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The teachings of honorary professor of psychiatry Daniel Paul Schreber J.D. to psychiatrists and psychoanalysts, or dramatology's challenge to psychiatry and psychoanalysis

Zvi Lothane

In 2011 we celebrate a milestone: Freud's 1911 epochal essay on the historically ground-breaking Schreber's (1842-1911) *Denkwürdigkeiten eines Nervenkranken* (*Memoirs*, 1955) and the 100th death anniversary of its author, unquestionably the most famous patient in the annals of psychiatry and psychoanalysis. If it were not for Freud, Schreber's book, his father Moritz's books, and the publications of his psychiatrists would have been consigned to the dustbin of history. In the spring of 1910, after Jung pressed a copy of the *Memoirs* into Freud's hands, Freud raved in a letter to Jung about "the wonderful Schreber, who ought to have been made a professor of psychiatry and director of a mental hospital" (*Freud/Jung Letters* (*FJL*, p, 311) as he progressed with "the analysis of our dear and ingenious friend Schreber" (p. 369). Schreber's book is indeed wonderful: not merely an account of his second illness but a literary work, a philosophical essay, an wellspring of seminal ideas for psychiatrists, psychoanalysts, philosophers, and writers ever since. Never was such an honorific professorship bestowed on a former asylum inmate for generations diagnosed as the paradigmatic paranoiac, let alone schizophrenic, which, as recent research indicates, he was not (Lipton, 1984, Lothane, 1989, 1992a, 2004, 2010a; Peters, 1990, 1995, 1998). Only a few psychiatrists cited the *Memoirs* (Jung, 1907; Bleuler, 1911, 1912b; Kraepelin, 1913; Jaspers, 1973), compared to legions of psychoanalysts and others, and the list is still growing.

To fully appreciate Schreber's importance, we first must briefly delve into the history of psychiatry up until his time, and the perspectives that the Schreber case foreshadows.

Psychiatrists diagnosed Schreber with pre-selected criteria, e.g. fixed ideas about hallucinations and delusions while psychoanalysts interpreted him with pre-selected

formulas fixed by the analyst's school, resulting in a plethora of fictions vs. a paucity of facts. My approach was historical and informed by my experience as a psychiatrist and a psychoanalyst, letting Schreber speak for himself, for he was indeed an interpreter and thinker in his own right (Lothane, 1992a, 2010a) There was another fundamental difference: while psychoanalysts fantasized about Schreber and his psychiatrists, the latter personally interacted with him and had a real effect on his fate and *his* fantasies. Fantasies of interpreters may be close to or remote from Schreber's fantasies but there remains the need for historical facts to correct the fantasies and fictions (Baumeyer, 1955, 1973; Niederland, 1974; Israëls, 1989; Stingelin, 1989; Busse, 1991, Devreese, 1996; Peters 1990).

Schreber and the psychiatrists

Schreber not only bore witness to the history of German psychiatry at the turn of the 19th century but was also its moral critic. In the process, he challenged (a) the ideas of Emil Kraepelin (1856-1926), a founder of German and world psychiatry (Peters, 1999), (b) the treatment philosophy and methods of his psychiatrists: Paul Flechsig (1847-1929), famed brain anatomist and director of Leipzig University psychiatric hospital, to which Schreber was admitted voluntarily in 1884 and 1893; and of Sonnenstein Asylum's director Guido Weber (1837-1914), who jailed Schreber against his will from 1894 until 1902 with the diagnosis of incurable paranoia and an expert opinion which caused Schreber to be declared legally insane and mentally incompetent. Since he applauded Schreber's winning his case in court, Freud may be forgiven for not referring to professor Schreber's cogently argued „Grounds of Appeal" (starting on page 285; henceforth the numbers follow the pagination in the English translation), or to his essay on forensic psychiatry entitled "In what circumstances can a person considered insane be detained in an asylum against his declared will?" (pp.255-263), which became the future subtitle of the *Memoirs*. It is less forgivable that the German-Jewish psychiatry historians Ida Macalpine (formerly Wertheimer) and her son R. A. Hunter not only mistranslated Schreber's title as "*Memoirs of my Nervous Illness*," instead of Schreber's own title, reflections of a nervous patient, but that they omitted translating Schreber's subtitle altogether, emphasizing the illness and ignoring Schreber as both person and author (Stingelin, 1998) and thus his purpose of writing the book in the first place: to have the

incompetency rescinded and get out of Sonnenstein alive. As he poignantly stated: "I harbour the wish that when my last hour finally strikes I will no longer find myself in an Asylum, but in the orderly domestic life surrounded by relatives, as I may need more loving care than I could get in an Asylum" (pp. 240-241). Schreber's wish was granted: from 1902 to 1905 years he lived as a free man with his wife and adopted daughter Fridoline. Admitted to a third asylum in 1907, he died there four years later, abandoned and neglected.

The English mistranslation is not just a matter of style, it epitomizes the perennial conflicts and cycles that burdened psychiatry as a profession. It still begs the question whether psychiatry is a branch of medicine or sociology, of science or the humanities, physiology or psychology, pedagogy or the penal system, romanticism or rationalism, philosophy or politics, in sum, whether psychiatric illness is a medical *condition* or a form of interpersonal *communicative conduct*.

The first psychiatric century began with Philippe Pinel's (1801) *A Treatise on Insanity* ending in 1899 with the publication of two epochal works: Emil Kraepelin's 6th edition of his *Textbook of Psychiatry* and Sigmund Freud's *Interpretation of Dreams* (the publication date was moved to 1900 to usher in the 20th century). Pinel (1745-1826), originally a professor of medicine, founded psychiatry as a profession that promised power, profit and prestige to its practitioners. Pinel divided the profession into academic psychiatry at university centers and institutional psychiatry in rural and urban areas. Pinel's classification of disorders was limited and he regarded disordered conduct as largely due to social and psychological causes and thus amenable to "moral treatment," i.e., persuasion and psychotherapy. He regarded Jean-Baptiste Pussin, the lay superintendent of the Bicêtre asylum, as the man who taught him hospital administration, patient care and "the importance of an enlightened system of police for the internal management of lunatic asylums" (p. 174). Pinel inaugurated the division of the profession into an academic psychiatry at university centers and institutional psychiatry in rural and urban areas. By 1811, when Sonnenstein was opened, Pinel's classification of disorders was limited and he regarded disordered conduct as largely due to social and psychological causes and thus amenable to "moral treatment," i.e., persuasion and psychotherapy.

Pinel influenced the leading German psychiatrist Wilhelm Griesinger (1817-1868), author of the dictum that all mental disease is brain disease, and made German psychiatry dominant from the last third of the 19th century onwards. An earlier Pinel student was Ernst Gottlob Pienitz (1777-1853), the first director of Sonnenstein, a former fortress and jail turned into an asylum in 1811 hailed as the jewel in the crown of Saxony's institutions. It was euphemistically called *Heilanstalt*, a house of healing, a sanatorium in Latin, a *maison de santé*, initially offering a family-like atmosphere to its inmates. Also in 1811, J.C.A. Heinroth was nominated as the first professor of "psychical therapy" at Leipzig University. The third medical director of Sonnenstein, no longer an idyllic house of healing for acutely ill patients but by 1893 a huge warehouse for incurable patients as well, was none other than Guido Weber. Patriarchal Weber was hailed as the nestor of Saxony's forensic psychiatry and founder of the Dresden Forensic-Psychiatric Association. His published opus consisted mainly of reports of presentations at scientific meetings published in the leading psychiatric journals.

Triumphs in biological and physical sciences, technology, and industry were celebrated all through the 19th century. In its second half, leaders in academic and institutional psychiatry called the *Somatiker*, or somaticists, redefined psychiatry as a biological brain discipline, unseating the previous generation of *Psychiker*, or psychological psychiatrists, like Heinroth. Methodological conflicts arose as normal and pathological anatomy of the brain and medicalization obscured the fact that psychiatry's business is personal *conduct*, which, whether antisocial or illegal, remains a concern for society's guardians of law and order, the prosecutor, the policeman, and the psychiatrist. *Misconduct* is defined as vice by philosophers, sin by priests, crime by prosecutors, to become psychopathology for psychiatrists. Even when misconduct is labeled as psychosis, it is still not merely a scientific issue but a matter political and pecuniary. This was clearer to professor Schreber than to Professors Kraepelin, Flechsig, Jaspers, or later even to Freud.

It is not, as famously stated by Thomas Szasz (1961), that mental illness is a myth, not as "real" as medical illness but imaginary, as portrayed in Molières's *The Imaginary Invalid*. As a form of personal conduct paranoia is not less real than pneumonia: it is a real problem in living, in interpersonal relations, which Szasz never

denied. And there is yet another difference: medical illnesses and diagnoses are *discovered*, like new species in botany or zoology, e.g., treponema as a cause of syphilis and penicillin as its cure. Psychiatric diagnoses are *invented* and some are given mythical or metaphorical names. Psychiatric myths are found in the *schemas* and *theories* created to explain conduct called paranoia which psychiatry transforms into symptoms, syndromes, and systems that yield *diagnoses*, products of abstraction and generalization, filling psychiatric diagnostic manuals. However, diagnoses become fads that wax and wane with changing socio-political fashions as is evident with the historical diagnostic reclassifications of homosexuality.

Here dramatology (Lothane, 2009a) makes its entrance. Personal conduct, occurs in dramatic situations of action and dialogue (Buber, 1958, 1962), in interactions in the family, the work place, the street, in friendship and in love, and is the first-order fact of life. The common words used to describe and express such conduct are transformed into second- order psychiatric fictions, or inventions, and expressed in the specialized, artificial lexicon of psychiatry—and subsequently psychoanalysis—with their preformed formulas and theories. Often the neologisms of psychiatry acquire citizenship in common parlance. Real life's dramas inspire fictional dramas, tragedies and comedies as enacted on stage, in film, or television. The stuff of drama, action and dialogue, is also part and parcel of poems, novellas and novels. As noted by Freud: "It still strikes me myself as strange that the case histories I write should read like short stories [*Novellen*] and that, as one might say, they lack the serious stamp of science. I must console myself with the reflection that the nature of the subject is evidently responsible for this rather than any preference of my own" (Breuer & Freud, p.160). In fact, Freud's *Novellen* contain a great deal of dramatic dialogue, for in real life people are not primarily narrators but actors. Dramatology complements narratology, or story telling, for dialogue and action is what takes place in life, disorder, and therapy and psychiatric case reports translate such dramas into the specialized psychiatric or psychoanalytic narratives. In my practice and teaching I retranslate such specialized narratives into dramatic situations built up of character, conflict, crisis, and confrontation.

Psychiatry shares abstraction and generalization with medicine, which was clarified by physician and researcher Alexis Carrel (1935) and is still true today in spite of the amazing advances in medical and scientific technology:

> A disease is not an entity. We observe individuals suffering from pneumonia, syphilis diabetes, typhoid fever, etc. … However, it would have been impossible to build up a science of medicine merely by compiling a great number of individual observations. The facts had to be classified and simplified with the aid of abstractions. In this way disease was born. And medical treatises could be written. A kind of science was built up, roughly descriptive, rudimentary, imperfect, but convenient, indefinitely perfectible and easy to teach. Unfortunately, we have been content with this result. We did not understand that treatises describing pathological entities contain only a part of the knowledge indispensable to those who attend to the sick. Medical knowledge should go beyond the science of diseases. The physician must clearly distinguish the sick human being described in his books from the concrete patient whom he has to treat, who must not only be studied, but, above all, relieved, encouraged, and cured. His role is to discover the characteristics of the sick man's individuality … [and] the psychological personality of the individual. In fact, medicine which confines itself to the study of diseases, amputates a part of its own body (p. 246-248).

Kraepelin, whose legacy lives on in the American DSM-IV and European ICD-10, achieved the feat by converting the thousands of individual observations and narratives, recorded on those legendary index cards (*Zählkarten*), by means of abstraction, generalization and schematization, into his new taxonomy of psychiatric diseases, starting with the first edition of his *Textbook* in 1883. At the same time, as a student of Wilhelm Wundt, he was more psychologically-minded than his contemporaries and thus aware that "it is impossible make a radical separation between healthy and morbid states, … between all the possible transitional forms in life and the particular scientifically-derived 'disease-forms'…Therefore, for now and perhaps forever, we must refrain from a simple classification of mental disorders in the manner of

Linné and scientifically-defined types" (Kraepelin, 1896, p. 312; my translations throughout).

Two other centuries may be delineated: (a) 1811-1911, starting with Heinroth, upon whose death in 1843 the Leipzig psychiatry chair remained vacant until Flechsig occupied it in 1882; (b) 1911-2011, starting with Freud's Schreber analysis, Bleuler *Dementia praecox or the Group of Schizophrenias* and Jaspers' 1911 essay on hallucinations, a preview of his1913 magnum opus, *General Psychopathology*, now in its ninth edition (1973). 1911 was also the founding year of the New York Psychoanalytic Society and Institute that would influence the evolution of psychoanalysis the world over. Another milestone was 1896: (1) Bleuler's positive review of the 1895 *Studies on Hysteria* by Breuer and Freud, leading to the emergence of the Zürich school of dynamic psychiatry, headed by Bleuler, Jung and Maeder, and strongly influenced by Freud's psychoanalytic method, (2) Freud's invention of the term psychoanalysis and his first (1896) published use of the term projection to explain paranoid hallucinations and delusions; (3) Kraepelin's 5th edition of the *Lehrbuch* which contained the basic ideas that were repeated in 1899 6th edition, culminating in the definitive differentiation of dementia praecox, later renamed schizophrenia, from manic-depressive disorder.

The *Psychiker* were inspired both by rationalist thinkers like Kant and by romantic philosophers like Schelling, writers like Goethe, philosophers of medicine like C.G. Carus, who advanced a theory of unconscious mental life in his 1846 book *Psyche*. While fanciful romantic medicine was not always good science, it made important psychological contributions to psychiatry, emphasizing mind body unity, the role of sexuality, sexual polarity, and sexual identity, psychosomatic connections, and psychotherapy. Freud's method of biography and psychotherapy was a return to the *Psychiker* and thus a re-humanization of psychiatry (Lothane, 1992a, 2004).

However, like Flechsig, who in his 1882 inaugural speech extolled Griesinger as the real liberator of German psychiatry from the false teachings of Heinroth, so did Kraepelin (1918) ridicule Heinroth's "psychic theory" (p. 33), his ideas about "evil, guilt, sexual promiscuity, intense suffering, psychic catharsis, troubled conscience as the basis for religious melancholia" (p. 35), and the notion that "delirium, a dream-like state of confusion, was always caused by violent emotions, namely love and jealousy; that

melancholia resulted from grief resentment and worry; and that different forms of mental derangement were brought about by pride, greed, ambition, avarice, conceit, arrogance, and fanaticism" (p. 38).

What if Schreber read Blumröder's book

Kraepelin poured even greater scorn on a lesser known *Psychiker*, Gustav Blumröder (1836), featured in Leibbrand & Wettley (1960), who, like Schreber, theorized about Persian divinities, invoking Schelling's theory of polarities: "out of God and Nature, Ormuzd (light) and Ariman (darkness), the Chinese Yang and Yin, the good god and the evil god, God and the Devil, the intensive and the extensive, the persistent and the changing, the free and unfree, conscious and unconscious, energy and matter, people have reconstructed the all that exists"; furthermore, that "the god Ariman, the blind, the basic, the plastic, the driving instigator, the changing, the many, fantasy is in you, in your blood; the light, the phosphorus, the god Ormuzd, the will, the higher functions, perception, judgment, persistence, the one, the thinking part of you is in the brain and you yourself are the union of these two opposites united in one. Without these opposites you would be nothing." We would not be remiss to see these ideas reborn in Freud's id and ego.

Kraepelin also found strange the idea "that many people were driven insane by dreams, especially if their dreams were repeated" (p. 50), best refuted by Schreber himself, whose second illness was triggered by a hypnopompic dream: "it was the idea that it really must be rather pleasant to be a woman succumbing to intercourse" (p. 63). Freud found this convincing enough. Blumröder also expressed this Freudian idea: "fantasy preponderantly affects the sexual tendencies and we need not discuss further what great role sexual pleasure plays in the majority of esthetic fantasies." And Blumröder had this to say about hallucinations: "By itself the hallucination is not yet insanity," only the judgment that the hallucinated content is objectively real. I quote Blumröder because his ideas, remarkably close to Schreber's, became culturally alien to later generations, resulting in a *transcultural disconnect*. Niederland (1974) became fell into such disconnect when he viewed Schreber's ideas about Persian deities as "a delusional aggregate, delusional material" (p. 97), applying to them the psychiatric term "'word salad' (plain or copious gibberish)" (p. XIII). It illustrates the old saw: one man's

meat is another man's poison, or one man's mythology is another man's pathology. Schreber was no more delusional than Blumröder: he was just as poetical in his fantasies. Fantasy is a psychological concept in everyday life and in literature, an image of imagination, a metaphor, an embodied idea. Delusion however, then and now, is a technical term with serious forensic consequences, which determined how Schreber was *mis*diagnosed and *mis*treated by his psychiatrists (Lothane, 1992a, 2004, 2010b).

Hallucinations and delusions

No other manifestation of mental life provoked so many debates among psychiatrists as theories of hallucinations and delusions, seen as the cardinal manifestations of madness (Lothane, 1982, cited in Spitzer, 1988). The German word for hallucination is *Sinnestäuschung*, or sense deception, which led Goethe to say: "The senses do not deceive, it is the judgment that deceives." This fundamental misconception of hallucination stems from the mistake of not considering normal hallucinations and of confusing sense perception and imagination (Russell, 1921; Ryle, 1949; Sartre, 1940; Strauss, 1962). A patient may confuse the two for a variety of emotional reasons, but a psychiatrist should not. Psychiatrists fell into the philosophical trap of equating perception and imagination, i.e., seeing with the eyes and metaphorical 'seeing' in the mind's eye, i.e., thinking in images, or mental pictures, set by David Hume (1711-1776):

> Hume's attempt to distinguish between ideas and impressions by saying that the latter tend to become more lively that the former was one of the two bad mistakes. Suppose, first, that 'lively' means 'vivid. A person may picture vividly, but he cannot see vividly. One 'idea' [or image] may be more vivid that another 'idea', but impressions [i.e., sensations] cannot be described as vivid at all. … Alternatively, if Hume was using 'vivid' to mean … 'intense', 'acute' or 'strong', then he was mistaken in the other direction; since, while sensations can be compared with other sensations as relatively intense, acute, or strong, they cannot be compared with images. When I fancy I am hearing a very loud noise, I am not really hearing either a loud or a faint noise; I am not having a mild auditory sensation, as I am not having an auditory sensation at all, though I am fancying that I am having an intense one. An imagined shriek is not ear-splitting, nor yet is it a soothing murmur, and an imagined shriek is neither louder nor fainter than a

> heard murmur. It neither drowns nor is drowned by it" (Ryle, 1949, p. 250). [Similarly] "the familiar truth that people are constantly seeing things in their mind's eye and hearing things in their heads is no proof that there exist things which they see and hear, or that people are seeing or hearing. Much as stage murders do not have victims and are not murders, so seeing things in one mind's eye does not involve either the existence of things seen or the occurrence of acts of seeing them" (Ryle, p. 245).

Perception has two meanings: (1) using the senses to gather observations of the world around us, an innate ability, working silently, i.e., unconsciously; (2) a perceptive person ability to discern what might escape notice; (3) judging what has been observed,. An observer sees things and persons with his bodily eye, in their immediacy, hence seeing is believing. For an hallucinator believing is seeing: he has the *conviction* he sees with his bodily eye even though he 'sees' in the mind's eye only. There we have a *perception* of something in actual space, here—a *projection*, a displacement of something into virtual space, as in a dream. In dreams and daydreams all kinds of scenes take place but nothing really happens. Freud (1900) called the ability to see mental images of scenes and scenarios in dreams and day dreams *representability* and *dramatization* (Lothane, 2009a). Upon awakening from a dream or a trance, we say to ourselves: it was but a dream. In his trance, from which he awoke in 1897, Schreber fluctuated between knowing and not knowing this difference.

The other psychological activity that includes pictorial thought, or mental images, is memory. To remember is to visualize an event along a spectrum from the faintest to the most vivid memory images of events or scenes, as Freud (1937) observed in his analysands: "they had lively [*lebhafte*] recollections which they themselves have described as 'ultra-clear'['*überdeutlich'*] … for instance, they have recollected with abnormal sharpness the faces of the people… These recollections might have been described as hallucinations if a belief in their actual presence had been added to their clearness.… true hallucinations occasionally occurred ... in other patients who were certainly not psychotic. Perhaps it may be a general characteristics of hallucinations... something that a child has heard at a time when could still hardly speak forces its way into consciousness" (pp. 266-267).

Clearly, the time-hallowed definition of hallucinations as sensory perceptions without an object is self-contradictory and false: it makes no sense to define a positive phenomenon and a process, imagination, as a negative, as a defective or degraded sensation, or as something resulting from a lesion in the nerves or the brain. Furthermore, as shown by Freud, crucial to a true understanding of hallucination is a focus on the person, the hallucinator, as the author and interpreter, via the method of free association, of his hallucinations, homologous to the dreamer as the author of his dreams. Moreover, there is this basic difference between visual and auditory hallucinations: "The vast majority of hallucinations are auditory: they are unformed, i.e., consisting of various noises, or formed, i.e., verbal. The essential connection between sound and voice, voice and word, word and thought, thought and judgment, as well as the interpersonal meaning of speaking and listening, are reflected in auditory hallucination. In comparison with the concrete representational quality of visual hallucinations, auditory ones tend to be discursive and intellectual, hence their link to delusions" (Lothane, 1982, p. 341). Kraepelin wrote similarly about "*auditory hallucinations* occurring as ‚voices', a locution that the true auditory *hallucinator* almost always immediately understands. The reason for that is apparently the far-reaching significance of the development of *speech* for our ability to think" (1896, p. 108; first italics added). The conclusion is that hallucinating is "a *sui generis* mental activity which can be described phenomenologically, psychologically, dynamically, psychodynamically, emotionally, logically, nosologically, and interpersonally" (Lothane, 1982, p. 335). Note that in interpersonal relationships hallucinations, like dreams, are told to a listener or witness. Clearly, while brain is the biological organ that enables all psychological functioning, memory, thoughts, and emotions, it is the person that acts in real life situations. The parts can be separated from the whole for the purpose of analysis, be it philosophical, empirical, or experimental, but that does not change psychological reality. Those who philosophize with the brain, in the tradition of brain-mythology—nowadays called "neurobabble" (New York Times, 2010)—tend to personalize the parts and depersonalize the person. In their heyday ego psychologists acted similarly.

Before Kraepelin *Psychiker* Leubuscher (1852) argued from a perspective of the person that "since the senses as such do not deceive, we should actually speak of

deceptions through the senses (p. 2) These develop through 1) the *involuntary* process of the *fantasy* play of *ideas*; 2) an emotion or a passion; 3) the will, or an intention directed or fixated on an image (p. 27). The latter form of hallucinations could be described as *psychic* … produced by psychic causes … often showing the *condensation* of an idea floating over time" (p. 32; emphasis his). Retreating from the aforementioned position on auditory hallucinations, Kraepelin classified hallucinations, a basic „phenomenon of insanity," under the rubric of "disorders of the organs of perception." Jaspers (1973) went him one better in his idiosyncratic *Phänomenologie* defining hallucinations as "elementary phenomena," "Ur-phenomena," as "the basic units of consciousness-of-existence considered in isolation, e.g., hallucinations, feeling states, drive-impulses" (p. 49). Jaspers reified an elementary phenomenon, a kind of a psychological atom, ripped it from the fullness of apprehending the world perceptually, imaginatively, and emotionally, promoting a dubious explanatory science while denying Freud's depth psychology. He created a soulless and sterile system that pave the way for jurist Binding and psychiatrist Hoche (1920) to champion euthanasia of mental patients. It reached its horrific climax during the Nazi regime when Sonnenstein, no longer an asylum, became one of the euthanasia sites of chronic patients and Soviet POW's, under its medical director Dr. Nitzsche, tried, convicted and executed for crimes against humanity (Böhm, 2000). Sonnenstein now houses a museum of and memorial to the martyrs. Their murders were a dress rehearsal for Auschwitz (Friedlander, 1995).

Jaspers vs. Freud

Jaspers (1973) defined his approach as "static" and not "genetic" (p. 23), i.e., not dynamic. Consequently, he gave a new meaning to somatization, by replacing vividness, "*Lebhaftigkeit*," the previous dynamic characteristic of experiences of dreaming, imagining and hallucinating, with a rock-hard, static quality of corporeality: "these pathological states of consciousness (occur) in a completely *primary* fashion with their character of intrusiveness, certainty, corporeality (*Leibhaftigkeit*)" (p. 67, italics in the original). The idea of a primary pathology, inherited from earlier organically-oriented psychiatrists, also led Jaspers to define "genuine delusions" ("*echte Wahnideen*") as such ur-phenomena, "not further psychologically analyzable, something phenomenologically ultimate. In those we will have to search for the real delusional stuff [*Wahnbestand*] of

the *delusional experience* [*Wahnerlebnis*], even if we fail to envision it clearly" (p. 78). Jaspers' primary interest was the *form* of psychopathology and not its *content* and intent, or meaning. Jaspers held that meaning was an endless chase of ambiguous interpretations whereas finding enduring forms of consciousness was the proper scientific endeavor for a descriptive psychopathology. Jaspers focused chiefly on organic psychoses where the goal was explanation; understanding fit more the dynamic and psychoanalytic psychology of Freud, which Jaspers opposed as an unscientific quest. There was thus a difference of principle between Jaspers' concrete corporeality and Freud's embodiment: a symbolic materialization in myth, metaphor, and body language, best expressed by Shakespeare:

The lunatic, the lover and the poet
Are of imagination all compact**:**
The poet's eye, in a fine frenzy rolling,
Doth glance from heaven to earth, from earth to heaven;
And as imagination bodies forth
The forms of things unknown, the poet's pen
Turns them to shapes and gives to airy nothing
A local habitation and a name (V, i). *Midsummer Night's Dream*

To further understand the difference between Jaspers and Freud we need to revisit Freud's theory of conversion, the major dynamism of hysteria. Freud revolutionized the age-old notions of hysteria as either a womb disease or a brain disease by (1) defining hysteria as historia: "*Hysterics suffer mainly from reminiscences"*(Breuer & Freud, p. 7, italics in the original); (2) clarifying that the so-called hysterical paralyses are not anatomo-pathological lesions of the brain "since *in its paralyses and other manifestations hysteria behaves as though anatomy did not exist or as though it had no knowledge of it*" (Freud, 1893, p. 169; his italics) so that one has to consider the patient's "social life" and "psychology" (p. 171). At first (Freud, 1894) conversion was defined physiologically, as "*a sum of excitation* being *transformed into something somatic*" (p. 49, his italics), before it acquired the meaning of transformation and translation. For there is no more physiological conversion in the hysteric's claiming not to be able to lift his arm than in anybody else refusing to lift his arm. In both cases it is either a deliberate decision or an unconscious inhibition, i.e. one with more or less conscious motivation. Speaking psychologically and socially, a hysterical paralysis is not only unrelated to any

anatomical lesion, it is no paralysis at all: it is a person called a hysteric who is *enacting or impersonating a paralytic*, i.e., imagining himself or herself as paralyzed, or, I submit, *dramatizing* an idea in a gesture, as done in the game of charades. Breuer said of his patient Anna O. that reminiscing about the traumas, or dramas of her life, e.g., nursing a moribund father, she relived the various scenes and dramatized them as she spoke ("*durchlebend, sie teilweise sprechend tragierte*"), in other words, she spoke of or enacted the scenes she recalled. The obsolete verb *tragieren* (to dramatize, to play a role) would reverberate in Freud descriptions of the communications of his patient Dora: "Thus she *acted out* (*agierte*) an essential part of her recollections and phantasies instead of reproducing it in treatment" (Freud, 1905, p. 119; italic Freud's), i.e., she embodied, or enacted, or dramatized her memories and imaginings instead of talking about them. Freud missed saying that enactment was embodied—and unconscious—memory. Schreber dramatized, too (Lothane, 1992a).

Schreber debates Kraepelin, or the varieties of perception, reality, and truth

Schreber both agreed and disagreed with Kraepelin's conception of hallucinations as defined in the 5th and 6th editions of the *Textbook*. In the 5th edition Kraepelin stated that the "the common denominator of this entire group of hallucinations is their complete *sensory clarity* [*sinnliche Deutlichkeit*]…The patients *believe* not only that they see, hear, feel but that they *really* see, hear, and feel" (p. 100). Kraepelin conflated the steady clarity of sense perception with the fluctuating, sensory-*like* clarity, or even *ultra*-clarity of hallucinations, homologous with dream images, as clarified by Ryle and Freud.

Kraepelin also misunderstood what the patient means by 'real' for his epistemology was based on perception of material objects in the external world, thus he took the patient's claiming he sees something that does *not* exist in reality *literally* rather than *psychologically*. Here Freud comes to the rescue: the patient's fantasies, imaginations, delusions, even as they strain "credulity," they "possess a reality of a sort. It remains a fact that the patient has created these phantasies for himself, and that this fact is of scarcely less importance for his neurosis than if he had really experienced what his phantasies contain. The phantasies possess psychical as contrasted with *material* reality, and we gradually learn to understand that *in the world of neurosis it is psychical reality which is the decisive kind* " (Freud, 1916-1917, p. 368, his italics). And I would add:

psychic reality is *emotional* reality. Schreber acknowledged "historical truth" (p. 8), or reality, and the truth of his experiences; I propose to place emotional truth or reality within the context of dramatology. Schreber also juxtaposed "literal truth" with truths expressed "in images and similes, which may at times perhaps be *approximately* correct" (p. 41; his italics). Psychic and emotional reality go hand in hand with metaphor and body language.

In his epochal *I and Thou*, published in 1923, Buber (1968) delineated two epistemologies, two concepts of reality, two truths, two kinds of relatedness, expressed in two kinds of language: "The primary words are not isolated words, but combined words. The one primary word is the combination *I-Thou*. The other primary word is the combination *I-It.* ... Hence the *I* of the man is twofold. For the *I* of the primary word *I-Thou* is different from that of the primary word *I-It*" (p. 3). In the course of our life's dramas we have various *relations to* things, i.e., objects (the correct meaning of object-relations) but interact in *relationships with* persons, in *interpersonal* relationships (not object relations!), as coined by Sullivan. Kraepelin and Jaspers took relations to things as the only criterion of reality and truth and overlooked the fact that the psychiatrist and the patient are speaking about different realities and different criteria of truth

Truth is also a synonym for reality: it can mean correspondence to facts of perception, conforming to accepted beliefs, or the truth in dreams, hallucinations, and delusions:

> "there is a grain of truth concealed in every delusion, there is something in it that really deserves belief, and this is the source of the patient's conviction, which is therefore to that extent justified. The true element … has been repressed. If eventually it is able to penetrate into consciousness, this time in a distorted form, the sense of conviction attaching to it is over-intensified as though by way of compensation and is now attached to the distorted substitute of the repressed truth, and protects it from any critical attacks. The conviction is *displaced,* as it were, from the unconscious truth to conscious error that is linked to it and remains

fixated here precisely as a result of this *displacement*" (Freud, 1907, p.80; my emphasis).

It follows that a major kind of displacement is projection, prominent in psychical and emotional reality, the truth of emotions and feelings. Schreber had some inkling of some such unconscious truth: "I believe there is a grain of truth in most folklore, some presentiment of supernatural matters which in the course of time have dawned on a large number of people, naturally much augmented by deliberate elaboration of man's fantasy, so that the grain of truth can now hardly be shelled out" (p. 339), thus, perhaps (a word Schreber used repeatedly), "after all there was some truth in my so-called delusions and hallucinations" (p. 123, footnote #63). Such beliefs expressed in concealed form Schreber's emotional reality. The other essential meaning of truth is *truthfulness*, or honesty, sincerity, loyalty in interpersonal relationships, when we speak truth to the other person or act without lying or deceiving.

Schreber agreed with Kraepelin in principle: "I do not dispute that in many of such cases one may only be dealing with mere hallucinations, as which they are treated throughout in the mentioned [Kraepelin's 1896] textbook" (pp. 89-90) and "therefore noticed with great interest that according to Kraepelin…, the phenomenon of being in some supernatural communication with voices had frequently been observed before in humans whose nerves were in a state of morbid excitation" (1955, p. 89). For, he averred, "a person with sound nerves is, so to speak, *mentally* blind compared with him who receives supernatural impression by virtue of his diseased nerves; he is therefore as little likely to persuade the visionary of the unreality of his visions as person who can see will be persuaded by a really blind person that there are no colours, that blue is not blue, red not red, etc." (p. 224). "I think it is quite possible," wrote Schreber with himself in mind, "that some such cases were instances of genuine seers of spirits… Even so-called spiritualist mediums may be considered genuine seers of spirits of the inferior kind in this sense, although in many cases self-deception and fraud may also play a part. Therefore one ought to beware of unscientific generalizations and rash condemnation in such matters. If psychiatry is not to deny everything supernatural and thus tumble with both feet into the camp of naked materialism, it will have to recognize the possibility that

occasionally the phenomena under discussion may be connected with real happenings, which simply cannot be brushed aside with the catchword 'hallucinations'" (p. 90). Similar claims were made by other former inpatients who claimed that important mystical insights were vouchsafed to them during psychotic episodes (Boisen, 1936, 1960; Custance, 1952, 1954). The question remains, how does one go about certifying a genuine mystic? One might find some answers by consulting the Prophet Ezekiel, St. John of the Cross, St. Teresa of Avila, and St. Joan of Arc, the last mentioned by Schreber; and also Hildegard von Bingen, Mechtild von Magdeburg, Jakob Böhme, all cited by Buber (1923); or the Jewish kabbalistic mystics cited by Scholem (1941). I connected Schreber's ideas about the supernatural with Gnostic ideas and the Kabbalah (Lothane, 1998b). I recently discovered (2008b) that Schreber and Gnostic ideas were first discussed by an early adherent to psychoanalysis, Alfred Freiherr von Winterstein (1913) in the second issue of *Imago*, but went unnoticed by the founder and editor of *Imago*, Freud.

After the highly traumatic transfer to Sonnenstein, from which he tried to escape but was recaptured, Schreber experienced ecstatic visions of majestic beauty "so that despite all the frightening side effects, the total impression I received was a calming one and eventually I fell asleep"(p. 125). Whatever their source, Schreber found his spiritual experiences healing. Freud's endorsement was truly revolutionary: "*The delusional formation, which we take to be the pathological product, is in reality an attempt at recovery, of reconstruction*" (p. 71; Freud's italics), "this attempt at recovery, which observers mistake for the disease itself, does not, as in paranoia, make use of projection, but employs a hallucinatory (hysterical) mechanism" (p. 77), harking back to dream psychology and dramatization in act and fantasy.

Schreber tackled an important spiritual relation: to a supernatural object called God. Whereas through the millennia no consensus has been reached about who or what God is, mankind's spiritual needs were met not only by established religious authorities but also by mystics East and West (Huxley, 1945; Lothane, 2008b, 2009b). Freud, on the other hand, denied God, and, as expressed by Schreber, Freud was "led only by the shallow ‚rationalistic ideas' of the 18th century which after all are mostly considered to have been superseded by, particularly by theologians and philosophers, and also in

science" (Schreber's footnote #42, p. 90). William James (1902) would have approved. Actually, in spite of his rationalism, Freud had a penchant for telepathy and in 1911 was made an honorary member of the British Society for Psychical Research, with interest in telepathy and mediumistic contacts with the dead, where F.W.H. Myers (1903) was a major player.

The centrality of emotions

Goethe teaches: "Feeling is everything, the name is sound and smoke." Discussing the hallucinations, Kraepelin (1896) mentions "mood" (p. 107), the "deeper disturbance of the total psychic personality" (p. 111) and in connection with delusions "the patent's own ego" (p. 145). In life thoughts and emotions are inseparable, and therefore Kraepelin bemoaned the fact that „under the name of paranoia a large number of German psychiatrists place [this disorder] predominantly or exclusively in the [domain of] o*f intelligibility* and thus regard delusions and hallucinations as a "primary" form of insanity … in contrast to mania and melancholia, where the telling disturbances develop in the realm of emotional life" (pp. 653-654; his italics).…I regard this development in the problem of paranoia as totally erroneous" (p. 655).

Freud (1950) expressed a similar idea in letters to Fliess: "In psychiatry delusional ideas stand alongside of obsessional ideas as purely intellectual disorders, and paranoia…as an intellectual psychosis… [both can be] traced back to an affective disturbance… [and] they owe their strength to a conflict [and] the same view must apply to delusions...The contrary is accepted by psychiatrists"(p. 207). In Freud's case vignette, a woman's "earlier … internal self-reproach [of 'bad woman' became] an imputation coming from the outside… it was transferred [*versetzt*, synonym for *verschiebt*, displaced] outwards" (p. 208) – "the purpose of paranoia is thus to fend off an idea that is incompatible with the ego, by projecting its substance into the external world" (p. 209); "the content of the experience … occurs… as a visual or sensory hallucination. The repressed affect seems invariably to return in hallucinations of voices"(pp. 226-227). In the earlier Draft K, Freud discussed "four neuroses of defense, pathological aberrations of normal psychical affective states: of *conflict* (hysteria), of *self-reproach* (obsessional neurosis), of *mortification* (paranoia), of *mourning* (acute hallucinatory amentia)" (p. 220), insights still worth honoring. He also viewed "obsessional symptoms as … an

intensification of conscientiousness, … the primary symptom of defence… [that] leads to two forms of delusions of reference" (p. 225), thus a form that transitions to paranoia. Note that Freud is describing psychological processes by means of physical metaphors of carrying something from one place to another, or transferring (*Verlegung*) which would later be expressed by the cognate *Verschiebung* (displacement) and by transference, another metaphorical relocation, from the inner space of thoughts and feelings to a virtual *as-if* space where voices come from. Consequently, the newly introduced process, 'projecting', literally a throwing into, is another metaphorical instance of displacement, the "voices…were rather *thoughts* that were being 'said aloud'" (Freud, 1896, p. 181; his italics)

Eugen Bleuler (1857-1939) renamed Kraepelin's term for disordered thinking— "*Zerfahrenheit* [incoherence], confusion with clear signs of mental collapse" (1896, S. 143)— as loosening of associations, one of the three A's: associations, ambivalence, and affective manifestations, viewed as the elementary disorders (Bleuler, 1911), from which derived the forth A, autistic thinking (1912a), the secondary disorder, comprising hallucinations and delusions, or the *content* of the psychosis. Bleuler saw thinking as manifest in the fantasy play of children, poetic creation, twilight states of the hysterics and hallucinations of the schizophrenics, which latter contained "understandable connections," "fulfillment of wishes and strivings, the central process of which we call affect" (p, 402, 404). Bleuler's prominent student, E. Minkowski (1927), combined Bleuler's ideas with the philosophy of Henri Bergson to define autism emotionally, as a "*loss of vital contact with reality*" (p. 82), which explained the withdrawal and emotional deadness of the psychotic person. In contrast to observing and diagnosing the schizophrenic by means of external observation of elementary phenomena, he underscored Bleuler's interpersonal method of establishing an " 'emotional contact' with the schizophrenic, … we seek to reach, through what is dead, that which is still alive and vibrant… A diagnosis 'through reason' will be conjoined with a '*diagnosis through feelings*" (p. 71; all italics Minkowski's). These ideas were pursued in the United States by Bleuler's Swiss follower Adolf Meyer (1866-1950), later professor of psychiatry at Johns Hopkins, and by Harry Stack Sullivan (1892-1949), in his interpersonal theory of psychiatry (1964) and his method of participant observation.

Emotions were a central concern for psychiatrists Störring (1900) and Bleuler (1906) and this approach was confirmed by Peters (1995, 1998), who suggested diagnosing Schreber as suffering from an anxiety psychosis, or *Emotionspsychose* (already mentioned in Kraepelin, 1896, p. 62), and my emphasizing depression, thus confirming Schreber's self-diagnosis as suffering from a mood disorder, "*Gemütskranke*," mistranslated as "mentally ill person" (p. 263). However, Schreber was not always aware of the emotional motives of his conduct, e.g., the unconscious sources of his rage, as when he insisted that his bellowing and roaring were caused by supernatural influences rather than by primary affects of unpleasure (Engel, 1962). Thus, in the "Grounds of Appeal," intended to convince the judges of his sanity and secure his release, he claimed that "in the course of the years a quite extraordinary large number of *strings have broken on my piano … through miracles … Could a natural cause be responsible*?" (p. 291; Schreber's italics). Here apparently Schreber himself fell into the trap of materialism of a different kind: insisting that his inner experiences were divine miracles that transcended the laws of nature, as claimed by religions. Was he mimicking or mocking religious miracles? Or acting proud and defiant? He dramatized fleeting moods in a variety of enactments, oscillating between sadness and happiness, anxiety and tranquility, rage and reconciliation, despair and hope caused by "traumas, dreams, and dramas of love" (Lothane, 1992a, 2004). He achieved some closure when he returned to live with his wife and adopted daughter in the newly built house in a Dresden suburb until 1907, when fresh losses triggered the final episode of deadly depression which ended his life in 1911.

The drama of soul murder and the politics of paranoia

How did Paul Schreber, who in 1893 "of his own free will" (p.263) returned to Flechsig, complaining of intractable sleeplessness, anxiety and depression with suicidal urges, manage to get labeled paranoid and involuntary detained for eight more years? I will not rehash the story I have told many times but highlight some salient issues. Schreber could have considered other options. There was a deluxe private psychiatric hospital in Leipzig and private psychotherapists in Leipzig. Why did nervous patient Paul Schreber not consult Paul Möbius (1853-1907), the well-known Leipzig doctor for nervous diseases, or Dr. Rudolf Goetze? People like him quite naturally consulted a university professor. In

1885 Schreber was "most grateful to Professor Flechsig [and] gave this special expression by a subsequent visit and in [his] opinion an adequate honorarium. My wife felt even more sincere gratitude and worshipped [the] Professor" (p. 63). But he was deeply disappointed by the treatment he received the second time. Schreber would have been very differently treated at the Burghölzli by Bleuler, Jung, or Maeder, or by a private psychiatrist, either in his office, or in Schreber's mother's most spacious house at 43 Zeitzerstraße in Leipzig, with private nurses around the clock, until the danger of suicide had passed.

Flechsig only diagnosed "sleeplessness," which he treated exclusively with drugs because he was either unable or uninterested to treat Schreber with much needed psychotherapy. Intractable sleeplessness is a manifestation of depression, not paranoia; it is also a sign of unresolved conflicts of conscience. The crisis between Flechsig and Schreber went from bad to worse, culminating in the collapse of confidence called by Schreber "soul murder," Schreber's term for ultimately accusing Flechsig of malpractice (p. 35). According to the patient, the doctor betrayed him by a draconian use of his bylaws, whereby a patient could stay at the University hospital for six months only. Instead of the risks of a precipitous transfer of "a fairly dangerous patient", Flechsig should have at least "prolonged [his stay] by a week or two" (p. 103), or better yet, should have kept him until he recovered, instead of banishing Schreber to Sonnenstein altogether.

It was Weber who diagnosed Schreber as suffering from chronic paranoia, for "there could be no doubt that he was continually influenced by vivid and painful hallucinations which he elaborated in a delusional manner" (p. 268), "undoubtedly due to pathological processes in the brain…evidenced by disturbances of common sensation and hallucinations" (p. 320). During the first highly traumatic year in Sonnenstein, God inflicted on Schreber all manner of tormenting miracles, actually maladies, depicted in Chapter XI's array of horrifying fantasies or hallucinations. He began to improve by 1895, as noted in the chart (Lothane, 1992, p. 474) and by 1897 felt ready to be discharged (p. 298), duly confirmed by Weber himself (p. 270). However, Weber opposed his discharge because "the patient is still filled with pathological ideas… woven into a complete system, more or less fixed, and not amenable to correction by objective

evidence and judgment" (271). Schreber rightly argued that Weber's "was "*in essence one assertion versus another*" (p. 294; Schreber's italics), but it still cost him five more years of deprivation of liberty. And why should Schreber's private fantasies, no matter how crazy, be a concern for the attorney general (p. 290), since Schreber was neither a danger to himself nor a public menace? It is remarkable that the alleged paranoiac Schreber never showed any paranoia towards Weber, who pitted his psychiatric system against Schreber: it was a case of psychiatric persecution (Lothane, 1993a). Schreber's wife collaborated in this scheme. Sabine Schreber refused to take him home because she was afraid of his screaming. Money was important to Weber, too: a boarder in the de luxe class paid between 1,500 to 2,100 Mark per annum, as stated in the bylaws (*Statut*, 1876), making Schreber a good source of income. When in 1899 Schreber confronted Weber stating that his incompetency was temporary and thus no longer valid, Weber duly obliged and sent another report in 1900 based on which the District Court in Leipzig made the incompetency status permanent. Eventually, the judges at the *Oberlandesgericht* sided with Schreber against Weber, gave the man his freedom, and saved the *Memoirs* from destruction.

By writing his book Schreber not only reclaimed his autonomy as author and person but also expressed the clash of two cultures, his and Weber's, the *transcultural dissonance and divide* between materialism and spiritualism, between Schreber's and Weber's concepts of disease, causation, and treatment, and between the social identities of both participants. In every clinical encounter cultural beliefs and values about health and disease, and the power confrontations these engender, play an enormous role in diagnosis and treatment. Therefore, it is important to consider all the possible etiologies in a disorder, even if they appear contradictory, be they individual, natural, social, or supernatural. It may be enlightening to both patient and doctor to explore the different perspectives and the cultural issues involved, making the doctor more tolerant and the patient finding solace for his suffering. Rather than sticking to a fixed explanatory model it is better to acknowledge multiple etiologies, apply transcultural approaches in clarifying what is normal or abnormal, and if the latter, what does it all mean. Understanding causality in this way will lead patient and doctor to communicate better, understand the communicative interpersonal meaning of bodily symptoms and signs, and

together find what is therapeutically useful and effective. The wrong psychiatric diagnosis of paranoia was used here as a political weapon in a power confrontation between the patient and the psychiatrist, resulting in a "diagnostic" persecution (Lothane, 1993a).

Schreber erroneous system was mirrored by Weber's misguided system based on the error of defining hallucination and paranoia as disorders of perception. Moreover, there is no evidence of Paul Schreber's personal history in any of Weber's reports and thus his psychiatric findings are more like a neurological history and examination than a common psychiatric one. Schreber rightfully claimed that "that before (Easter 1900) the medical expert only became acquainted with the pathological shell, as I would like to call it, which concealed my true spiritual life" (p. 297). Small wonder: as noted by Schreber, that psychiatric forensic expert Weber acted as an agent of society and the State and was loyal to the State, not to patient Schreber, as was Flechsig before him. Like the medical forensic expert who is not interested in the criminal when diagnosing a crime scene, so the forensic psychiatrist is not interested in the person but in the pathology observed and its diagnosis. As directors of institutions, both Flechsig and Weber had the same interest: diagnosing and detaining persons disturbing law and order, both practiced *expertise* in the service of the state, not *empathy* in the service of the individual. This is in contrast to the loyalties of a person's defense lawyer or private psychiatrist concerned with the interests of the client, viewed in the widest possible wholeness of his moral and spiritual personhood, his life's dramas, his conscious and unconscious psychological life, his personal well-being. Similar issues were played out in two other notorious cases, of psychiatrists Otto Gross and Oskar Panizza (Lothane, 2010b).

Something was rotten in the state of German psychiatry, echoing Schreber citing Hamlet (p. 164). There was a mounting public outcry against psychiatric abuses of patients, as documented by Bavarian psychiatrist Beyer (1912), who coined the term anti-psychiatry, citing "the anti-psychiatric Memoirs of a nervous patient P. Schreber and in R. Goetze's Pathology and insanity laws" (pp. 58-59). The public outrage became a subject of heated debates in the Reichstag and finally led to self-searching criticism within the profession itself: "The lay person, who sees the therapeutic failures of the psychiatrists and reads his self-contradictory expertises, believes to understand matters

better with his own common sense" (Dobrick, 1911, S. 382; 1912) (see also chapters on Flechsig and Weber in Lothane, 1992).

Schreber and the psychoanalysts

Freud's two major contributions to the psychology of delusions and hallucinations were his 1907 true analysis of a fictional story, Jensen's *Gradiva* (Lothane, 2010d), and his false analysis of Schreber' true story. In the former the delusions were seen as fantasies meaningfully connected with the plot, in the latter they were selected pathology interpreted with preformed formulas. Schreber's many dramas and dreams, dreads and desires, were reduced to a single cause: the patient became ill because he desired to be anally penetrated by Flechsig, a transference from similar oedipal desires towards his father, an idea first rebutted by Bleuler (1912b). Had any therapist used such formulaic interpretations to cure Schreber of his delusions, he would have made the poor wretch confused more than he ever was. Niederland (1974) fashioned another formula: "many of the divine miracles of God affecting the patient's body become recognizable, shorn of their delusional distortions, as what they must originally have been modeled on: the infantile, regressively distorted image of the father's massive, coercive as well as seductive manipulations performed on the child's body" (p. 60), another projections unsupported by any biographical archive or the *Memoirs*. Moritz Schreber appliances, later transformed into horrific machines, were *not* applied to Schreber at age 3-4, as claimed by Niederland: the appliances were recommended for school age children.

Freud expressed doubts about his Schreber essay to correspondents in 1910. To Jung: "My Schreber is finished. .... The piece is formally imperfect, fleetingly improvised [a Schreberism], I had neither time nor strength to do more. Still, there are a few good things in it, and it contains the boldest thrust at +++ psychiatry since your *Dem. Pr.* I am unable to judge its objective worth as was possible with earlier papers, because in working on it I have had to fight off complexes within myself (Fliess)" (*FLJ*, pp. 379-380). To Ferenczi (*Freud Ferenczi Correspondence*, 1908-1914): "since Fliess's case…. a piece of homosexual investment has been withdrawn and utilized for the enlargement of my ego. I have succeeded where the paranoiac fails" (p. 221); "Schreber is finished. Tough work. Mocking laughter or immortality or both, this step in psychiatry is probably the boldest we have taken so far"(p. 243). In print Freud said: "it remains for the future to

decide whether there is more delusion in my theory than I should like to admit or whether there is more truth in Schreber's delusion that more people are as yet prepared to believe" (1911, p. 79). I believe Freud might have thanked me for pointing out the delusion in his theory and the truth in Schreber's delusion.

Rather than attacking, Freud attempted to complete psychiatry, to humanize it, and to raise it to a higher scientific level, but, as noted, he fell into the trap of applying preconceived formulas to selected portions of Schreber's text. It is also puzzling that he endorsed Kraepelin's system and used Weber's reports as a biographical source without thoroughly researching Schreber's family and personal history in reaching his own diagnosis. It would have been too late to interview Schreber, as he thought of doing and feared to be risky, but he could have talked with his mother and sisters, or Flechsig, or Weber, and even laid his hands on the expurgated Chapter III of the *Memoirs* that was either part of the court case or the chart – what a pity! It is also a pity that Jung never wrote an essay on Schreber, especially after his own spiritual awakening after the break with Freud. Moreover, Freud's dynamics at this stage were dictated by his libido theory, coupled with a denial of the importance of anger in health and disease in rejecting Adler's 1908 important contribution. He derided Bjerre's 1911 successful analytic psychotherapy of a woman with delusions of persecution, which he had liked at first but later regarded as a "piece of confusion…a muddle" (*FJL,* p. 484-485). Most of all, he missed the iatrogenic behavior of Schreber's psychiatrists as real people and not just as transference figures, and the conditions of hospital life on Schreber's emotions, thoughts, and productions, in short, he had not yet fully developed the interpersonal nature of the cause and cure of symptomatic conduct.

A faithful analysis should meaningfully connect outer drama and inner drama, conscious and unconscious, reality and fantasy, current behavior and transference. A crucial homology is lost in Strachey's omitting to translate Freud's term "*Wahnbildungsarbeit*," delusion-work, which Strachey reveals in a footnote by citing Freud's "*Traumarbeit*," or dream-work (Freud, 1911, p. 38). As noted above, projection is after all a variety of displacement in waking daydreams. This homology enables us apply *Traumdeutung*, or interpreting a dream, to *Wahndeutung*, interpreting a delusion: we start with the dramatic/traumatic event or interaction, the day residue, and follow the

trail of free association to discover how the latent, or real, content is transformed into the manifest content. And there is one more kind of '*Arbeit'*, *Trauerarbeit*, mourning-work, which Freud (1911) hinted at in mentioning "periods of mourning" (p. 72).

Let soul murder serve as illustration. Schreber wrote:

> a plot …[was] laid against me (perhaps March or April, 1894), the purpose of which … was to hand me over to another human being after my nervous illness had been recognized as, or assumed to be, incurable, in such a way that my soul was handed to him but my body--transformed into a female body and, misconstruing the above described fundamentals of the Order of the World--was then left to that human being for sexual misuse and simply 'forsaken,' in other words left to rot…Naturally such matters were not mentioned by Professor Flechsig when he faced me as a *human being*...But the purpose was clearly expressed in the *nerve language*, that is, in the nerve contact which he maintained at *the same time as a soul*. The way I was treated externally seemed to be with the intention announced in the nerve language; for weeks I was kept in bed and my clothes were removed to make me--as I believe--more amenable to voluptuous sensations, which could be stimulated in me by the female nerves which had already started to enter my body; medicines, which I am convinced served the same purpose, were also used; these I therefore refused, I spat out again when an attendant poured them forcibly into my mouth. Having, as I thought, definitely come to realize this abominable intention, one may imagine how my whole sense of manliness and manly honor, my entire moral being, rose up against this... Completely cut off from the outside world, without any contact with my family, left in the hands of rough attendants with whom the inner voices said it was my duty to fight now and then to prove my manly courage, I could think of nothing else but that any manner of death, however frightful, was preferable to so degrading an end. I therefore decided to end my life by starving to death and refused all food;… this resulted a so-called 'feeding system' being started. Attendants...forced food into my mouth and at times with the utmost brutality (pp. 75-76).

Here is the delusion-residue: Schreber described a fateful turning point in the course of his illness, his disappointment by the lack of progress in therapy which was limited to bed rest and drugs, abuse by rough attendants, all iatrogenic, and a hopeless prognosis of incurability. Moreover, in mid-March Schreber may have read in a Leipzig newspaper that his title, *Senatspräsident*, was conferred on another man, to which Schreber may be making veiled reference: "about the middle of March 1894, when communication with supernatural powers was well under way, a newspaper was put in front of me in which something like my own obituary notice could be read" (p. 91). And here is the delusion-and-hallucination work: the emergence of fantasies about his confrontations with God. Mark well: not God meaning his childhood image of father, but God of religion. Schreber modeled his personal drama on the dramas of Job and Faust (Lothane, 1998a, 2008). He converted a mundane situation into a cosmic and heroic drama, told in two styles: sober prose and in the "soul language" of magical realism à la Goethe. Accordingly, Schreber saw in Flechsig a Mephisto figure who seduced God, like Satan in the Book of Job, to persecute and punish an innocent man like himself: "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, and to hand over my body in the manner of a female harlot" (p. 77). As a result, Schreber felt morally abused, defeated, and wanting to die. Soul murder was neither proof of Schreber's sexual desire for Flechsig nor a psychotic neologism, for it was a legal term meaning malpractice in a book by jurist Anselm Feuerbach (1775-1833) applied to the historic case of the incarceration of Kaspar Hauser. Like Hauser, until 1900 in the Sonnenstein Asylum, Schreber saw himself as a victim of the "almost prison-like isolation, separated from contact with educated people, excluded even from the family table of the Director (to which so-called boarders of the asylum were admitted [according to *Statut* 1876, or bylaw]), never able to get outside the walls of the Asylum, etc.) (p. 31). Moreover, close to the end of those six months Schreber became embroiled in a money dispute with his wife. Sabine Schreber appealed to her husband's boss, Dr. Karl Edmund Werner (1835–1898), who advised her to apply for a legal incompetency determination. It went into effect by 1895 and combined with Weber's diagnosis of incurable paranoia became a double jeopardy for Schreber.

Recently Osman (2009), in spite of his claim to have interpreted from within the *Memoirs,* actually read into Schreber's text formulas he derived from Melanie Klein and James Grotstein to fashion Schreber's "intrapsychic adversarial drama, a relief from his tormenting symptoms" (p. 631-632), "an archaic variant of the Oedipus complex" (p. 633), "that endows …what Schreber refers to as soul murder with fresh meaning": "Schreber's manly ambitions viewed as destructive to his objects precipitated his illness" (p. 635). Armed with these assumptions, labeled as "a closed system perspective" (p. 639), Osman *inverted* Schreber's intended meaning of soul murder as persecution by others turning Schreber himself into a persecutor and destroyer in fantasy. This to me is a hair-raising extrapolation, unsupported by Osman's claim of close reading of the *Memoirs,* for example in a the following passage he cited himself (p. 640): "the voices which talk to me have daily stressed ever since the beginning of my contact with God (mid-March 1894) the fact that…at first Flechsig was named as the instigator of soul murder but in recent times in an attempt to reverse the facts I myself have been "represented" as the one who has committed soul murder" (p. 55). Whatever Schreber's conflicts were *before* he became ill, whatever dramas were played out in his fantasies, cannot be equated with what he began experiencing in March of 1894! Osman overlooked Schreber's definition of '"representing', that is to say of giving to a thing or a person a semblance different from its real nature (expressed in human terms of "falsifying)" (footnote #62, p. 120). By privileging hypothesized internal dramas over real life dramas, Osman, while expressing his "accord with Lothane's cautioning investigators to beware of labeling Schreber a homosexual," disputed "[Lothane's focusing] on the conditions of Schreber's life, incarceration in an asylum, as contributing to his disorder…Lothane accords this factor a larger role than justified in comparison with others" (p. 661). Grotstein (1998b) saw it differently: "it is Lothane (1992) who, it appears, succeeded best in showing the true importance of the multi-faceted richness of Schreber's depth and breadth" (p. 127).

Recently discovered sources about son and father

Paul Schreber did not only aspire to be a seer, he also gave science its due, listing his scientific sources in footnote #36 (p. 80). He also explained his transgender fantasies, i.e., his unmanning, not as a castration, which was Freud's fancy, but by facts of embryology,

as “a regression…or a reversal of that developmental process which occurs in the human embryo in the fourth and fifth month of pregnancy, according to whether nature intends the future child to be of male or female sex. It is well known that in the first months of pregnancy the rudiments of both sexes are laid down and that the characteristics of the sex which is not developed remain as rudimentary organs at a lower stage of development, like the nipples of the male” (pp. 73-74), i.e., we all begin our embryonic life as undifferentiated females. Schreber may have also read a work by Ernst Heinrich Weber (1846), professor of anatomy and physiology at Leipzig University (author of his father’s curriculum vitae, Weber, 1833), on the structure of genital organs in animals and man. In chapter I, section entitled “on the male uterus,” Weber described and illustrated a structure in the wall of the prostate, the *Colliculus seminalis*, in the middle of which lies the “opening of the male uterus” (pp. 11-12). He further identified “the male *Vesicula prostatica* as a rudiment of the uterus, as seen in male hermaphrodites” (p. 43). These data are relevant to Schreber’s fantasies of turning into a woman and a hermaphrodite able to have sex with himself as well as insights about psychological androgyny that inspired Jung’s animus/anima archetype (Lothane, 1993d). Note also the essay of Kubie (1974) on Virginia Woolf’s *Orlando*.

Moritz Schreber was no precursor of Nazi educational methods. Niederland thought that Alfons Ritter, author of an Erlangen University dissertation on Moritz Schreber, “expressed admiration for Schreber… and Hitler, the former as a sort of spiritual precursor of Nazism” (1974, p. 65), ignoring the difference between what Ritter said in his perfunctory “Foreword” vs. what he presented in body of the dissertation. To better understand this conflation it is essential to realize how as a result of Hitler’s becoming Germany’s dictator in 1933 Nazi ideology took control of the entire German educational system. Even prior to 1933 the example had been set by the chief Nazi ideologue, Alfred Rosenberg, the guru of racism and violence, tried in Nuremberg and hanged as a war criminal. In his 1930 *Myth of the Twentieth Century*, the most important sequel to *Mein Kampf*, Rosenberg claimed Meister Eckhart as the source of his ideas. What craven lie, what cruel irony: Meister Eckhart, the fourteenth century German theologian and mystic, viewed as a heretic by the Church for his spiritual ideas about God and religion, quoted time and again in Aldous Huxley’s spiritually-oriented *Perennial*

Philosophy! And here is Schatzman quoting from Ritter's "Foreword": "The road to renewal of the German essence and the German strength necessarily involves acknowledgment of blood and soil. … It is our duty in this present time to remember in gratitude to remember in gratitude the man who was one of the first men to call upon us to return to the soil of our fathers" (p. 140). Now "blood and soil" was defined in a nazified reference work as "two of the most important concepts of National Socialism; it means race (the community based on origins) and the soil homeland with which the race interconnected and intergrown" (Schmidt, 1934). Even though Moritz Schreber had his own patriotic sentiments, he appealed neither to race nor to soil in the Nazi sense. As to soil, it could have only meant the soil of the Schreber-gardens about he did not write a word, for the name Schreber garden was applied to inner city gardens three years after his death by adoring Leipzig teachers. The actual misappropriation of Moritz Schreber to Nazi ideology was made by Schütze (1936) and Ackermann (1943). Ackermann wrote: "in connection with the importance of the will and ideas of this great doctor for our present goals, we ought to be filled with joy and pride that Schreber was one of us" (p. 219). No, Moritz Schreber was not one of them. German Jew Niederland, who escaped Nazi Germany with his life in 1940, sought to comprehend the Holocaust and found Moritz Schreber responsible for Nazi ideology.

Schatzman went Niederland one better: "Remember, Hitler and his peers were raised when Dr. [Moritz] Schreber's books, preaching household totalitarianism, were popular" (1973, p. 143). Nonsense: Schreber's books on education, printed in limited editions, were known in Austria only to a handful of specialists. It is easy to calculate: Hitler's (born1889) generation, raised on obedience to a war-mongering Kaiser, fought a futile WW I whose veterans became the fathers of sons that would fight in WW II and succumb in great numbers to the Nazi gospel. Schatzman reached the height of demonization of Schreber in averring that in *Mein Kampf* "Hitler's attitude toward the 'masses' is similar to Dr. Schreber's implied feelings towards children, but much more cynical: 'The psyche of the broad masses is accessible only to what is strong and uncompromising, like a woman…They see only the ruthless force and brutality of its determined utterances, to which they always submit (1939, p. 47)' " (Schatzman, 1973, p. 144).

No way could Moritz Schreber have influenced the upbringing of Hitler's generation born in the 1890's, for Schreber's books had quite limited runs. It was even more different in the generation born after 1918: starting in 1926, and surely by 1934, boys were indoctrinated by the Nazis in the Hitler Jugend and by 1939 were ready for service in the military or the SS. Hitler expounded his ideas on education in 1924 in *Mein Kampf* (1940): "[the State] has to arrange its educational work in such a manner that the young bodies, in their earliest childhood, are treated according to the purpose and that they receive the necessary steeling for later days. But above all it has to care that not a generation stay-at-homes is brought up. This work of care and education has to start even with young mothers…thus it will be possible, by a thorough training of nurses and mothers, to bring about, even during the first years of life, a treatment that serves as the most excellent basis for later development" (p. 615). In 1940 Hitler stated: "My pedagogy is harsh. The weaklings must disappear. In my elite schools a youth will grow up that will shock the world. I want a violent, imperious, undaunted, cruel youth. Youth must be all of that. It has to bear pain. …The free, magnificent beast of prey should flash in its eyes. I want it strong and beautiful. I will shape it in all manner of sports. I want an athletic youth. … I do not want an intellectual youth. Knowledge corrupts youth. They should overcome the severest trials of fear of death. This is the grade of heroic youth…of man who is the center of the world,… of the god-man" (Hofer, 1957, p. 88).

Last year I discovered the book by Sigrid Chamberlain (2003), a woman born around 1940, about the real champion of Nazi ideology in child rearing, the physician Dr. Johanna Haarer (1900-1988), who applied the Nazi ideology, including anti-Semitism, to child rearing in three books: 1. the1934 - *Die deutsche Mutter und ihr erstes Kind* (the German mother and its first child0, 2. the 1936 sequel, *Unsere kleinen Kinder,* (our little children) (1939), 3. the 1939 *Mutter, erzähl von Adolf Hitler!* (mother tell about A.H,), her Hitler worship. The first edition sold 10,000 copies and by 1937 around 690,000 were sold, and continued to be reissued in the hundreds of thousands and were still being published after 1945. I do not know if Haarer read Moritz Schreber but her methods were considerably harsher: she prescribed that the newborn be separated from the mother immediately after birth and given back to the mother 24 hours later for the first breast feeding (Chamberlain 2003, p. 23). The child's crying, a call for mothering, is

treated by Haarer *only* as screaming or yelling, a power manipulation by a despotic child (p. 26). The infant was to be held by the mother in a prescribed manner, away from her body with one hand (2003, pp. 30-31), not face to face, and later confined to the crib. In the play phase, from 2-6, the child should be exposed to Hitler Jugend and military parades (2003, p. 43). Chamberlain urged an authoritarian, Hitler-inspired upbringing. See also the article on Haarer in the German Wikipedia.

Schreber's lessons still relevant

After an assault in the middle of the night by Flechsig's attendants, who brutally dragged him into an isolation room, Schreber, scared out his wits, writes: "I laboured under the delusion that when all attempts at cure had been exhausted, one would be discharged—solely for the purpose of making an end to one's life in one's home or somewhere else" (p. 66). After brief supportive psychotherapy by Flechsig's assistant Dr. Teuscher (misspelled Täuscher), Schreber "spent the best day of the whole (second) stay in Flechsig's Asylum, that is to say the only day on which I was enlivened by a joyful spirit of hope" (p. 67, italics Schreber's). Around the same time Freud (1895) had this to say about psychotherapy:

> The procedure is laborious and time consuming for the physician. It presupposes great interest in psychological happenings, but personal concern for the patient as well. I cannot imagine bringing myself to delve into the psychical mechanism of hysteria in anyone who struck me as low-minded and repellent, and who, on closer acquaintance, would not be capable of arousing human sympathy (p. 265); by explaining things to [the patient], by giving him information about the marvellous world of psychical processes into which we only gained insight by such analyses, we make him himself into a collaborator, induce him to regard himself with the objective interest of an investigator, and thus push back his resistance, resting as it does on an affective basis (p. 282).

Psychotherapy, grounded in animal love and enriched by human love writ large, has been practiced by humanity since the dawn of civilization. Its foundation is human friendship, fellow-feeling and love. The first psychotherapist is everyone's mother. It stands above all diagnoses. It is above all formulas, theories, and formulaic interpretations. It pervades

all treatments, whether medical or psychological. It is a matter of judgment how superficial or how deep it will be in a given situation.

The lessons of professors Schreber and Freud, who wanted psychiatry to be more humane and more psychotherapeutic, are more relevant today than ever before. In spite of progress made in psychotherapy, psychiatry has regressed back to 19th century biologism and the static Kraepelinian classifications, as reflected in DSM-IV and the forthcoming DSM-V. As analyzed by Johns Hopkins Prof. Paul McHugh (2010), psychiatry has reached a "stalemate", a "classificatory dead end": a "previously descriptive enterprise took a new and prescriptive turn and began directing psychiatric diagnostic practice," under the pressure from "'experts'—many unfortunately with a vested interest (financial, political, legal, ideological)." In spite of a claim to be "more scientific" it ended up as a "boring psychiatry," no more scientific than "the children's 'Twenty Questions' game," and useless for the patient. With the best intentions, the challenge that "mental illnesses were social fabrications of psychiatrists—"myths," given that … , at the time, diagnostic agreement between two psychiatrists about the same patient was hardly better than chance" has so far not been met. Moreover, through the collaboration of the pharmaceutical industrial complex and neuroscience, psychiatry is becoming a branch of neurology (Pies & Daly, 2010) and psychotherapy is losing funding and reimbursement.

Psychoanalysis is also in crisis –when was it not?—partly caused by the crisis in psychiatry, by Freud-bashing, but more importantly by a crisis of identity. It cannot expect to be saved by neuroscience by gratifying its science envy. It must remain true to its calling and nature. The Chinese ideogram for 'crisis' reads: danger and opportunity. Let us hope that in spite of all the problems, humanism and commitment to the suffering individual will remain the guiding light of psychiatry as a healing art. Perhaps there is truth in the old Talmudic saying, that whosoever preserves a single soul is as though he had preserved a complete world.

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