

PSYCHOANALYTIC COMMENTS ON AN AUTOBIOGRAPHICAL
ACCOUNT OF A CASE OF PARANOIA

By Sigmund Freud

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Case History

Dr. Schreber tells us, "I have had two attacks of mental illness, both as a result of mental strain - the first induced by a Reichstag candidacy - the second, by the burden of work incidental to my new task as President of the Senate in Dresden."

The first attack occurred in the autumn of 1884 and was completely cured by the end of 1885. According to Dr. Flechsig, the head of the institute in which Schreber spent six months, it was a severe attack of hypochondria. What his age was at this time we are not told. We do know that he had been for some time married and that he had attained distinction in the legal profession.

Of his condition in the interim period, Dr. Schreber tells us: "After my recovery I spent eight happy years, blessed with many honors but disappointed in the hope of children."

In June 1893 he was appointed as President of the Senate and entered upon his office October 1. The second disturbance began toward the end of October, with a distressing sleeplessness which led him to visit Flechsig's clinic once again. His condition however became rapidly worse. Of its development his physician reported. At first he gave utterance to more hypochondriacal ideas. He complained of brain weakness and thought he was going to die. Then ideas of persecution intruded themselves and that on a hallucinatory basis. Later visual and auditory hallucinations took complete control of his feeling and thinking. He thought himself dead - defiled, imagined that all sorts of horrible manipulations were performed upon his body - all for the sake of some holy purpose. These pathological impressions took such complete possession that for hours at a time he would sit rigid - motionless. They tortured him so that he wished for death and made repeated attempts to drown himself in the bathtub. Gradually the delusions took a mystical religious character. He was in commination with God. Demons played pranks upon him. He saw miraculous apparitions; he heard holy music. In short he was in another world.

We may note that he cursed different persons by whom he thought himself persecuted, above all his former physician Flechsig. He called him "soul murderer" and repeatedly called him "little Flechsig."

In the course of the next year, the picture changed. It may be described in the words of the director of the institute. "Without going into detail, we may say that the original acute psychosis, with its predominant hallucinatory character, took on more and more the paranoid form." In other words he had developed a delusional system which challenges our attention.

Of the year 1899, Dr. Weber says: "The Senate President Dr. Schreber appears at the present time neither disturbed nor mentally impaired. He is considerate - his memory remarkable - he has command of an immense amount of knowledge, not only in the field of law, but in other fields as well; and can discourse intelligently upon politics, science and art. At the same time this patient is possessed by pathologically conditioned ideas which have been crystallized into a complete system."

The patient however regarded himself as competent and took legal measures to gain his freedom. Throughout, however, he made no secret of his delusions or of his intention to publish his memoirs. On the contrary he emphasized the value of his beliefs for the religious life and their harmony with the findings of modern science. His quick wit and logical acumen won the day and in July 1902 he was released. In the following year he published his memoirs.

In the verdict which gave Dr. Schreber his freedom the content of his delusional system is given as follows: "He holds himself called to save the world and to restore it to its former happiness. This can he do however only when he has been changed from a man into a woman."

His physician Dr. Weber gives the following account of his delusional system for the year 1899.

"The delusional system of this patient centers in the belief that he is called to save the world and that this task has been laid upon him through immediate divine revelations - just as in the case of the prophets. Excited nerves - such as his had been for a long time - had the property of appealing to God. However the subject matter of these revelations can be expressed only with great difficulty in human language - for the reason that it is outside of human experience and clear only to him. The essential feature of his mission is that he must be transformed into a woman. This is not because he wants to be a woman. It is rather a pre-ordained "must," which he simply cannot escape, even though he prefers to remain in his honorable estate of manhood. Only so can his mission be accomplished. He is, it seems, the object of divine wonder - the most remarkable man who has ever lived on earth. For years he has felt that at any hour, at any minute, this transformation is likely to take place.

In the early years of his disturbance, he had suffered disorders in the various organs of his body. He had lived without stomach, without kidneys, almost without lungs, without bladder - but divine miracles had repeatedly restored the missing parts. He was thus not mortal. He had the feeling that already feminine nerves had entered into his body, from which through direct fertilization from God, men of a new type would issue. Only then could he die a natural death. At times not only the sun but also trees and birds spoke to him in human language and everywhere wonderful things went on around him.

Remarks by Freud

a) - As the two foci, the psychiatrist will at once single out the savior role and the transformation into a woman. The former is a most familiar delusion. It constitutes so often the nucleus of religious paranoia. The fact that this salvation was to come about through the transformation of a man into a woman is unusual and in itself surprising in that it is at variance with the historic myth which the patient's phantasy tends to reproduce. We are prompted to agree with Dr. Weber that the ambition to play the savior is the motive power behind this idea, and the loss of manhood is to be regarded merely as a means to this end. A study of the memoirs leads however to a different conclusion. We learn that the transformation into a woman was the primary delusion, that it was then regarded as an act of persecution and only appeared incidentally in connection with the Savior role.

(Here follow excerpts from Schreber's memoirs and comments by Freud.)

b) - The relation of the patient to God is so strange and so filled with contra-

diction, that it is hard to find any method in the madness. This requires a careful study of the memoirs.

According to Schreber the human soul is contained in the nerves of the body. Some of these nerves are adapted only to sense perceptions, others have to do with the psychic. It seems furthermore that each separate psychic nerve represents the total personality of the human being.

While human beings consist of bodies and nerves, God is only nerves. The divine nerves are however not, as in human beings, present in limited numbers. They are unending or eternal. They have all the properties of human nerves but in enormously exaggerated form. In their creative capacity they are called "rays." Between God and the starry heavens or the sun there is an inner relationship.

After the work of creation God withdrew into an immense distance and left the world to its laws. He limited himself to busying himself with the spirits of the dead. Only exceptionally would he establish relationship with some gifted human being.

God himself is no simple being. Schreber recognized the outer courts of heaven and the hinder courts. Corresponding to each is an Overgod and an Undergod - the latter having to do with people of the brown races. These two divine beings conducted themselves very differently toward the unfortunate Schreber during his acute illness.

The world order has a defect - in consequence of which the existence of God himself is endangered. Because of a certain relationship which is not clarified, the nerves of living men, especially in the state of high excitation, exert such an influence upon the nerves of God, that God cannot free himself from them and is therefore threatened in his own existence. This extraordinarily exceptional case occurred in the case of Schreber, and resulted in serious consequences for him. Throughout the entire book, Schreber complains bitterly that God - accustomed only to intercourse with the dead - does not understand the living human being.

In consequence of God's misunderstanding of living men it came to pass that God himself was the instigator of the persecution of Schreber - that God regarded him as an imbecile and laid upon him the severest trials.

Especially violent is his reaction to God's behavior in the matter of the evacuation processes (here a lengthy quotation).

None the less Schreber continues to look upon God as supreme and himself as God's son, whose mission it is to save the world. We see thus in his attitude toward God a mixture of respect and rebellion.

c) - (Salvation). Salvation is for Schreber a matter of the future life, to which man is raised through the purification of suffering and death. He describes it as a condition of uninterrupted enjoyment and contemplation of God. That is by no means original. What surprises us is the distinction which Schreber makes between masculine and feminine salvation. Masculine well-being stood higher than feminine. The latter seems to have consisted in a continual sensual pleasure.

Schreber's hope of final reconciliation with God and cessation of suffering seems to rest upon the idea that the rays of God lose their hostile tone as soon as they are assured of being able to pass pleasurably into his body.

God himself thus demands that he be able to find satisfaction in him and threatens to withdraw his rays if he neglects the requirements of sensual pleasure.

Before his illness the senatorial Schreber had been a strictly moral man. There are few men, he says, who have been reared in such stern moral principles, especially in matters of sex. After his disturbance he came to the conclusion that the cultivation of sensuality was for him a duty, whose fulfilment could alone end his inner conflict.

Freud concludes that the two foci of Schreber's delusions - the transformation into a woman and the privileged relationship with God - are in his system identified with the feminine attitude toward God. It becomes for us an unavoidable task to show the relationship between these two foci.

II. Attempt at Interpretation

Because of the resistance to the publication of these memoirs, a considerable portion of the material - and that precisely the most significant - has been eliminated. I must therefore be content, Freud says, if I succeed with any certainty in tracing even the kernel of this delusional system back to its origin in recognizable human motives. For this purpose I would call attention to a portion of the case history which in the diagnostic impression has received insufficient attention, but which the patient himself has done everything possible to emphasize. I refer to the relationship to his first physician, Prof. Dr. Flechsig of Leipzig.

We know that the case of Schreber from the first has borne the mark of a persecution complex, which was only eradicated after the crisis of the illness. The persecution then became constantly more bearable and the cosmic significance of the loss of manhood overcame its shamefulness. The originator of all the persecution however is Flechsig, and throughout the entire course of the illness he remains the instigator.

Now the study of a series of cases of persecutory delusion has shown me, and others also, that the relation of the patient to his persecutor may be expressed in a simple formula. The person to whom the delusion ascribes such great power and influence - in whose hands all threads of the plot are held is, whenever that person is specifically named, one who before the illness had a similarly important significance in the emotional life of the patient, or else an easily recognized substitute for such a person. The emotional significance is projected as external power and the feeling tone transformed into its opposite. The one who is now hated and feared because of the persecution is one who was formerly loved and honored. The delusional persecution serves above all to justify the transformation which has taken place in the patient's feelings.

From this standpoint we notice that in 1884-85 Schreber passed through a severe mental illness and that Flechsig was his physician. The recovered patient held his physician at that time in high esteem. He expresses himself in the memoirs most warmly regarding his indebtedness to Flechsig.

It is furthermore to be noted that in the interim period after his first recovery and the commitment of 1893, he had a number of dreams, of hypnagogic ideas to the effect that it would be delightful to be a woman, submitting to intercourse. Bringing this into conjunction with his interest in Flechsig, it becomes clear that the feminine coloring of the phantasy has reference to Flechsig. And the dream that the illness had returned signifies, "I wish I

might see Flechsig once more." We may therefore assume that an attack of homosexual desire was the occasion of this disturbance. The object from the beginning was undoubtedly the physician Flechsig, and his struggle against these unacceptable desires gave rise to the conflict out of which the pathological manifestations sprang. The pathological delusion of being transformed into a woman would then be his justification for the unacceptable feelings.

Why this outbreak of homosexuality at just this time, it is not possible to determine in this case. In general a man sways back and forth throughout his entire life between homosexual and heterosexual feelings, and denial or disillusionment on one side drives him over to the other. How it was with Schreber we do not know, further than this: at the time of the onset he was fifty years of age, and subject to the sexual regression characteristic of the climacteric in both men and women.

One of the changes which we see in this case is the displacement of Flechsig by the higher person of God. This is due to the heightening of the conflicts, an increase in the unbearable persecution. It prepares the way for the solution of the conflict. If it is impossible for him to accustom himself to the role of the feminine prostitute, so comes the necessity of ascribing sex desire to God. Transformation into a woman is no longer a disgrace because it is cosmically ordained. Thus the conflict is ended - the solution is shoved from the present far into the future.

In psychiatric textbooks, one frequently reads of a development of ideas of grandeur out of ideas of persecution. The patient who believes himself persecuted explains this persecution on the basis that he must be a very important person to deserve such persecution. The explanation of ideas of grandeur becomes thus a matter of "rationalization." This is an entirely unjustifiable assumption, which is not to be confused with this explanation.

It is important to recognize that Flechsig and God represent the role of the father. And we note that Schreber's father was no unimportant person. He was a distinguished physician whose labors in behalf of young people are still remembered in Saxony. Such a father was most likely to awaken tender memories in his son - especially since he was taken from him by death while the son was still young. Nothing is more natural than that his memory should be associated with the idea of God.

For our sensibilities today, it is difficult to associate the personality of God with that of any man - even the most distinguished. We must not forget however that among the ancients God was much closer to men.

The infantile attitude of the boy to his father is well known to us. It contains the exact combination of respectful subjection and rebellious hostility which we have found in Schreber's attitude toward his God. That Schreber's father was a physician and a highly honored one may explain the most striking characteristics with which he invests God. Can there be a greater expression of contempt for such a physician than to assert that he has no understanding of living men and is only able to associate with corpses? So also the reproach that God learns nothing from experience may be regarded as an infantile retort to a father's reproof.

In this connection we may think of Schreber's ideas regarding the sun, whose rays play such a part in his concept of God. To the sun Schreber has a very peculiar relationship. It speaks to him in human language. According to the medical record he berates it with threatening and abusive words and commands it to kneel before him. He tells us himself that the sun grew pale before him.

That the sun has some share in his fate is clear from the fact that important changes take place in its appearance just as soon as there are changes in his situation. Schreber himself tells us that the sun is God. He identifies it both with the lower god and the upper god. "On the following day," we read, "I saw the upper god (Ormuzd) - not this time with my spiritual eye, but with my bodily eye. It was the sun, but not the sun in its usual appearance so familiar to men."

I am not responsible for the uniformity of psychoanalytic interpretation if I call attention to the fact that the sun is for him merely a sublimated symbol of his father. Thus in Schreber's case also we find ourselves upon the familiar ground of the father complex. If for the patient the battle with Flechsig appears as a battle with God, we may then translate it into the terms of an infantile conflict with the beloved father. We have abundant evidence that in the experience of the child the father commonly appears as the disturber of his auto-erotic satisfactions. In Schreber's delusional system the infantile sex-strivings win a great victory. Sexual pleasure taking becomes godly and god himself does not cease to demand it of the patient. The most fearful threat of the father - that of castration - has been accepted and becomes the wish for transformation into a woman. The fact that God thinks of him as an idiot and threatens to banish him may be explained by the common warning that masturbation may result in loss of reason.

A basis for his desire to be changed into a woman may be found in the fact that his otherwise happy marriage had been childless. Since his father and brother both were dead, the family was about to die out. He may then very well have built the phantasy that if he were a woman the matter of children would be better taken care of.

III. Concerning the Paranoid Mechanism

We have now explained the case of Schreber in terms of a controlling father complex and of the centrality of wishful thinking in the illness. In this there is nothing distinctive of paranoia - nothing which we could not find and have found in many other cases of neurosis. The distinguishing characteristic of paranoia is to be found rather in the special manifestation of the symptoms or the type of symptom-building. We might say that the paranoid character is to be found in the warding off of a homosexual wish phantasy through ideas of persecution of a given type.

It is the more significant if we are reminded by experience that homosexual wish phantasies have a deep-seated and perhaps a constant relationship to the type of illness. Distrusting my own observations, I have recently examined from this standpoint a number of paranoid cases from the clinics of my friends C. G. Jung and S. Ferenczi. These were both men and women of various races, occupations and social rank. We saw with surprise how clearly in all these cases protection against homosexual desires could be recognized as central in the mental conflict. They had all been broken by the struggle with strong unconscious homosexuality. This was not what we had expected. It is precisely in paranoia that sexual etiology is least evident, and social and vocational frustrations are most prominent.

It will, I trust, be in order if I attempt to show that the processes of the mind as revealed by psychoanalysis can offer us an explanation of the role of homosexual wishes in paranoid disorders.

Researchers of recent years have called our attention to a stage in

the development of the libido which must be passed through in the development from autoerotism to normal heterosexuality. It consists in this - that an individual in the process of development likes himself, that is, his own body, as love object before he is able to pass over to the love of another person. It seems that many persons remain an abnormally long time in this stage of development and that from this circumstance there may be important consequences for later development. In the self thus chosen for love object the genitals may be the most important thing. The further course leads to the choice of an object with similar genitals - hence homosexuality must be surmounted before heterosexuality is achieved. We assume that frank homosexuals have never been freed from the attraction to genitalia similar to their own.

In my "Three Contributions to Sexual Theory," I have expressed the view that each stage of psychosexual development brings with it the possibility of a "fixation," and therewith a predisposition. Persons who have not been freed from the narcissistic stage have thus a fixation at that stage which may operate as a predisposition to illness. They are thus subject to the danger that a flood of libido which finds no other outlet, may subordinate their social drive to the sexual and thus render them regressive in the matter of their hard-won socialization. To such a result anything may contribute which calls forth a regressive flow of the libido, whether it be a collateral exacerbation through disillusionment with some woman, a direct blow in the shape of misfortune in the social relationships with a man - in both cases frustration - also a generalized increase of libido to the part where it becomes too strong to find release through the usual channel and thus breaks the structure of the dam. Since in our analytical work we find that paranoids are seeking to protect themselves against such sexualization of their social drives, we are forced to the conclusion that the weak spot in their development is to be found in the stage between auto-erotism, or narcissism, and homosexuality. A similar predisposition must be ascribed to Dementia Praecox or Schizophrenia. I hope to show that the difference in form and outcome of the two disorders may be explained by differences corresponding to the predisposing fixations.

If we assume the homosexual wish phantasy of loving a man to be the seat of the paranoid conflict, it must not be forgotten that the establishment of such an important assumption will require the examination of many types of paranoid formation. We must even be prepared to limit our theory to a single type. Nonetheless it is noteworthy that all the principal recognized forms of paranoia can be regarded as defence against the proposition, "I (a man) love him (a man)."

The opposite of the proposition "I love him (the man)" is the persecutory delusion, in which the patient says "I do not love him - I hate him." This contradiction, which in the unconscious could not be otherwise, cannot in this form enter into consciousness. The mechanism of symptom-building in paranoia requires that inner perception or feeling must be replaced by external perception. Then the proposition "I hate him" is projected in the form, "He hates (persecutes) me, which justifies me in hating him." The unconscious drive thus appears in consciousness as persecution by way of an outer perception, "I do not indeed love him. In fact I hate him because he persecutes me." Observation leaves no doubt that the persecutor is actually none other than the once beloved.

(There follows a consideration of the formulae for erotomania, for alcoholic jealousy - for jealousy on the part of women - all of which he explains in terms of homosexuality. He then goes on:)

One might believe that a sentence with three words permitted only three forms of contradiction. The jealousy mania represents the subject, the

persecution mania the verb and the erotomania the object. There is however still a fourth type of contradiction, viz., the denial of the entire proposition: "I have no love for anybody." This proposition is equivalent to saying "I love only myself." This contradiction is the basis of the grandiose type of paranoia, which we interpret as a sexual over-valuation of the self.

It is not without significance for other bits of paranoia lore that an element of grandiosity may be discovered in most other forms of paranoid misinterpretation. We have thus the right to assume that grandiose paranoia is altogether infantile.

It is now in order to examine the mechanism of repression. We have no right to assume that it is identical with that of symptom building. Such an identity is by no means probable. We will however investigate before jumping to conclusions.

In the symptom-building of paranoia the most striking feature is what is known as "projection." An inner perception is suppressed and in its place the content, after suffering a considerable distortion, comes into consciousness as something outwardly perceived. This distortion in persecutory mania involves a transformation of feeling. What from within would be perceived as love is perceived from without as hate. One might be tempted to regard this remarkable process as the most important in paranoia and absolutely pathognomonic for it. We note however that 1) projection does not play the same role in all forms of paranoia and 2) it appears not only in paranoia but also under many other conditions. In fact it is a regular factor in normal attitudes toward the external world. The study of the projection mechanism we shall however defer, in order to examine the mechanism of repression.

In psychoanalysis we have generally traced pathological phenomena to the processes of repression. A closer consideration of what we call "repression" indicates that the process consists of three readily distinguished phases:

1. The first phase is that of fixation, the precursor and condition of every "repression." The fact of fixation can be attributed to the fact that a drive does not succeed in making the normal development, and as a result of this blocking remains in an infantile stage. The libidinous stream pertaining to it then behaves toward the later psychic structure as something belonging to the unconscious, something repressed. We have said that the precondition of mental illness is to be found in such fixation of the libido. We may add that in it also we may find the determining factors for the outcome of the third phase of repression.
2. The second phase of repression is the particular repression which we have been considering: the ordinary type. It proceeds from the more highly developed ego consciousness, and can be described as a suppression. It is a more or less active process, while that of fixation is an essentially passive lag.
3. The third and for pathological phenomena the most important phase is the failure of repression - the break-through, the return of the repressed. This break-through is determined by the location of the fixation, and it consists in a regression of the libido to this place.

The manifold characteristics of fixation we have already mentioned. They are as numerous as the steps in the development of the libido. We must be prepared for similar multiplicity in the mechanism of repression. We may therefore limit ourselves to the question as to how this case of Schreber's can help us in the understanding of paranoia.

At the climax of his illness, under the influence of visions, some of them horrible and others magnificent, Schreber developed the conviction that a world catastrophe was impending. Voices said to him that the work of 14,000 years was undone - that the earth was destined to exist for only 212 years. In the last period of his stay in Flechsig's institution, even that time had already run out. He himself was the last remaining real human being. Concerning the cause of this catastrophe he had a number of ideas. He thought at times of an ice age following the withdrawal of the sun; at times, of destruction through earthquake in which he as seer held the powers of creator. At times he was responsible in that through his magic powers he spread destruction among men and disrupted the foundations of religious faith. He could not doubt that during his illness the world had gone to pieces and what he saw before him was something different.

Such a world catastrophe during the stormy phases of paranoia is not infrequent in many other case histories. On the basis of our concept of libido-attachment it is possible for us to offer an explanation - especially in the light of his estimate of others as fugitive men. The patient has withdrawn his libido from the persons around him and from the external world in general. The end of the world is the projection of his inner catastrophe. His subjective world has gone to pieces since he has withdrawn his love from it.

After the curse with which Faust cuts himself loose from the world, the chorus of spirits sings:

"Woe! woe!
 With a mighty blow
 Thou hast destroyed
 The beautiful world.
 In ruin 'tis hurled
 A titan has shattered it!

"Mightiest
 Of all earth's sons
 Build it again
 More splendid.
 In thine own bosom build it anew."

And the paranoic does rebuild it - not indeed more splendid, but at least enough to permit him to live in it. He rebuilds it through the work of his own phantasy. What we take for pathological symptoms, is really the attempt at cure. This succeeds to some extent, but never completely. A thoroughgoing inner change has taken place in that world, but he has re-established relationship with the persons and things of the world, often a very intensive one, even though it may be hostile where before it was expectantly tender. We may therefore say that the repression process consists in a separation of the libido from formerly beloved persons and things. All this takes place silently. We get little inkling of it, and are compelled to draw conclusions on the basis of the consequences. What makes itself startlingly noticeable is the attempt at cure. This takes place in paranoia by means of projection. It was not correct to say that the suppressed feelings were projected without - we see rather that the inwardly destroyed returns from without.

From this new insight there came a series of questions:

1. In the first place we must recognize that detachment of the libido is not confined to paranoia and that it does not always have disastrous consequences. In normal mental life (and not only at time of bereavement) we see it take place

without illness. Detachment of the libido in and of itself cannot thus be regarded as the cause of paranoia. The distinctive feature is however not difficult to discover. In paranoia we have clinical evidence that the detached libido is used in a special way. We are reminded that most cases of paranoia show a bit of grandiosity, and that grandiosity in and of itself can constitute paranoia. From this we may conclude that the free floating libido, in the case of paranoia, becomes attached to the ego. This means that the narcissistic stage in the development of the libido is once more reached in which the ego becomes the sole sexual object. We therefore conclude that the paranoids show fixation in the narcissistic stage and that a recession from sublimated homosexuality to the narcissistic stage of development is characteristic of the paranoid type of regression.

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4. Because of the close relationship of paranoia to Dementia Praecox it is not possible to evade the question of how such a conception of the former will affect our interpretation of the latter. That in Dementia Praecox the type of withdrawal of the libido from the outer world is especially clear, has been set forth in penetrating fashion by Abraham. It is to be found in repression through the detachment of the libido. The phase of stormy hallucinations we regard as a battle between the repression and an attempt at cure which seeks to bring the libido back to its object. This attempt at cure does not however as in paranoia make use of projection but rather of the hallucinatory mechanism. This is one of the great differences between Dementia Praecox and Paranoia. The outcome of Dementia Praecox brings a second distinction. It is in general less favorable than in paranoia. Victory goes, not as in the case of paranoia to the reconstruction, but to the repression. The regression goes not just to the narcissism which expresses itself in delusions of grandeur but to a complete abandonment of interest in the outer world and returns to infantile autoerotism. The predisposing fixation must therefore lie further back than that of paranoia. It is to be found in the beginning of development. It is improbable that the homosexual impulses which we so often and perhaps always find in paranoia play much of a part in the etiology of Dementia Praecox.

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