Leipzig.
- 1861 November. Father died, aged 53.
- 1877 Elder brother (3 years his senior) died, aged 38.
- 1878 Married.

First Illness

- 1884 Autumn. Stood as candidate for the Reichstag.²

¹ It appears from a letter to Princess Marie Bonaparte, written by Freud on September 13, 1926, and published in part in the third volume of Ernest Jones's biography (1957, 477), that he had been informed of this relapse and its occasion (among other things) through a Dr. Stegmann, though he made no mention of it in his paper. See footnotes on pp. 46 and 51 below.

² At this time Schreber was already filling an important judicial office, as judge presiding over the Landgericht (a court of inferior jurisdiction) at Chemnitz. After recovering from his first illness he occupied a similar position in the Landgericht in Leipzig. Just before his second illness he was appointed Presiding Judge over a Division of the Saxon Appeal Court in Dresden.

- 1884 October. For some weeks in Sonnenstein Asylum.
December 8. Leipzig Psychiatric Clinic.
- 1885 June 1. Discharged.
- 1886 January 1. Took up appointment in Leipzig Landgericht.

Second Illness

- 1893 June. Informed of approaching appointment to Appeal Court.
October 1. Took up appointment as Presiding Judge.
November 21. Re-admitted to Leipzig Clinic.
- 1894 June 14. Transferred to Lindenhof Asylum.
June 29. Transferred to Sonnenstein Asylum.
- 1900-1902. Wrote *Memoirs* and took legal action for his discharge.
- 1902 July 14. Court judgement of discharge.
December 20. Discharged.
- 1903 *Memoirs* published.

Third Illness

- 1907 May. Mother died, aged 92.
November 14. Wife had stroke. Fell ill immediately afterwards.
November 27. Admitted to Asylum at Leipzig-Dösen.
- 1911 April 14. Died.
- 1912 May. Wife died, aged 54.

A note on the three mental hospitals referred to in various ways in the text may also be of help.

(1) Psychiatric Clinic (In-patient department) of the University of Leipzig. Director: Professor Flechsig.

(2) Schloss Sonnenstein. Saxon State Asylum at Pirna on the Elbe, 10 miles above Dresden. Director: Dr. G. Weber.

(3) Lindenhof Private Asylum. Near Coswig, 11 miles N.W. of Dresden. Director: Dr. Pierson.

An English translation of the *Denkwürdigkeiten* by Dr. Ida Macalpine and Dr. Richard A. Hunter was published in 1955 (London: William Dawson). For various reasons, some of which will be obvious to anyone comparing their version with ours, it has not been possible to make use of it for the many quotations from Schreber's book which occur in the case history.

There are clearly special difficulties in translating the productions of schizophrenics, in which words, as Freud himself pointed out in his paper on 'The Unconscious' (*Standard Ed.*, 14, 197 ff.), play such a dominating part. Here the translator is faced by the same problems that meet him so often in dreams, slips of the tongue and jokes. In all these cases the method adopted in the *Standard Edition* is the pedestrian one of where necessary giving the original German words in footnotes and endeavouring by means of explanatory comments to allow an English reader some opportunity of forming an opinion of his own on the material. At the same time, it would be misleading to disregard outward forms entirely and to present through a purely literal translation an uncouth picture of Schreber's style. One of the remarkable features of the original is the contrast it perpetually offers between the involved and elaborate sentences of official academic nineteenth-century German and the *outré* extravagances of the psychotic events which they describe.

Throughout this paper figures in brackets with no preceding 'p.' are page references to the original German edition of Schreber's memoirs—*Denkwürdigkeiten eines Nervenkranken*, Leipzig, Oswald Mutze. Figures in brackets with a preceding 'p.' are as always in the *Standard Edition*, references to pages in the present volume.

PSYCHO-ANALYTIC NOTES ON
AN AUTOBIOGRAPHICAL ACCOUNT
OF A CASE OF PARANOIA
(DEMENTIA PARANOIDES)

[INTRODUCTION]

THE analytic investigation of paranoia presents difficulties of a peculiar nature to physicians who, like myself, are not attached to public institutions. We cannot accept patients suffering from this complaint, or, at all events, we cannot keep them for long, since we cannot offer treatment unless there is some prospect of therapeutic success. It is only in exceptional circumstances, therefore, that I succeed in getting more than a superficial view of the structure of paranoia—when, for instance, the diagnosis (which is not always an easy matter) is uncertain enough to justify an attempt at influencing the patient, or when, in spite of an assured diagnosis, I yield to the entreaties of the patient's relatives and undertake to treat him for a time. Apart from this, of course, I see plenty of cases of paranoia and of dementia praecox, and I learn as much about them as other psychiatrists do about their cases; but that is not enough, as a rule, to lead to any analytic conclusions.

The psycho-analytic investigation of paranoia would be altogether impossible if the patients themselves did not possess the peculiarity of betraying (in a distorted form, it is true) precisely those things which other neurotics keep hidden as a secret. Since paranoics cannot be compelled to overcome their internal resistances, and since in any case they only say what they choose to say, it follows that this is precisely a disorder in which a written report or a printed case history can take the place of personal acquaintance with the patient. For this reason I think it is legitimate to base analytic interpretations upon the case history of a patient suffering from paranoia (or, more precisely, from dementia paranoides) whom I have never seen, but who has written his own case history and brought it before the public in print.

I refer to Dr. jur. Daniel Paul Schreber, formerly Senatspräsident in Dresden,¹ whose book, *Denkwürdigkeiten eines Nervenkranken* [*Memoirs of a Nerve Patient*], was published in 1903, and, if I am rightly informed, aroused considerable interest among psychiatrists. It is possible that Dr. Schreber may still be living to-day and that he may have dissociated himself so far from the delusional system which he put forward in 1903 as to be pained by these notes upon his book.² In so far, however, as he still retains his identity with his former personality, I can rely upon the arguments with which he himself—‘a man of superior mental gifts and endowed with an unusual keenness alike of intellect and of observation’³—countered the efforts that were made to restrain him from publishing his memoirs: ‘I have been at no pains’, he writes, ‘to close my eyes to the difficulties that would appear to lie in the path of publication, and in particular to the problem of paying due regard to the susceptibilities of certain persons still living. On the other hand, I am of opinion that it might well be to the advantage both of science and of the recognition of religious truths if, during my life-time, qualified authorities were enabled to undertake some examination of my body and to hold some enquiry into my personal experiences. To this consideration all feelings of a personal character must yield.’⁴ He declares in another passage that he has decided to keep to his intention of publishing the book, even if the consequence were to be that his physician, Geheimrat Dr. Flechsig of Leipzig,⁵ brought an action against him. He urges upon Dr. Flechsig, however, the same considerations that I am now urging upon him himself. ‘I trust’, he says, ‘that even in the case of Geheimrat Prof. Dr. Flechsig any personal susceptibilities that he may feel will be outweighed by a scientific interest in the subject-matter of my memoirs.’ (446.)⁶

¹ [A Senatspräsident in an Oberlandesgericht is the Judge presiding over a Division of an Appeal Court.]

² [Schreber in fact died on April 14, 1911, a few months after Freud wrote this case history (see p. 3).]

³ This piece of self-portraiture, which is certainly not unjustified, will be found on page 35 of his book.

⁴ Preface, iii. [Cf. end of footnote, p. 32.]

⁵ [Paul Emil Flechsig (1847–1929), Professor of Psychiatry at Leipzig from 1877 to 1921, was celebrated for his work in neuro-anatomy.]

⁶ [A note on the system of page references adopted in the translation of the present paper will be found at the end of the Editor’s Note, p. 8 above.]

Though all the passages from the *Denkwürdigkeiten* upon which my interpretations are based will be quoted verbatim in the following pages, I would ask my readers to make themselves acquainted with the book by reading it through at least once beforehand.

CASE HISTORY

'I HAVE suffered twice from nervous disorders', writes Dr. Schreber, 'and each time as a result of mental overstrain. This was due on the first occasion to my standing as a candidate for election to the Reichstag while I was Landgerichtsdirektor¹ at Chemnitz, and on the second occasion to the very heavy burden of work that fell upon my shoulders when I entered on my new duties as Senatspräsident in the Oberlandcsgericht in Dresden.' (34.)

Dr. Schreber's first illness began in the autumn of 1884, and by the end of 1885 he had completely recovered. During this period he spent six months in Flechsig's clinic, and the latter, in a formal report which he drew up at a later date, described the disorder as an attack of severe hypochondria [379]. Dr. Schreber assures us that this illness ran its course 'without the occurrence of any incidents bordering upon the sphere of the supernatural'. (35.)

Neither the patient's own account, nor the reports of the physicians which are reprinted at the end of his book,² tell us enough about his previous history or his personal circumstances. I am not even in a position to give the patient's age at the time of his illness,³ though the high judicial position which he had attained before his second illness establishes some sort of lower limit. We learn that Dr. Schreber had been married long before the time of his 'hypochondria'. 'The gratitude of my wife', he writes, 'was perhaps even more heartfelt; for she revered Professor Flechsig as the man who had restored her husband to her, and hence it was that for years she kept his portrait standing upon her writing-table.' (36.) And in the same place: 'After my recovery from my first illness I spent eight years with my wife—

¹ [Judge presiding over an inferior Court.]

² [The Appendices to Schreber's book, covering nearly 140 pages, include three medico-legal Reports by Dr. Weber (dated December, 1899, November, 1900, and April, 1902), Schreber's own Statement of his Case (July, 1901) and the Court Judgement of July, 1902.]

³ [He was, in fact, 42 at the time of his first illness (p. 7) and, as Freud himself tells us on p. 46, 51 at the time of his second.]

years, upon the whole, of great happiness, rich in outward honours, and only clouded from time to time by the oft-repeated disappointment of our hope that we might be blessed with children.¹

In June, 1893, he was notified of his prospective appointment as *Senatspräsident*, and he took up his duties on the first of October of the same year. Between these two dates¹ he had some dreams, though it was not until later that he came to attach any importance to them. He dreamt two or three times that his old nervous disorder had come back; and this made him as miserable in the dream as the discovery that it was only a dream made him happy when he woke up. Once, in the early hours of the morning, moreover, while he was in a state between sleeping and waking, the idea occurred to him 'that after all it really must be very nice to be a woman submitting to the act of copulation'. (36.) This idea was one which he would have rejected with the greatest indignation if he had been fully conscious.

The second illness set in at the end of October 1893 with a torturing bout of sleeplessness. This forced him to return to the Flechsig clinic, where, however, his condition grew rapidly worse. The further course of the illness is described in a Report drawn up subsequently [in 1899] by the director of the Sonnenstein Asylum: 'At the commencement of his residence there² he expressed more hypochondriacal ideas, complained that he had softening of the brain, that he would soon be dead, etc. But ideas of persecution were already finding their way into the clinical picture, based upon sensory illusions which, however, seemed only to appear sporadically at first; while simultaneously a high degree of hyperaesthesia was observable—great sensitiveness to light and noise.—Later, the visual and auditory illusions became much more frequent, and, in conjunction with coenaesthetic disturbances, dominated the whole of his feeling and thought. He believed that he was dead and decomposing, that he was suffering from the plague; he asserted that his body was being handled in all kinds of revolting ways; and, as he himself declares to this day, he went through worse horrors than any one could have imagined, and all on behalf of a holy

¹ And therefore before he could have been affected by the overwork caused by his new post, to which he attributes his illness.

² In Professor Flechsig's clinic at Leipzig. [See Editor's Note, p. 7.]

purpose. The patient was so much pre-occupied with these pathological experiences that he was inaccessible to any other impression and would sit perfectly rigid and motionless for hours (hallucinatory stupor). On the other hand, they tortured him to such a degree that he longed for death. He made repeated attempts at drowning himself in his bath, and asked to be given the "cyanide that was intended for him". His delusional ideas gradually assumed a mystical and religious character; he was in direct communication with God, he was the plaything of devils, he saw "miraculous apparitions", he heard "holy music", and in the end he even came to believe that he was living in another world.' (380.)

It may be added that there were certain people by whom he thought he was being persecuted and injured, and upon whom he poured abuse. The most prominent of these was his former physician, Flechsig, whom he called a 'soul-murderer'; and he used to call out over and over again: '*Little Flechsig!*' putting a sharp stress upon the first word (383). He was moved from Leipzig, and, after a short interval spent in another institution,¹ was brought in June 1894 to the Sonnenstein Asylum, near Pirna, where he remained until his disorder assumed its final shape. In the course of the next few years the clinical picture altered in a manner which can best be described in the words of Dr. Weber, the director of the asylum.²

'I need not enter any further into the details of the course of the disease. I must, however, draw attention to the manner in which, as time went on, the initial comparatively acute psychosis, which had directly involved the patient's entire mental life and deserved the name of "hallucinatory insanity", developed more and more clearly (one might almost say crystallized out) into the paranoic clinical picture that we have before us to-day.' (385.) The fact was that, on the one hand, he had developed an ingenious delusional structure, in which we have every reason to be interested, while, on the other hand, his personality had been reconstructed and now showed itself, except for a few isolated disturbances, capable of meeting the demands of everyday life.

Dr. Weber, in his Report of 1899, makes the following remarks: 'It thus appears that at the present time, apart from

¹ [Dr. Pierson's private asylum at Lindenhof.]

² [In his Report of July, 1899.]

certain obvious psychomotor symptoms which cannot fail to strike even the superficial observer as being pathological, Herr Senatspräsident Dr. Schreber shows no signs of confusion or of psychical inhibition, nor is his intelligence noticeably impaired. His mind is collected, his memory is excellent, he has at his disposal a very considerable store of knowledge (not merely upon legal questions, but in many other fields), and he is able to reproduce it in a connected train of thought. He takes an interest in following events in the world of politics, science and art, etc., and is constantly occupied with such matters . . . and an observer who was uninstructed upon his general condition would scarcely notice anything peculiar in these directions. In spite of all this, however, the patient is full of ideas of pathological origin, which have formed themselves into a complete system; they are more or less fixed, and seem to be inaccessible to correction by means of any objective appreciation and judgement of the external facts.' (385-6.)

Thus the patient's condition had undergone a great change, and he now considered himself capable of carrying on an independent existence. He accordingly took appropriate steps with a view to regaining control over his own affairs and to securing his discharge from the asylum. Dr. Weber set himself to prevent the fulfilment of these intentions and drew up reports in opposition to them. Nevertheless, in his Report dated 1900, he felt obliged to give this appreciative account of the patient's character and conduct: 'Since for the last nine months Herr Präsident Schreber has taken his meals daily at my family board, I have had the most ample opportunities of conversing with him upon every imaginable topic. Whatever the subject was that came up for discussion (apart, of course, from his delusional ideas), whether it concerned events in the field of administration and law, of politics, art, literature or social life—in short, whatever the topic, Dr. Schreber gave evidence of a lively interest, a well-informed mind, a good memory, and a sound judgement; his ethical outlook, moreover, was one which it was impossible not to endorse. So, too, in his lighter talk with the ladies of the party, he was both courteous and affable, and when he touched upon matters in a more humorous vein he invariably displayed tact and decorum. Never once, during these innocent talks round the dining-table, did he introduce subjects which should more properly have been raised at a

medical consultation.' (397-8.) Indeed, on one occasion during this period when a business question arose which involved the interests of his whole family, he entered into it in a manner which showed both his technical knowledge and his common sense (401 and 510).

In the numerous applications to the courts, by which Dr. Schreber endeavoured to regain his liberty, he did not in the least disavow his delusions or make any secret of his intention of publishing the *Denkwürdigkeiten*. On the contrary, he dwelt upon the importance of his ideas to religious thought, and upon their invulnerability to the attacks of modern science; but at the same time he laid stress upon the 'absolute harmlessness' (430) of all the actions which, as he was aware, his delusions obliged him to perform. Such, indeed, were his acumen and the cogency of his logic that finally, and in spite of his being an acknowledged paranoic, his efforts were crowned with success. In July, 1902, Dr. Schreber's civil rights were restored, and in the following year his *Denkwürdigkeiten eines Nervenkranken* appeared, though in a censored form and with many valuable portions omitted.

The Court Judgement that gave Dr. Schreber back his liberty summarizes the content of his delusional system in a few sentences: 'He believed that he had a mission to redeem the world and to restore it to its lost state of bliss.¹ This, however, he could only bring about if he were first transformed from a man into a woman.' (475.)

For a more detailed account of his delusions as they appeared in their final shape we may turn to Dr. Weber's Report of 1899: 'The culminating point of the patient's delusional system is his belief that he has a mission to redeem the world, and to restore mankind to their lost state of bliss. He was called to this task, so he asserts, by direct inspiration from God, just as we are taught that the Prophets were; for nerves in a condition of great excitement, as his were for a long time, have precisely the property of exerting an attraction upon God—though this is touching on matters which human speech is scarcely, if at all, capable of expressing, since they lie entirely outside the scope of human experience and, indeed, have been revealed to him alone. The most essential part of his mission of redemption is

¹[See footnote 3, p. 23.]

that it must be preceded by his *transformation into a woman*. It is not to be supposed that he *wishes* to be transformed into a woman; it is rather a question of a "must" based upon the Order of Things, which there is no possibility of his evading, much as he would personally prefer to remain in his own honourable and masculine station in life. But neither he nor the rest of mankind can regain the life beyond except by his being transformed into a woman (a process which may occupy many years or even decades) by means of divine miracles. He himself, of this he is convinced, is the only object upon which divine miracles are worked, and he is thus the most remarkable human being who has ever lived upon earth. Every hour and every minute for years he has experienced these miracles in his body, and he has had them confirmed by the voices that have conversed with him. During the first years of his illness certain of his bodily organs suffered such destructive injuries as would inevitably have led to the death of any other man: he lived for a long time without a stomach, without intestines, almost without lungs, with a torn oesophagus, without a bladder, and with shattered ribs, he used sometimes to swallow part of his own larynx with his food, etc. But divine miracles ("rays") always restored what had been destroyed, and therefore, as long as he remains a man, he is altogether immortal. These alarming phenomena have ceased long ago, and his "femaleness" has become prominent instead. This is a matter of a process of development which will probably require decades, if not centuries, for its completion, and it is unlikely that anyone now living will survive to see the end of it. He has a feeling that enormous numbers of "female nerves" have already passed over into his body, and out of them a new race of men will proceed, through a process of direct impregnation by God. Not until then, it seems, will he be able to die a natural death, and, along with the rest of mankind, will he regain a state of bliss. In the meantime not only the sun, but trees and birds, which are in the nature of "bemiracled residues of former human souls", speak to him in human accents, and miraculous things happen everywhere around him.' (386-8.)

The interest felt by the practical psychiatrist in such delusional formations as these is, as a rule, exhausted when once he has ascertained the character of the products of the delusion and has formed an estimate of their influence on the patient's

general behaviour: in his case marvelling is not the beginning of understanding. The psycho-analyst, in the light of his knowledge of the psychoneuroses, approaches the subject with a suspicion that even thought-structures so extraordinary as these and so remote from our common modes of thinking are nevertheless derived from the most general and comprehensible impulses of the human mind; and he would be glad to discover the motives of such a transformation as well as the manner in which it has been accomplished. With this aim in view, he will wish to go more deeply into the details of the delusion and into the history of its development.

(a) The medical officer lays stress upon two points as being of chief importance: the patient's *assumption of the role of Redeemer*, and his *transformation into a woman*. The Redeemer delusion is a phantasy that is familiar to us through the frequency with which it forms the nucleus of religious paranoia. The additional factor, which makes the redemption dependent upon the man being previously transformed into a woman, is unusual and in itself bewildering, since it shows such a wide divergence from the historical myth which the patient's phantasy is setting out to reproduce. It is natural to follow the medical report in assuming that the motive force of this delusional complex was the patient's ambition to play the part of Redeemer, and that his *emasculatation* was only entitled to be regarded as a means for achieving that end. Even though this may appear to be true of his delusion in its final form, a study of the *Denkwürdigkeiten* compels us to take a very different view of the matter. For we learn that the idea of being transformed into a woman (that is, of being emasculated) was the primary delusion, that he began by regarding that act as constituting a serious injury and persecution, and that it only became related to his playing the part of Redeemer in a secondary way. There can be no doubt, moreover, that originally he believed that the transformation was to be effected for the purpose of sexual abuse and not so as to serve higher designs. The position may be formulated by saying that a sexual delusion of persecution was later on converted in the patient's mind into a religious delusion of grandeur. The part of persecutor was at first assigned to Professor Flehsig, the physician in whose charge he was; later, his place was taken by God Himself.

I will quote the relevant passages from the *Denkwürdigkeiten* in full: 'In this way a conspiracy against me was brought to a head (in about March or April, 1894). Its object was to contrive that, when once my nervous complaint had been recognized as incurable or assumed to be so, I should be handed over to a certain person in a particular manner: my soul was to be delivered up to him, but my body—owing to a misapprehension of what I have described above as the purpose underlying the Order of Things—was to be transformed into a female body, and as such surrendered to the person in question¹ with a view to sexual abuse, and was then simply to be "left on one side"—that is to say, no doubt, given over to corruption.' (56.)

'It was, moreover, perfectly natural that from the human standpoint (which was the one by which at that time I was still chiefly governed) I should regard Professor Flechsig or his soul as my only true enemy—at a later date there was also the von W. soul, about which I shall have more to say presently—and that I should look upon God Almighty as my natural ally. I merely fancied that He was in great straits as regards Professor Flechsig, and consequently felt myself bound to support Him by every conceivable means, even to the length of sacrificing myself. It was not until very much later that the idea forced itself upon my mind that God Himself had played the part of accomplice, if not of instigator, in the plot whereby my soul was to be murdered and my body used like a strumpet. I may say, in fact, that this idea has in part become clearly conscious to me only in the course of writing the present work.' (59.)

'Every attempt at murdering my soul, or at emasculating me for purposes *contrary to the Order of Things* (that is, for the gratification of the sexual appetites of a human individual), or later at destroying my understanding—every such attempt has come to nothing. From this apparently unequal struggle between one weak man and God Himself, I have emerged as the victor—though not without undergoing much bitter suffering and privation—because the Order of Things stands upon my side.' (61.)

In a footnote attached to the words '*contrary to the Order of Things*' in the above passage, the author foreshadows the

¹ It is shown from the context in this and other passages that 'the person in question' who was to practise this abuse was none other than Flechsig. (See below [p. 38 ff.])

subsequent transformation in his delusion of emasculation and in his relation to God: 'I shall show later on that emasculation for quite another purpose—a purpose *in consonance with the Order of Things*—is within the bounds of possibility, and, indeed, that it may quite probably afford the solution of the conflict.'

These statements are of decisive importance in determining the view we are to take of the delusion of emasculation and in thus giving us a general understanding of the case. It may be added that the 'voices' which the patient heard never treated his transformation into a woman as anything but a sexual disgrace, which gave them an excuse for jeering at him. 'Rays of God¹ not infrequently thought themselves entitled to mock at me by calling me "Miss² Schreber", in allusion to the emasculation which, it was alleged, I was about to undergo.' (127.) Or they would say: 'So *this* sets up to have been a Senatspräsident, this person who lets himself be f—d!'³ Or again: 'Don't you feel ashamed in front of your wife?' [177.]

That the emasculation phantasy was of a primary nature and originally independent of the Redeemer *motif* becomes still more probable when we recollect the 'idea' which, as I mentioned on an earlier page [p. 13], occurred to him while he was half asleep, to the effect that it must be nice to be a woman submitting to the act of copulation (36.) This phantasy appeared during the incubation period of his illness, and before he had begun to feel the effects of overwork in Dresden.

Schreber himself gives the month of November, 1895, as the date at which the connection was established between the emasculation phantasy and the Redeemer idea and the way thus paved for his becoming reconciled to the former. 'Now, however,' he writes, 'I became clearly aware that the Order of Things imperatively demanded my emasculation, whether I personally liked it or no, and that no *reasonable* course lay open to me but to reconcile myself to the thought of being transformed into a woman. The further consequence of my emasculation could, of course, only be my impregnation by divine rays

¹ The 'rays of God', as we shall see [p. 23], are identical with the voices which talked the 'basic language'.

² [In English in the original.]

³ I reproduce this omission from the *Denkwürdigkeiten*, just as I do all the peculiarities of their author's way of writing. I myself should have found no reason for being so shamefaced over a serious matter.

to the end that a new race of men might be created.' (177.)

The idea of being transformed into a woman was the salient feature and the earliest germ of his delusional system. It also proved to be the one part of it that persisted after his cure, and the one part that was able to retain a place in his behaviour in real life after he had recovered. "The *only thing* which could appear unreasonable in the eyes of other people is the fact, already touched upon in the expert's report, that I am sometimes to be found standing before the mirror or elsewhere, with the upper portion of my body bared, and wearing sundry feminine adornments, such as ribbons, false necklaces, and the like. This only occurs, I may add, when I am *by myself*, and never, at least so far as I am able to avoid it, in the presence of other people.' (429.) The Herr Senatspräsident confesses to this frivolity at a date (July, 1901)¹ at which he was already in a position to express very aptly the completeness of his recovery in the region of practical life: 'I have now long been aware that the persons I see about me are not "cursorily improvised men" but real people, and that I must therefore behave towards them as a reasonable man is used to behave towards his fellows.' (409.) In contrast to the way in which he put his emasculation phantasy into action, the patient never took any steps towards inducing people to recognize his mission as Redeemer, beyond the publication of his *Denkwürdigkeiten*.

(b) The attitude of our patient towards *God* is so singular and so full of internal contradictions that it requires more than a little faith to persist in the belief that there is nevertheless 'method' in his 'madness'. With the help of what Dr. Schreber tells us in the *Denkwürdigkeiten*, we must now endeavour to arrive at a more exact view of his theologico-psychological system, and we must expound his opinions concerning *nerves*, *the state of bliss*, *the divine hierarchy*, and *the attributes of God*, in their manifest (delusional) nexus. At every point in his theory we shall be struck by the astonishing mixture of the commonplace and the clever, of what has been borrowed and what is original.

The human soul² is comprised in the *nerves* of the body. These

¹ [In his Statement of his Case (see footnote 2, p. 12).]

² [*Seele*.] When used adjectively, the term is here translated 'spiritual'. See, for instance, on p. 23, '*Seelenteile*', 'spiritual parts'.]

are to be conceived of as structures of extraordinary fineness, comparable to the finest thread. Some of these nerves are suited only for the reception of sense-perceptions, while others (*the nerves of understanding*) carry out all the functions of the mind; and in this connection it is to be noticed that *each single nerve of understanding represents a person's entire mental individuality*, and that the presence of a greater or lesser number of nerves of understanding has no influence except upon the length of time during which the mind can retain its impressions.¹

Whereas men consist of bodies and nerves, God is from His very nature nothing but nerve. But the nerves of God are not, as is the case with human bodies, present in limited numbers, but are infinite or eternal. They possess all the properties of human nerves to an enormously intensified degree. In their creative capacity—that is, their power of turning themselves into every imaginable object in the created world—they are known as *rays*. There is an intimate relation between God and the starry heaven and the sun.²

When the work of creation was finished, God withdrew to an immense distance (10–11 and 252) and, in general, resigned the world to its own laws. He limited His activities to drawing up to Himself the souls of the dead. It was only in exceptional instances that He would enter into relations with particular, highly gifted persons,³ or would intervene by means of a miracle in the destinies of the world. God does not have any

¹ The words in which Schreber states this theory are italicized by him, and he adds a footnote, in which he insists that it can be used as an explanation of heredity: 'The male semen', he declares, 'contains a nerve belonging to the father, and it unites with a nerve taken from the mother's body to form a new entity.' (7.) Here, therefore, we find a quality properly belonging to the spermatozoon transferred on to the nerves, which makes it probable that Schreber's 'nerves' are derived from the sphere of ideas connected with sexuality. It not infrequently happens in the *Denkwürdigkeiten* that an incidental note upon some piece of delusional theory gives us the desired indication of the genesis of the delusion and so of its meaning. [Cf. below, p. 35 f.]

² In this connection see my discussion below on the significance of the sun [p. 53 ff.].—The comparison between (or rather the condensation of) nerves and rays may well have been based on the linear extension which they have in common.—The ray-nerves, by the way, are no less creative than the spermatozoon-nerves.

³ In the 'basic language' (see below [p. 23]) this is described as 'making a nerve-connection with them'.