

Published in: Felber, W., Heuer, G. M., Götz von Olenhusen, A., Nitzschke, B.Hg. (2010). *Expressionismus und Psychoanalyse. 7. internationaler Otto-Gross-Kongress, Dresden*. Marburg: LiteraturWissenschaft.de, S. 461-493.

ROMANCING PSYCHIATRY: PAUL SCHREBER, OTTO GROSS, OSKAR PANIZZA — PERSONAL, SOCIAL, AND FORENSIC ASPECTS

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Psychiatry literally means healing the soul, where soul is also metaphor for the person. Even though disorders of the individual soul and society are as old as civilization, healing the soul was practiced not only by doctors but also priests and priestesses. Doctors of the body treat medical *conditions*, or literal diseases of the body, e.g., pneumonia, whereas doctors of the soul deal with personal or group *conduct*, or metaphorical disorders of interaction, e.g., paranoia. Hippocrates and Galen applied the humoral theory of disease to disorders of the soul which dominated until the 18th century, resulting in the *medicalization* of disorders of conduct, impeding the emergence of psychiatry as an independent profession. The humoral theory was unconcerned that psychiatry is psychological and social, that problems presented by dissocial *interpersonal* conduct, whether dependent, delinquent, defective, or degenerate – by the invalid, the insane and the idiot, the pauper the thief and the vagabond, the spendthrift and the alcoholic, the invert and the pervert – all require *social* solutions. From the high Middle Ages on, like the lepers, dysfunctional members of society were *segregated* from society (Dörner, 1969), voluntarily or involuntarily, in convents, retreats, asylums, and jails, until, during the transition from jailhouse (*Zuchthaus*) to madhouse (*Tollhaus*), psychiatry as a profession was born in the 19th century. To this day, no matter what theory of disordered conduct one chooses, cellular, cerebral, or chemical, the methods of handling dysfunctional conduct must remain psychological, social, moral and legal. Moreover, healing the soul, the person's inwardness, calls for a different sort of understanding than mere outward observation and description of behavior. C. G. Jung (1961), who learned the method of healing the soul studying Freud's *Studies on Hysteria* and *The*

Interpretation of Dreams, joined this with his experiences as a psychiatrist at the famed Burghölzli Asylum, and realized that

psychiatry teachers were not interested in what the patient had to say but rather how to make a diagnosis or how to describe symptoms or how to compile statistics. ... The human personality of the patient, his individuality, did not matter at all. Rather, the doctor was confronted with patient X, with a long list of cut-and-dried diagnoses and a detailing of symptoms. Patients were labeled, rubber-stamped with a diagnosis and ... the psychology of the mental patient played no role whatsoever (p. 114).

This is as true today as a century ago. Jung reminisces about the psychiatric method as epitomized by the enormously influential Emil Kraepelin, whom Freud nicknamed “the super-pope” of psychiatry. Nevertheless, Jung would still behave this way towards his patient Otto Gross. Freud’s revolutionary and humanizing contribution to description and diagnosis in medicine, psychiatry, and psychoanalysis was the introduction of the patient’s life story, or biographical narrative, as an integral part of the anamnesis (Entralgo, 1969; Lothane, 2007). Freud was surprised by his own discovery: “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). Jung (1961) concurred: “in psychiatry the patient who comes to us has a story that is not told ... to my mind therapy only begins after the investigation of that whole personal story. It is the patient’s secret, the rock against which he is shattered” (p. 117). When in 1961 Thomas Szasz, in *Myth of Mental Illness*, sparked a still ongoing debate, he did not deny psychiatry its social role of soul healing but sought to explode the myth of its medicalization and fight against involuntary hospitalization. Misidentified with the antipsychiatry movement started by Laing and Cooper in the 1960-70s (Szasz, 2008), he was falsely labeled as an antipsychiatrist (Müller, 2000).

The founder of psychiatry as a profession that promised power, profit and prestige to its practitioners was Philippe Pinel (1801), originally an authority in medicine. 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. In 1811 Pinel’s classification of disorders was sparing 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 was also an influence on Wilhelm Griesinger (1817-1868), a leader who took the limelight away from French psychiatry and, having famously declared that all mental disease is brain disease, made German psychiatry dominant from mid-19th century on (Ackerknecht, 1968). Pinel’s student Ernst Gottlob Pienitz (1777-1853), married to a Frenchwoman, became the first director of Sonnenstein, the jewel in the crown of Saxony’s institutions, a former fortress and jail turned into an asylum, euphemistically called *Heilanstalt*, a place of healing, sanatorium in Latin, a *maison de santé*, in which the couple created a family-like atmosphere for the inmates. The third medical director of Sonnenstein, no longer an idyllic house of healing but rapidly turning into a huge warehouse for the incurable, was none other than Guido Weber, Paul Schreber’s keeper from 1894 to 1902 (Schreber, 1903; Lothane, 1992, 2004). Patriarchal Weber was hailed as the dean of Saxony’s forensic psychiatry and founder of the Dresden Forensic-Psychiatric Association, whose published opus consists mainly of reports of presentations at scientific meetings published in the leading psychiatric journals and one publication in *Archiv für Kriminal-Anthropologie und Kriminalistik*, whose editor in chief was Hans Gross, Otto Gross’ father.

In medicine a surgeon diagnoses the observable *signs* of appendicitis and operates; but here the personality of the patient is irrelevant to diagnosis and treatment. Forensic medicine deals with examination of cadavers and other evidence to prove a suspected criminal’s guilt and mete out punishment. Forensic psychiatry serves the law in such law proceedings to determine testamentary capacity, responsibility for actions, incompetency due to insanity, and imposing involuntary hospitalization; until the repeal of §175 of the criminal code, it was also used to diagnose, prosecute and punish homosexual persons by diagnosing “degeneration signs.” Psychiatry and justice help the policeman and the prosecutor rid society of perpetrators of anti-social conduct. Like the

forensic expert, the forensic psychiatrist is not interested in the doer, the person, but only in the deed, the crime committed, the pathology observed and diagnosed. The prosecutor and the forensic psychiatrist are loyal to society and the state and use *expertise* to catch the suspect; a dynamic psychiatrist uses *empathy* in an effort to understand the person's conscious and unconscious life (Ellenberger, 1970); here the psychological and social history of the patient are an integral part of disorder, diagnosis, and treatment.

Thesis #1: *The medicalization of psychiatry was a political and social, not a scientific advance, and not even the current popularity of brain science can alter its basic function and mission: it belongs to sociology and psychology more than to biology and chemistry, even though it may use basic science and apply somatic therapies.* I will first illustrate this in the history of Paul Schreber, who understood this fact better than his psychiatrists Flechsig and Weber.

Paul Schreber's (1842-1911) drama

Paul Schreber's immortal *Denkwürdigkeiten eines Nervenkranken* (1903) was introduced to English speaking readers with a mistranslated title: *Memoirs of my Nervous Illness* (Macalpine & Hunter, 1955) and omission of its subtitle. The correct translation is: reflections of a nervous patient, with emphasis on the person Schreber. 'Memoirs' can mean: 1. an autobiography and narrative from personal experience about events, scenes or persons described; 2. an account of something regarded as noteworthy, a treatise. Schreber's book is both: it is in part biographical, described in it are incidents of his own life and his reminiscences, or memories; but also contains *memorabilia*, accounts of memorable or noteworthy things, Schreber bearing witness to an important chapter in the history of German psychiatry; and his reflections on topics of universal appeal, e.g., belief in God, the supernatural and spirituality, psychology and philosophy. The translators also omitted the subtitle of Schreber's book: "with postscripts and an appendix concerning the question: 'under what presuppositions may a person considered insane be detained in an asylum against his declared will?'"', which is also the title of Schreber's cogently reasoned essay on forensic psychiatry (1903, pp. 363-376), a rehearsal for his brilliantly argued 1901 *Berufungsbegründung* (self-defense) (1903, pp. 404-451) during the trial of Schreber v. the Kingdom of Saxony at the Dresden *Oberlandesgericht* (highest court of appeals in the kingdom), the very court in which he had served as

Senatspräsident for six weeks until his collapse in 1893. The practical purpose of the manuscript was to prove to Weber and the court that he was legally sane, to overturn his permanent legal incompetency status imposed by the Leipzig *Landgericht* based on Weber's psychiatric evaluations, and regain his freedom. It was also an act of self-legitimation in which Schreber the author addressed his future reading public (Stingelin, 1998). Schreber was victorious: he was liberated from the Sonnenstein madhouse/jailhouse, where nurses were called *Wärter*, same name as prison wardens, and he lived as a free man once again from 1902 till 1907. Against Weber's psychiatric opinions (*Behauptungen*) concerning his pathology and diagnosis, in his book and in court, Schreber proclaimed his right, in itself and for itself, to uphold his own opinions (*"An und für sich steht hier Behauptung gegen Behauptung"*; p. 419; italics Schreber's). Schreber opined repeatedly that he was not a *Geisteskranke*, i.e., psychotic in the forensic meaning of the term, but a *Gemütskranke* (Schreber, 1903, p. 376), suffering from a mood disorder, formerly a *Nervenkrankte* voluntarily treated by *Nervenarzt* Flechsig. I agree with Schreber's self diagnosis, similarly confirmed by Peters (1995). But most importantly, Schreber argued he was a harmless madman, and in no way a public danger (*gemeingefährlich*), no more than spiritists who claimed to hold séances with the dead, thus also delusional but not put madhouses (Schreber, 1903, p 481). According to Weber, Schreber suffered from incurable paranoia or madness (*Verrücktheit*) „undoubtedly due to pathological processes of brain; they are evidenced by disturbances of common sensation (*Gemeingefühl*) and hallucinations" (*Täuschungen der Sinne*), i.e., deceptions of sense-organs, even though Schreber's sense organs and intelligence were intact. As a result, Weber claimed, Schreber would not be able to function in society, without ever having taken the trouble to send the patient home on a trial leave, until Schreber began to challenge him. Weber's diagnosis reflected his organicist bias, nourished by brain mythology, and thus an ignorance of the dynamic psychological and interpersonal structure of hallucinations and delusions (Lothane, 1982), but a good reason to want to keep Schreber imprisoned for the rest of his life. And why not: as a patient in the highest luxury class, a so-called *Pensionär*, which cost one third of his yearly pension, he was worth keeping.

Paul Schreber was hospitalized three times for a depressive disorder: moderate in 1884, severe in 1893, and fatal in 1907. In 1884, depressed over having lost the elections to the Reichstag, rather than seeking office psychotherapy from a *Nervenarzt* in Leipzig, e.g., Paul Möbius, Schreber was first unsuccessfully treated with bromides in Sonneberg spa and admitted himself to Flechsig's hospital. He needed more rest and psychotherapy, but brain psychiatrist

Flechsigt was not uninterested. In fact, Schreber “considered it a white lie when, for instance, Professor Flechsigt wanted to put down my illness solely to poisoning with potassium bromide for which Dr. R. in S[onneberg], in whose care I was before, was blamed” (p. 35). Schreber recovered by 1886, resumed his work as judge, and as a gesture of gratitude privately gave his doctor “an adequate honorarium” (p. 36).

After his discharge he made a brilliant career, culminating in 1893 in the appointment as presiding judge of a *Senat* of the *Oberlandesgericht*, thus *Senatspräsident*, which made him anxious played a role in the relapse of his depression previous depression. The other conflict was about staying married to his wife Sabine and her inability to carry a pregnancy to term: a dead boy born in 1892, dashing his hopes ever to have a son who would continue the name Schreber. Intractably insomniac, agitated, and suicidal, he was persuaded by his wife and *voluntarily* escorted to the hospital by Flechsigt himself. Why did Schreber choose to go back to Flechsigt rather than be admitted to a friendlier, luxurious, but much more expensive private Thonberg hospital? Why did he not consider being treated in the spacious home of his widowed mother in the Zeitzer Strasse with around- the-clock nursing and doctor’s home visits? The fateful decision was made for him. This time, too, Flechsigt did not offer him much needed psychotherapy: it “seemed to [Schreber] in retrospect that Professor Flechsigt’s plan of curing [him] consisted in intensifying [his] nervous depression as far as possible, in order to bring about a cure all at once by a sudden change of mood” (p. 40), known as Flechsigt’s discredited bromide-opium treatment of epilepsy, thus more drugs, prolonged bed rest, and no psychotherapy. An instance of mistreatment was a traumatic night Schreber spent in the isolation cell, into which he was dragged kicking and screaming by rough warders. Next morning he had a conversation with Dr. Täuscher (actually: Teuscher, the future owner of the private hospital Weisser Hirsch), “*the only day on which I was enlivened by a joyful spirit of hope*” (Schreber, 1903, original p. 42; italics Schreber’s), a striking contrast with Flechsigt. Weber was cut from the same cloth: “before Easter 1900 the medical expert [Weber] only became acquainted with the pathological shell, as I would like to call it, which concealed my true spiritual life” (p. 424). Weber was a sore loser: he doubted setting Schreber free was a good idea and that Schreber would be able to function (Forensich-psychiatrische Vereinigung, 1905).¹

These facts need to be emphasized: 1. The delusional/fantastic content in Schreber’s book was his 1900 recreation of the events, and thus *not* the same as knowing what Schreber was actually saying to the Sonnenstein personnel and psychiatrists over the years, because we only have fragments of the clinical chart, in which it is documented

how reasonable he was. 2. Weber's statements to the court were largely based on reading the manuscript of the book, which he found disgusting ("unembarrassed detailing of the most doubtful and aesthetically impossible situations, ... most offensive vulgar words, ... [whose publication] would compromise him severely in the eyes of the public, [but] his whole attitude to life pathological", p. 402), which influenced Weber's whole attitude and his clinical-forensic evaluations of Schreber in a most prejudicial way. 3. The irony of it all was that Schreber offered the book to Weber and to the court to prove his sanity, seemingly an act of abysmal naiveté or defiant arrogance: instead of dissimulating his hallucinations and delusions, he had the audacity to proclaim he had "wholeheartedly inscribed the cultivation of femininity on [his] banner, ... whatever other people ... might think of me" (p. 178). He may have thought of the words of Jesus: truth shall set you free. Weber showed a different kind of pride: the entitlement of psychiatry to profile Schreber as crazy for the way he thought and spoke, the right to prescribe, proscribe and punish.

Freud famously reduced Schreber's alleged paranoia, or, more improbably, his paranoid schizophrenia, to Schreber's *Behauptung*—a word used by Schreber countless times both as noun and verb—that the plot of soul murder (pp. 56-57) has been hatched against him. Freud interpreted soul murder as Schreber having fallen in love with Flechsig, as his sexual desire to be anally penetrated by Flechsig, and that this desire caused Schreber's psychosis. This is a colossal howler: how could Schreber have fallen ill because of such desires in the summer of 1893, *before* he even set eyes on Flechsig the second time? Freud argued, this was so because Schreber now remembered his former love for Flechsig: "I wish I could see Flechsig again!" (Freud, 1911, p. 42). However, firstly, Schreber dated the onset of soul murder in March or April 1894, and secondly, if Freud was right regarding Schreber's repressed homosexual desires going back to childhood, why did not Schreber express such desires already during his first encounter with Flechsig in 1884? Soul murder was for Schreber a social, not a sexual issue. Schreber had hoped that Flechsig would continue treating with the devotion and loyalty given to a private patient; instead, Schreber felt betrayed and abandoned, "einfach 'liegen gelassen' " (1903, p. 56), for Flechsig did not care "*was aus dem 'liegengelassenen' Menschen werden sollte, ob derselbe damit auch wirklich todt sei*" (p. 56), "what was to happen to such a "forsaken" human being, ... whether this actually means his death" (1955). In fact, "after "[his]

nervous illness had been recognized as, or assumed to be, incurable” (p. 56), Flechsig used the hospital bylaws (*Statuten*), which I found in Dresden, according to which a patient could only stay in his hospital for six months, Schreber was kicked out and ended against his will in the madhouse/jailhouse Sonnenstein, where his fate would be doubly sealed by Weber’s diagnosis of an incurable psychosis and Sabine Schreber’s application to declare her husband legally incompetent because of the spouses fighting over money. Instead of waiting for her husband’s discharge from the hospital and suing him for the money in court, Sabine Schreber took advantage of a psychiatric-legal shortcut. The transfer and the insanity application by the wife started a chain of unintended and irrevocable consequences: it was not only a disgrace for a high-ranking civil servant, it also, due to a law applying only to judges, put an end to his legal career. In his open letter, “*Offener Brief an Herrn Geh. Prof. Dr. Flechsig*” (1903, pp.vii-xii), Schreber engaged in creative word play: soul murder was the name of a plot against him, but was also a legal technical term in early 19th century which meant medical malpractice (*Unstatthaftigkeit*, p. xi), his abandonment and betrayal by Flechsig, with its dire consequences. Soul murder was not a psychotic neologism: Schreber would have read about “Seelenmord,” a “crime against a person’s soul,” in Anselm Feuerbach’s 1832 essay on the famous case of Kaspar Hauser who as a child was kept for years in a tiny dark dungeon (Küper, 1991). Soul murder was based on an earlier legal concept, the crime of deprivation of mental powers (*Verstandesberaubung*), resulting in psychosis or dementia. For years Schreber feared incarceration, and especially being locked up every night, “from May 1896 to December 1998 ... in a padded cell for demented” (p. 197) would cause a “destruction of [his] reason (the “dementia”)” (p. 208).

Freud’s reading of Schreber was anhistorical, thus antithetical to mine; it was an act of labeling: misdiagnosing Schreber as paranoid and interpreting his fantasies of turning into a woman and his transvestite conduct with a formula he developed in 1908, as a desire to be sodomized by Flechsig. Freud’s method was applied psychoanalysis, not valid as a historical analysis of the real person Schreber, and not clinical, as Ferenczi ‘s (1911), who used his own clinical material. As he admitted to Jung: “the piece is formally imperfect, fleetingly improvised [from the Schreberism ‘*flüchtig hingemacht*’]. 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 [1907 *Über die Psychologie der Dem.[entia] Pr.[aecox]*]. 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)” (FJL, *Freud/Jung Letters*, p. 380) – I fully agree (Lothane, 1997). Jung

confessed his envy: “I enjoy your Schreber. It is not only uproariously funny but brilliantly written as well”(p. 407). What was Jung laughing about? Jung broke with Freud due to his heresy of denying the universality of Freud’s sexual libido theory and as applied to Schreber (Lothane, 1997); but, unfortunately, Jung failed to use his own desexualized libido theory to write an essay on Schreber.

Freud projected his own homosexual complex on Schreber (Lothane, 1997) but was otherwise prescient: “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 than other people are as yet to believe” (Freud, 1911, p. 79). Freud’s rescued Schreber from oblivion and he is still written about and represented in a vast secondary literature, films, plays and operas . As I showed, Schreber’s alleged homosexual desire was actually homosexual *dread*, a concept of the late Charles Socarides (Lothane, 2002), a metaphorical representation of emasculation and rape of having been overpowered first by Flechsig then by Weber. Schreber’s described a gender identity issue and a profound insight (Lothane, 1993); perhaps, his fantasy of turning into a pregnant woman was an expression of compassion and consolation towards his wife: you cannot bring forth children I will do it for you. Freud not only failed to understand Schreber’s heterosexual conflicts with his wife but failed to mention his mother altogether. Mother, wife, and elder sister Anna, the ancestress of all the Schreber descendants, played a determining role in Schreber’s life, an important missing link (Lothane, 1992, 2004). Moreover, Freud did not explore the issue of hatred and aggression, as suggested by Pfister (1910) and Adler (1910), the latter especially in connection with hermaphroditic fantasies, which Freud merely cited in a footnote. What Freud missed altogether was the traumatic *iatrogenic* impact on Schreber’s hallucinations and delusions (the content of Chapter XI) of the loss of freedom and the atmosphere at Sonnenstein: Weber, who did not take Schreber seriously, the brutal warders, the screaming and violent inmates. Instead of thoroughly researching Schreber’s life story, Freud was an arm-chair theorizer, focused on fantasies and oblivious of realities, relying on Weber’s reports as a source of information rather than doing his own research.

Thesis #2: *Both in 1884 and in 1893 Schreber did not erotically fall in love with Flechsig: he fell in love with the hospital as an institution symbolizing mother, due to his collapse*

caused by his dependent character and conflicts. Torn by conflict, his inability to function as judge and husband, lacking the courage to resign or retire, and to divorce his wife and marry a healthy woman who could give him children, he chose the hospital (same etymology as hotel and hospice) as a place of refuge and asylum, the latter in the sense of a safe haven, from a reality he could no longer face, even if this meant, while in Flechsig's hospital, being "completely cut off from the outside world, without any contact with my family, left in the hands of rough attendants ... [who] forced food into my mouth, at times with the utmost brutality" (pp. 56-57), or remaining abandoned for years in Sonnenstein, in conditions of "almost prison-like isolation" (1903, p. iv); there he raged and roared like a caged animal, against his will, because he dared to speak with fiery words, *Flammenworte* (Schreber, p. 443-444), not unlike Luther before him and Salman Rushdie after in *Satanic Verses*.

Schreber felt he was ready to be discharged in 1897 (p. 425), were it not for his wife's refusal to take him home and Weber's desire to keep him there for life. In 1899 Schreber informed Weber that by law a temporary incompetency status, imposed due to the aforementioned dispute over money between the spouses, could not stand indefinitely. Weber duly obliged, submitted a beefed-up negative evaluation about Schreber's mental status, even though the patient was already in remission, whereupon the Dresden District Court (*Landgericht*) made the legal insanity permanent on April 15, 1901 (Schreber, p. 425), a life sentence. Why was Schreber not paranoid towards Weber? Since he did not get much love from Weber, he expressed "the wish that when my last hour finally strikes I will no longer find myself in an asylum, but in orderly domestic life surrounded by near relatives, as I may need more loving care [*einer liebevolleren Pflege*] than I could get in an asylum" (p. 338). Indeed, from 1902 to 1907 love-needy mama's boy Paul Schreber lived peacefully with his wife in a newly built house in a Dresden suburb and lovingly raised an adopted teenage Austrian girl, Fridoline, who took the name Schreber. She later became a nurse and married Dr. Hammer. In 2006 Fridoline's daughter, Frau Liselotte Leiber-Hammer, gave me as a gift the 1903 leather-bound edition of the *Denkwürdigkeiten* with Schreber's dedication to his wife, Sabine, in his own handwriting: "Seinem treuen Sabchen vertrauensvoll und in Liebe zugeeignet von ihrem Paul" (to his faithful little Sabine in trust and in love dedicated by her Paul), a somewhat reserved wording. In 1906 Schreber published a cogently-reasoned article on

legal aspects of chess playing. The domestic bliss was shattered in 1907 by the death of his mother and the stroke of his wife. He succumbed to medical complications of his last deadly depressive illness in 1911. Sabine Schreber died a year later.

In the *Denkwürdigkeiten*, a work of art and spirituality, Schreber displayed a genius for amazing insights about mental illness and health, cross gender identification in men and women, the problematic of masculine and feminine roles in society, pleasure and unpleasure. He inspired Freud to write a milestone paper, “Narcissism: an introduction” (1914), a harbinger of ego psychology. He inspired Jung to create the theory of animus and anima; he continues to be a source of inspiration for countless men and women, professionals and lay people alike (Lothane, 2008).

Ellenberger (1970) applied the concept of creative illness to Freud, Jung and Janet to show how their psychological crises contributed to their mental creations. This concept applies to lesser luminaries as well. Similar to Schreber’s emotional illness as a journey of spiritual self-discovery leading to an important contribution to society there are the stories of Clifford Beers (1962) and Anthony Boisen (1936, 1960), people variously misunderstood by their psychiatrists.

A century ago the Burghölzli Asylum in Zurich and the Bloomingdale Asylum in Westchester, NY, were unique in applying methods of dynamic psychiatry and psychotherapy to treat their inmates, whereas German psychiatry, before and after the turn of the century, became a rigid “soulless psychiatry” (Lothane, 1995) and thus gave rise to a vehement protests against psychiatric abuses by former patients and debated by representatives in the German Reichstag. Jurists (Kretzschmar, 1891) and psychiatrists (Goetze, 1896), were also questioning psychiatric practices. Former inmates documented multiple cases of abuse and false imprisonment in countless pamphlets, vehemently opposed by psychiatrist Beyer (1912), whom I discovered in 1990, who, in the first chapter, “The origins of the antipsychiatric movement,” lamented that the “era when psychiatrists labored to humanize the mentally ill was also the era in which public distrust and the antipsychiatry movement were born” (p. 10). In addition to citing Schreber’s book, the pamphlets Beyer disparaged bore such titles as: “Of Sound Mind, Incarcerated as Mad for 39 Months!; A Warning. The Tale of Sorrows of a Doctor Declared Psychotic; How One Tries to Lock Up in a Madhouse a Mentally Healthy Man out of

Revenge and In Order to Get His Money; The Great Madhouse Swindle or the Gruesome Total Destruction of Many Innocent Victims in Madhouses While Knowing Better and By Means of Studied Murder in the 19th Century; Black Bands Among Jurists and Doctors in the Newly Unified German Reich; Modern Torture Chambers; Witch-hunt of People; Artificial Madness. A Warning Against Mental Hospitals; Robbers of Reason or Mentally Buried Alive For Six Years; The Manufacture of Madmen; A Contribution to the New German State Inquisition” (Beyer, 1912; chapter “Guido Weber and the first antipsychiatry” in Lothane, 1992, 2004). One just could not write all such complaints off as delusions of litigious querulants. Jurists protested as well: "the psychiatric diagnosis may become a legal verdict of the greatest importance leading to moral, economic and social death" (Schroeder, 1890, p. 6). Finally a hospital psychiatrist (Dobrick, 1911) had to admit in an article entitled “Odium psychiatricum,” the hatred of psychiatry, that there were good reasons for psychiatry to be hated, for “*whereas psychiatry, on the one hand, feels highly entitled to intervene in the most prized rights of the person, as it must, has hitherto shown itself incapable of legitimating such authority nor afterwards mitigating it therapeutically.* When a psychiatrist by virtue of his office declares a paranoid person insane and detains him/her in an institution, he thereby wounds the person’s psyche in two sensitive areas: ... *innocence and personal freedom* ... the highest postulates of the individual ... The psychiatrist as *diagnostician* and *expert* arrogates to himself enormous power but what remains missing is the human touch of the *doctor*, the healing and preventive activity, the countermeasure to this power“ (p. 381-382; emphasis Dobrick). Psychiatrists, then and now, do not like either such self-criticisms or patients’ protests and label this as “anti-psychiatry,” claiming that criticisms are hostile and unfair. But why are people critical of medicine or suing doctors for malpractice not profiled as practicing anti-medicine? It would be similarly absurd to accuse critics of President Bush as anti-American, or critics of certain policies of the State of Israel as anti-Semitic.

Cruelty towards sinners, criminals, and crazies has a long history. Cruel persecution of undesirable social groups was practiced in ancient Rome, as in Nero’s cruel persecution of Christians, and continued by Rome’s heir, the Papacy, via the Holy Inquisition, to torture and burn Jews, homosexuals, and other heretics, and the Catholic and Protestant witch hunts, tortures, and burnings, from about 1450 to 1750, not medieval

any more but coeval with the Renaissance. In the 20th century, in the name of health for society and the state, a soulless psychiatry inspired by social Darwinism and racial eugenics, sanctioned the extermination of incurable patients (Binding & Hoche, 1920). On September 1, 1939, Hitler signed the authorization of euthanasia killing of “incurable patients” and his medical henchmen in section T4 began implementing the radical solution of gassing handicapped children and adults and cremating their bodies, the first organized genocide carried out in psychiatric killing centers, the fourth of which became Sonnenstein. It was a rehearsal for the “final solution”: the genocide of the Jews in Auschwitz and elsewhere (Friedlander, 1995). Conflicts of interest and advocacy and heart-breaking dramas similar to Schreber’s abound in the life of Otto Gross.

Otto Gross’ (1877-1920) drama

Otto Gross came to my attention via Schreber. After the first reviews of the *Denkwürdigkeiten* appeared in 1903 (by Aschaffenburg, Möbius, Pelman), Gross was the very first in the literature to use Schreber as a clinical example in his paper “*Ueber Bewusstseinszerfall*” (Gross, 1904a), followed by a second paper that year (1904b), in which *Zerfall* carries a number of meanings: dissociation of consciousness, disintegration of consciousness. This *Zerfall*, first described in 1902, was derived from a neuropsychological hypothesis of Carl Wernicke called *sejunction*, an antonym of conjunction, meaning separation, loosening of associations, splitting of ideas from emotions. The idea was born of Wernicke’s brain mythology, an attempt at explaining psychopathology, such as hallucinations and delusions, by brain anatomy and nerve conduction. These ideas found their way into Jung’s 1907 *Psychologie der Dementia Praecox* and Eugen Bleuler’s 1911 *Dementia Praecox, oder Gruppe der Schizophrenien*. Freud was quite skeptical about Gross’ synthesis of Wernicke’s brain psychiatry and psychoanalysis, seeing that Freud had himself failed at such an attempt himself in his 1895 neurological fantasia, “A Project for Scientific Psychology,” which remained hidden in a drawer and published only in 1950 (Lothane, 1998a). When Gross (1907) gushed over Wernicke, Freud, even as he acknowledged that “Gross is a highly intelligent man,” was peeved that “Gross wallows in superlatives [about] everybody ... except me” (FJL, p. 69). There was another reason for Freud’s reserve: he had found Pierre Janet’s studies on the role of dissociation in hysteria to be similarly more

descriptive than dynamic. When Freud put repression and the dynamic unconscious on the map dissociation became one of the varieties of repression. While Wernicke's sejunction fell by the wayside, splitting lives on in psychoanalysis. Gross was so enamored of sejunction that he suggested that Kraepelin's dementia praecox should be renamed *dementia sejunctiva*, and would later complain to Freud, with some justification, that Bleuler stole his idea in proposing the word 'schizophrenia,' or split mind, merely a Greek translation of sejunction, to which Freud replied that "he had always disliked disputes over priority (complexive symptom!)" (FJL, p. 414). Be that as it may, 'schizophrenia' has the advantage of yielding the indispensable adjective, schizophrenic, and derivatives such as 'schizoaffective', 'schizophreniform', and 'schizophrenogenic'. The theories did not stop Gross from remaining a Kraepelinian when he concluded that Schreber's "illness, in spite of the exceptionally preserved intactness of his quite unusually high intelligence, was clinically Dementia praecox" (1904a, p. 50). On the other hand, he held that Schreber's introspective ideas sprang from "the unconscious" (p. 51), a statement no other psychiatrist made at that time. Gross would discuss Schreber once more in the third of three essays published in 1920, "A contribution to the problem of delusion," applying Freud's 1911 homosexual theory of paranoia to patients he treated but also offering his own dynamic view of homosexuality as an expression of a wider a sado-masochistic domination-submission complex, a neurotic solution related to heterosexual anxieties and to conflicts over dependence and aggression, thus an important advance over the narrow libido theories of Freud and Ferenczi of 1911. In fact, Freud dismissed Adler's 1908 essay on aggression to recognize it two decades later, inspired by Spielrein's 1912 article on destruction, also cited by Gross (1914a).

I became interested in Otto Gross again while researching the life and work of Sabina Spielrein (Lothane, 1996, 1999, 2003, 2006). Spielrein was Jung's patient at the Burghölzli for nine months from 1904 to 1905, Gross was treated by him there for about four weeks. "Gross and Spielrein are bitter experiences," whined Jung to Freud, "to none of my patients have I extended so much friendship and from none have I reaped so much sorrow" (FJL, p. 229); but none inspired him or touched his soul as did Spielrein and Gross. As told by Jones, "Otto Gross of Graz, a genius who later unfortunately developed schizophrenia" was one of Freud's first votaries in his works (1904a, 1907). That

diagnosis is to be doubted, but not that Gross was Jones' "first instructor in the practice of psychoanalysis and I used to be present during his treatment of a case. Later I prevented him from dragging the great Kraepelin into the courts where he proposed to discredit him by exposing his ignorance of psychoanalysis!" (Jones, 1955, p. 29). Even as my understanding of Gross has now been greatly enriched by Emanuel Hurwitz's (1988) splendidly researched, richly insightful and only full length biography of Gross, I have a different take on the Freud-Jung-Gross triangle. Hurwitz sees in it great envy and rivalry between Freud and Jung over Gross, a cause of their breakup in 1913, which is not supported by exchanges in their letters and which I cannot consider as any reason for their breakup, actually caused by Jung's heretical stance towards Freud's sexual theories (Lothane, 1997).

In preparation for the first psychoanalytic congress in Salzburg, Freud informs Jung: "we shall also have to talk about Otto Gross ... addicted to cocaine [with] toxic cocaine paranoia" (FJL, p. 141), and, Jung added, "also large quantities of opium" (p. 142). Gross and his wife Frieda came to the Salzburg congress at the end of April 1908. On May 6 Freud sent Jung "a certificate for [admitting] Otto Gross. Once you have him, don't let him out before October when I shall be able to take charge of him" (FJL, p. 147), even though Gross admitted himself voluntarily. Gross' first admission to Burghölzli for addiction was in 1902, from which he was discharged to his mother's care. Freud now expressed sympathy with "how much time [Gross] must be taking," but was actually relieved not to have taken him on: "It is shamefully egoistic of me, but I must admit it is better for me this way" (p. 152). At first Jung glowed with satisfaction that his "typically obsessional" patient "has improved a lot" (p. 153), but changed the diagnosis "which [he] long refused to believe but which [he] now [saw] before [him] with terrifying clarity: Dem[entia] pr[aecox]," after "Gross, unguarded for a moment, jumped over the garden wall" – curious how a profound disappointment influences a diagnosis! But psychiatry as a lived profession is not so much about diagnoses, abstract theories and brilliant formulations, but about serving the needs of the patient, about interpersonal relations, dialogue, and ethics (Lothane, 1998b, 2007).

For Jung treating Gross was "one of the harshest experiences of [his] life, for in Gross [he] discovered many aspects of [his] own nature, so that he often seemed like [his]

twin brother – but for the Dementia praecox. This was tragic”(p.156). But what shall we say about the home treatment of Jung’s “schizophrenia” after the breakup with Freud? Sauce for the goose is sauce for the gander: either both Jung and Gross were schizophrenic or none was. Freud was smart not to challenge Jung over Gross’ diagnosis, arguing ever so politely but pointedly: “in paranoia I recognize a psychological clinical type, whereas Dem. pr. still has no precise meaning for me. Now I have no reason to doubt your diagnosis, inherently because of your great experience with D. pr., but also because D. pr. is often not a real diagnosis. ... The need to make a living and the requirements of therapy stand in the way” (p 158). Jung would discover the last truth, too, once he filled his practice with rich patients. At the end of this episode Jung echoed Virgil’s wisdom: *forsan et haec olim meminisse iuvabit*, a day will come when even this will be remembered with pleasure: “Gross, ... no matter how hard to digest, did me a world of good” (p. 171). This was the first known “mutual analysis,” later made famous by Ferenczi’s mutual analysis with R.N. or Mrs. Severn. With this the debate over Gross was forever put to rest. Interestingly, these exchanges show that like Gross before and Jung later, Freud was interested in character, personality, typology, not in pathology. The story illustrates thesis #3: *whatever the doctor’s character flaws are, they will be augmented by the professional hazard of being traumatized, with both positive and negative results.*

On revient toujours a ses premiers amours, we go back to our first love. Gross’ first love was social issues and ethics in life and psychiatry, as reflected in two of his first publications, “On the question of mental representation of social inhibition” in 1901 and “On the phylogenesis of ethics” in 1902, both published in his father’s *Archiv*, both still biologically oriented. The crisis of 1908 was an important turning point. He abandoned biology in his writings, resigned as *Privat-Dozent* at Graz University, and departed from the psychiatric tradition of his father, Hans, and his teachers, Anton and Kraepelin: he turned into a socially-oriented psychologist, emphasizing interactions between the individual and society, in articles such as “The influence of the collective on the individual,” “Notes for a new ethic,” “Note on relationships,” all published before 1914 (Hurwitz, 1988, Gross, 1980).

A pampered only child, Otto was raised like a prince, was first tutored privately and then in school. A precocious, nerdy adolescent, he was shy with girls and a dependent mama's boy, which he acted out in his life-long craving for drugs. Marriage in 1903 did not convert him into a stable bourgeois: in fact, he rebelled against the ethics of his father and superiors, joining avant-garde intellectuals and bohemian anarchists in the Schwabing district of Munich and Ascona, Switzerland, a counterpart of Greenwich Village and the beat generation of the 1950's. He worked sporadically as psychoanalyst, became estranged from his wife, had affairs and out of wedlock children, e.g., with Else Jaffé, sister of the fabled Frieda von Richthoffen who became D. H. Lawrence's mistress, his father paying for his living and drug expenses. In 1908 Hans Gross pleaded with a Burghölzli doctor: "All his life Otto had no idea how to handle money; he does not know the value of money and hands it out when asked. ... briefly, he handles money like a little child" and begged him to use the insanity defense so that his "son *should not* be punished...I beg you, help the poor parents of my poor son"; and in his testament of 1908 he wrote: "immediately following my death my son, Dr. Otto Gross, should be declared insane and institutionalized" (cited by Hurwitz, 1988, p. 218). Nothing is known about Otto's relationship with his mother, Adele, but I suspect that for all his alleged patriarchal harshness, Hans Gross was a tragic King Lear type maternal father who probably died of chagrin at age 68, outlived 20 years by his wife who died in 1942.

After his escape from Burghölzli, in October of 1908, in an open letter in Maximilian Harden's weekly *Die Zukunft* entitled "Parental violence," Gross condemned the involuntary commitment of his 19-year old patient Elisabeth Lang because she was "absolutely not psychotic and in no need of institutionalization" and now exposed to the dangerous "shock of deprivation of liberty" (p. 78). Gross had treated Lang by "including the unconscious by means of Freud's technique to gain insight into the conflict psychology of childhood and the enormous pathological significance of educational suggestions as cause of repression neuroses" (p. 79). His pleadings were successful, but it was not the championing of psychoanalysis that put him at risk but his intervening in the lives of other patients: assisting Lotte Chattermer to suicide in 1906 and prescribing poison to patient and lover Sophie Benz who suicided in 1911, which made the police send out wanted letters on charges of malpractice. Apparently Gross was not ready to

face jail for his beliefs and actions, for he agreed to a suggestion to admit himself to a mental hospital in the Swiss town Mendrisio to treat his depression and drug addiction, from which he was transferred after a few weeks, thanks to parental intervention, to the Steinhof asylum in Vienna. Gross gained a brief respite from the law.

At the end of five years of being on the run, Gross sought safe haven in Berlin but in November of 1913 was arrested by the police in his apartment and told that as “an unwelcome foreigner and morphine addict... he had to leave the country immediately... whereupon he was escorted to the Austrian border and from there committed to a private mental hospital in Tulln near Vienna”, as recounted in a postscript to Gross’ letter to *Die Zukunft*, smuggled out of the asylum, in which he was now pleading for himself, as he had for Lang six years earlier: “I want to face charges in court for what I have done and for what happened but I do not want it to be viewed as a case of mental disorder and a danger to public safety” (Gross, 1914b pp. 305-306). The letter and Harden’s challenge to the father and the Austrian legal system unleashed an international protest campaign in the press to free Gross.

It was too late and to no avail: weeks before the publication of the letter, and in spite of the high publicity of the protest, Hans Gross had his son certified as fully legally insane, that is, like Schreber, incompetent with the rights of a seven year child, and himself appointed as guardian. Father and son represented two interest networks, the familial and the forensic, in conflict, as analyzed by Götz von Olenhusen (2005), who also cited the cases discussed in Beyer (1912). The ruling was based on a psychiatric report filled with Guido Weber-style forensic clichés: “from earliest childhood the patient showed signs of a psychopathic constitution, severe moral disturbances.” He suffered from “unmotivated” depressions. Later he suffered from a “cocaine psychosis with hallucinations... [and] progressive decrease in intelligence and deterioration of his character.” The character pathology was thus a combination of “inborn degeneration, psychosis, and hebephrenia going back to puberty. “He appeared to the examiner as infantile, with at times marked silliness ... His thought processes show marked stereotypy ... filled with deranged and absurd opinions, with “significant defects in judgment.” He exhibited ideas compatible “with a common *self*-referential delusional system ... culminating in *delusions of grandeur*” (summarized, with citations, in Hurwitz,

1988, pp. 222-224): a “system” or ideas was conquered by the legal system. Profiled in the manner of Schreber, Gross was transferred in January of 1914 to a security asylum, Troppau in Silesia, where he was constantly watched, viewed “as a highly criminal patient who attempted to influence the personnel with lies and blackmail,” dangerous, because he fought against the insanity ruling and the detention” (p. 234). Gradually Gross grew cooler and wrote a letter to the authorities that he now had “full insight into his illness and for the immediate psychopathic sequelae of his addiction to opium and cocaine as well as the psychopathic withdrawal symptoms observed in Tulln and previous admissions. ... I have also begun to see that the hospitalization was my salvation, that I was no longer had the strength to stop using opium and cocaine” (cited in Hurwitz, pp. 234-235). Perhaps Gross knew better: that he had a better chance being imprisoned by psychiatrists than facing an imperial German or Austrian court and judge who might impose a harsh prison term on a notorious anarchist and revolution-monger like himself. Hurwitz bemoaned that Otto’s agreeing with his father’s actions “took the wind of his friends’ sails” (p. 282): too bad for the friends’ hurt feelings but to me it shows, as it does for Hurwitz, the deeper current of father-son love under the surface of mutual opposition and unconscious sado-masochism; after all, in a relationship both parties are capable of alternating as sadist and masochist to each other. It also shows that in spite of all the noise, Otto Gross, like Schreber, also had a love-hate transference to the hospital as a mother symbol.

In July 1914 Gross was surprisingly discharged from Troppau as “cured” and moved to a sanatorium in Bad Ischl, where he was for a while analyzed by Wilhelm Stekel, who categorically ruled out that Gross was schizophrenic. In the meantime the Great War broke out and Gross successfully volunteered to serve in the army, since there was a scarcity of doctors. In view of the above, his father applied to have the full insanity status changed into a partial one. His chiefs on the small pox service in Vienna were not as happy with his performance as the commanders in epidemic hospitals in Hungary and Slovenia, who gave him positive evaluations.

In spite of Otto’s repeated requests, the limited incompetency was never rescinded. He tried in vain to get himself examined by psychiatry king Prof. Julius Wagner von Jauregg, whom Freud had defended against an accusation of mistreating

soldiers during the war. Perhaps Gross did not know this psychiatric expert had been involved in a scandal that shook Vienna: it was the sensational affair of the Viennese actor Girardi, whose vindictive wife persuaded Wagner von Jauregg to declare Girardi insane and bury him in an asylum. Girardi was saved by the intercession of his friend Mrs. Schratt, also an actress, and mistress of the emperor Franz Josef. Acting as his own expert in 1915, Gross composed a moving appeal and self-defense, which he ended saying: "I cannot avoid the impression that some of the incomprehensibly erroneous conclusions of the examiners were due to their philosophical inexperience. It is possible that had they exercised stronger self-control, they might have found a more precise insight into the inner life (*Seelenleben*) of the examinee" (Hurwitz, 1988, p. 244). It fell on deaf ears.

In 1917 he had additional admissions for drug abuse and two productive years of his life, from 1918 to 1920, during which he published interesting texts on matriarchy, mother right vs. father right, the basic human need for interpersonal contact, closeness and consolation, the psychology of masculinity and femininity. Was there an unconscious influence of Schreber's ideas? We will never know. More importantly: after his father's death, where was his mother? Was there any contact between them? Why didn't she come to her son's rescue? In early February of 1920 Gross, a love-starved drifter without mother, wife or companion, was discovered in a passageway to a Berlin warehouse in a state of a very different *Zerfall*, i.e., collapse: starving and freezing and suffering from narcotic drugs withdrawal and pneumonia, to die shortly thereafter.

Whatever anyone thought of Gross' revolutionary preaching, it was kid stuff compared to the vitriolic anti-imperialism and anti-clericalism of Oskar Panizza, another allegedly mad psychiatrist, clearly a kindred spirit, whom Gross, as far as I know, never mentioned. Gottfried Heuer (2003) drew illuminating parallels between the fates and revolutionary ideas of these two personalities.

Oskar Panizza's (1853-1921) drama

Oskar Panizza, another psychiatrist turned patient, was perhaps the most provocative and persecuted German author, satirist and social and cultural critic, another depth psychologist, philosopher and visionary, another martyr for his ideas. Posthumously

included in the pantheon of psychotic geniuses (Lange-Eichbaum, 1927), he is another enigma of normality and pathology. His life and work were researched in an acclaimed doctoral dissertation by P. D. G. Brown (1983), an exhaustive biography based on unpublished biographical sources by Bauer (1984) who showed that Panizza's self-promoting diagnosis of syphilis was a chronic bone infection, and a monograph by Müller (1999), who published an array of psychiatric reports.

Whereas Schreber's mother was ignored and Gross' unknown, Panizza's mother was a central figure in his entire life. Karl Panizza, his father, came from an Italian Catholic background and died when Oskar was two years old. His mother Mathilde, a Germanized descendant of French Huguenots, feisty and tenacious, Oskar's traits as well, fought the Bavarian Catholic authorities tooth and nail to raise her children in the Protestant-evangelical faith, a fight that lasted for year. After many heated disputes with his mother about various career choices Oskar opted for a medical career, graduating in 1880 *summa cum laude* with a dissertation "On myelin, pigment, epitheliums and microcci in sputum." His medical career was short-lived: like his mother, he would soon become an author. In 1882 he became assistant physician at the Munich Oberbayrische Kreis-Irrenanstalt led by Professor Bernhard von Gudden, alongside Kraepelin, where Gross would work as well. Von Gudden, who devoted himself to animal (experimentation) and human (post-mortem) brain research but contributed precious little to clinical psychiatry (Schott & Töle, 2006), would have been forgotten were it not for the role he played in the life and death of the grand, gorgeous and gay Bavarian king Ludwig II.

This popular and beloved *Märchenkönig*, the fairy tale king, squandered millions but also built those magnificent castles and for Richard Wagner the Bayreuth opera house, all tourist destinations that have brought in millions, too. The government did not like Ludwig and in 1886 appointed a psychiatric quartet led by von Gudden, which, without ever examining the king, declared him legally insane and had him arrested and imprisoned in a castle on Lake Starnberg. Rather than negotiating the king's abdication in favor of a regent, the government used a expedient psychiatric- legal shortcut, an abuse of psychiatry for political gains. A few days later the doctor and the patient went for a walk in the park from which they never returned: both were found mysteriously drowned in the

lake, stuff of many books, films, and a 2000 musical with a title echoing Hurwitz's book: *Sehnsucht nach dem Paradies* (longing for paradise).

In his diary Panizza expressed his sympathy for Ludwig: "Poor young king, I feel so sorry for you, from a secret sympathy, ... because I could have been your spiritual brother; something is also eating at my soul, and crazy thoughts often play havoc in my head" (cited in Müller, 1999, p. 48). On the other hand, he had no affinity for von Gudden, whose soul mate was Panizza's tough-minded co-worker and colleague Kraepelin, who revered the boss as an inspiration for his own career. Panizza had no stomach for slaughtering experimental animals, cutting brains, or materialistic psychiatry, as he described in unpublished poems (Müller, 1999, p. 44-45). Fearing the family history of mental illness, he was also traumatized by his dealings with the mentally ill, as a result of which he developed a "gemütische Depression [mood disorder] that lasted for a year" (Lippert, 1926, p. 11). After two years of service Panizza tendered his resignation: he did not have to work for a living, the pension he got from the sale of the family hotel afforded him the freedom to devote his life to leisure, literature, lecturing, and publishing; and especially as a social critic of church and state, willing to pay the price in legal persecution, trials and imprisonments, confiscations of assets, psychiatric diagnoses and civil commitments, to end his life in a hospital. Literary and social critics saw him as culturally creative (Anz, 1980), a psychiatrist pathologized his published writings as paranoid (Müller, 1999).

After a tame debut with volumes of poetry and prose Panizza scandalized readers, but above all the authorities, in 1894 by publishing in Switzerland, as segue to his previous banned and confiscated spoof on the immaculate conception of Virgin Mary and licentious popes, the satirical drama *Das Liebeskonzil* (The Love Council), subtitled "*A Heavenly Tragedy in Five Acts*," depicting "the origin of syphilis as God's vengeance on his sexually overactive human creatures" (Brown, 1983, p. 36). Nothing like had ever been published in Wilhelmine Germany or elsewhere. It was an instant *cause célèbre*, hailed by one friend as "absolutely colossal!" and another as "a most mature, artistically best balanced work" by "our Aristophanes. But you must go abroad, for now they will lock you up," while an American-German stated that "the wit and massive power of Panizza's sarcasm have not been surpassed or even equaled by the most famous satirists

in world literature” (Panizza, 1897, app. p.1f.) There were positive and negative reactions in the press, with critics thundering: “his canvas is only painted with dung, spinach, and ‘rhinoceros oil.’ It is no pity if such books are confiscated and burned,” “wild and repulsive [...] certainly the outgrowth of insanity” (Panizza, 1897, app. p. 1f.) (A propos burning: this would be done to Freud’s books in Germany 1933 and to Wilhelm Reich’s books in the USA in 1954.) The work also caught Freud’s eye: analyzing a dream and a memory of himself at age seven, when he urinated in his parents’ bedroom, he “recalled a strongly revolutionary literary play by Oskar Panizza, in which God the Father is ignominiously treated as a paralytic old man. In his case will and deed were represented as one and the same thing, and he had to be restrained from cursing and swearing by one of his archangels, a kind of Ganymede, because his imprecations would be promptly fulfilled” (Freud, 1900, p. 217). Heuer (2003) rightly suggests that Panizza might have seen this reference to himself in Freud. Curiously, sexual revolutionary Freud missed what was uniquely revolutionary in *Liebeskonzil*: an exposé of centuries-long church hostility to sexuality, the body, and sexual freedom, complete with burning women as witches consorting with the devil. By contrast, Max Nordau (1892), another doctor, diagnostician, and writer, would have thundered against Panizza as “degenerate” (*entartet*), along with such revolutionary social critics as Nietzsche, Tolstoi, Zola, and Ibsen.

Within weeks of the confiscation of the work, rather than going abroad, Panizza, like Oscar Wilde whom he would later meet in Paris, defiantly chose to stand trial for the crime of “publicly blaspheming God with abusive statements, creating an offense, and insulting public institutions and customs of the Christian Church, especially the Catholic Church” (Panizza, 1895b, p. 36); and like Schreber, he chose to defend himself rather than letting his defense attorney do it. Placing himself within the tradition of anti-religious literature, Panizza addressed the simple-minded jurors: “If I attacked the divine, then I did not attack that divine spark that slumbers in the heart of every person, but rather I attacked the divine which had become a farce in the hands of Alexander VI” (Panizza, 1895b, p. 20). It fell on deaf ears: besides, this was not France, where blasphemy laws were repealed in 1789 as inconsistent with the Rights of Man, separation of church and state, and freedom of the press. Panizza was found guilty and sentenced to

one year in prison, the harshest ever imposed on an artist in Wilhelmine Germany. There were many indignant reactions: “in 300 years it will be as difficult to comprehend that someone was imprisoned for a book in our time, as it is for us today to comprehend that 300 years ago someone was burned for a book” (Panizza, 1897, p. 6). Another declared: “The public [...] should finally learn from such trials that literary and artistic charges and violations ought to be outside the state’s jurisdiction – artistic products should be measured by artistic standards, not by legal, medical, philological or any other criteria – in extreme cases they should be censored by an intellectual elite – not by a jury” (Brown, 1983, p. 46). This defense was relevant to later attacks on artistic freedom as in the case of D. H. Lawrence’s *Lady Chatterley’s Lover* and James Joyce’s *Ulysses*.

In 1896, when Panizza was locked up in Amberg prison, the family asked for pardon on grounds of insanity with two supporting briefs, one by his physician Dr. Ostermeier attesting that the imprisonment would aggravate his heart condition and his mental condition, which made him not responsible for his actions; and Dr. Nobiling certifying that solitary confinement would cause a deterioration in his mental state (Müller, 1999). Panizza held his head high: “in response to a subsequent claim of insanity submitted by the attorney (without consulting the prisoner), there followed an investigation *quoad psychen intactam* – ‘Are you insane?’ – ‘No–, which led to a negative conclusion”(Lippert, 1926, p. 14f.). The prison physician Dr. Schmelcher practiced an opposite kind of accommodation-psychiatry: he determined that Panizza was both physically and mentally fit, thus legally responsible and able to tolerate life in prison. Panizza served the full sentence which, according to the prison deacon, he “endured patiently like a martyr to his cause, and his behavior was above reproach” (Lippert, 1926, p. 45). As in the case of Oscar Wilde, Panizza was wrecked by the cruel punishment. After his discharge he appeared a changed man to a stunned friend: “Out of the thinker had become a brooder, out of the knower a doubter, out of the laugher a grinner. His subdued voice and his tearful eyes stood in shocking contrast to the intoxicating atmosphere and noisy gaiety of these hours in the Munich Ratskeller” (Brown, 1983, p. 51). Later Panizza would admit: “it was dumb of me not to avoid a Bavarian jury trial. But what’s the use? I won’t be any smarter next time. In certain moments it is neither our reason or our wisdom that make the decision but our blood. It

was Huguenot opposition-pleasure and hostility towards the state that made me stay” (Müller, 1999, p. 89).

Panizza could no longer find happiness and love in Munich: he gave up his Bavarian citizenship to become a stateless exile in Zurich, a Mecca for all manner of intellectuals, anarchists, socialists, and revolutionaries. He had few friends but was productive, continuing his critique of throne and altar, autocracy and theocracy, in the form of bitter personal attacks, in a periodical he published, *Zürcher Diskußionen*, and in a revised and enlarged edition of the *Das Liebeskonzil*, both during 1897. In 1898 he published his remarkable *Psychopathia criminalis* which Müller (1999), a psychiatrist with a strong interest in forensics, pigeonholed as a work of “antipsychiatry” and Panizza as the first antipsychiatrist, both incorrect. To this end Müller suggested a spurious either-or: either Panizza was completely sane but persecuted by the state and alternately a victim of a “politically motivated incompetency ruling by a state-controlled accommodation-psychiatry (*Gesinnungspsychiatrie*)” (p. 10); or he was objectively diagnosed as insane by a scientific forensic psychiatry acting in good faith. But surely forensic psychiatry has not been scientifically lily-white, its history abounding in all kinds of political accommodations and abuses, as in the cases of King Ludwig and Belgian king’s daughter Princess Louise (Lothane, 1992, 2004), or in the former Soviet Union. Also in 1898, Wilhelm’s objection to being satirized in cartoons in *Simplicissimus* founded in 1896, resulted in closing of the weekly, exile for its editor, and prison terms and a hefty fine for others.

Whether psychiatric diagnoses are scientific is debatable, but given the fact that like mental illness itself, these diagnoses were *interpretations, opinions, and pleadings*, affected by attitudes, mind sets, and the socio-cultural *Zeitgeist*, and, above all, social and moral conflicts, they were ineluctably manipulations of a *Gesinnungspsychiatrie*! And Panizza, like Schreber and Gross, had his own opinions. He never denied he was seriously depressed, asked for psychiatric help and was refused. He threw stones at passers-by to be arrested and either jailed or hospitalized, thus not a terribly great danger to public safety, so why declare him insane and deprive him of his civil liberties? Nor was he a rabid antipsychiatrist, for, on Müller’s own showing, „[Panizza] published ... [on] the state of contemporary psychiatry promoting a kind of patient-centered

psychological psychiatry” (2000, p. 337). Nor was Panizza’s *Psychopathia criminalis* any attack on psychiatry but what he called “a political satire” of German society, afflicted with “its own political psychosis” that makes its sufferers in the “hundreds of thousands prostrate themselves before one man and let themselves be worked over by the hoofs of his horse. This is cattle-compulsion. Such people are a menace ... I am telling you: all you need is an embroidered horse-caparison to be able to dominate the Germans,” a cryptic allusion to Wilhelm’s empire and the power of political propaganda. Panizza’s cure for these sick hordes was to lock them up in “a big enough madhouse the size of the Palatinate,” big business for psychiatrists. I disagree with Müller that, during his days with von Gudden, Panizza had “a psychotic episode” and “since 1883 ... tried to cope with psychotic episodes by writing and publishing articles” (2000, p. 335), according to Müller, filled with pathological delusions and hallucinations (Müller, 1999, 2000). I also disagree with Müller’s organicist conception of hallucinations as a “primary” disorder that *causes* “‘paranoia’, ‘dementia praecox’, ‘schizophrenia’ “ (p. 15), or, better yet, paraphrenia. Müller (1999, 2000) was impressed that examining Panizza in 1901 inspired Kraepelin to introduce a new disease in 1916, paraphrenia, actually a diagnosis already used by Kahlbaum. Compare this with Freud’s (1911) suggestion “to give dementia praecox the name of *paraphrenia*” (p. 76, his italics), even though “it is not on the whole of very great importance what name we give to clinical pictures” (pp. 75-76) – I could not agree more. Indeed, psychiatry seemed to show great progress since the mid-century unitary psychosis concept of Griesinger and his teacher E.A. Zeller: they conceived an affective unitary disorder (*Einheitspsychose*) of which there were many varieties and stages. While the loss of the affects and mood focus was bemoaned by Kraepelin in the 1896 fifth edition of his *Lehrbuch*, he himself broke with this tradition to become the Linné of psychiatric classifications. What is lost sight of in this intellectualized multiplication of diagnoses is that these do not help to understand the meaning of the drama of a life and lack empathy for the person who lives, loves, and creates. Besides, people like Schreber, Gross, and Panizza knew as much about diagnoses as the experts that examined them; for a psychiatric diagnosis is not like a medical diagnosis: only in the latter does the expert, combining clinical observation with objective tests, know more than the patient, a cancer is a cancer, there is no *Gesinnungsmedizin*. This leads to

thesis #4: *Other than merely scientific, psychiatric diagnosis is socially constructed and used as a means of advocacy and social control by various vested power interests.*

Panizza had this opinion: “*We are incapable* of objectively judging *mental states.*” “We speak of ‘mental diseases’ when someone rejects reason in favor of instinct ... we can only say of the other’s mental states that they are different from ours, that they do not conform to the social and cultural life of our time” (cited in Bauer, 1984, p. 41; Panizza’s italics).

The organic conception of hallucinations is based on the historically mistaken conception of hallucinations as quasi-neurological disorders of perception, whereas methodologically hallucinations are phenomena of imagination, of fantasizing, dreaming and daydreaming, thus emotionally caused psychological reactions to frustrating reality (Lothane, 1982). Panizza (1895a) cannot escape this mistake either. Beholden to the premise that, physiologically, both “normal sensory perception and hallucination are projected from the inside into the outside world,” he reaches a startling conclusion: “*so the world is hallucination*” (§7, his italics). This is not a psychotic idea but a metaphysical doctrine inspired by George Berkeley and idealist philosophers Kant, Fichte and Schopenhauer, epitomized in the latter’s notion of the world is one’s *Vorstellung*: imagination, representation, projection. Of course, Panizza knows “that we have to *behave* as if the world hallucinated by us is real” (§11; his italics). Moreover, Panizza wants to understand not only how he perceives things but how he *thinks*, and in particular how an *Einfall*, a spontaneous idea, is capable of “an abrupt, sudden intrusion into [his] psyche” (§9), how such an *Einfall* is „something born of the „unconscious,“ as a „hallucination“ (§8), caused by a “principle” that is „*creative, active, inspiring, and driving*” in the life of the “individual” (§10, his italics). He was five years ahead of Sigmund Freud’s similar ideas formulated in the *Traumdeutung* (1900).

Panizza’s inability to cope with reality resulted in a withdrawal from life, in giving up, in regressing to a solitary life as a recluse, or a dependent one as an inmate. In fact, Panizza suffered from recurrent reactive depressions, increasingly more debilitating as time went on, filled with fantasies, metaphors, and myths, which psychiatrists diagnosed as delusions and hallucinations and judges as proof of insanity. As with Weber

and Schreber, or Gross father and son: one man's mythology can easily become another man's pathology.

Panizza's luck in Zurich ran out and in 1898 when, as a stateless person, he was "administratively" banished after a 15 year old prostitute complained to the police that Panizza had her posing for nude photographs. This gave the police a neat excuse to expel him as a *persona non grata*, for other reasons as well: it was also acting on information from the German imperial police, in cooperation with other states, culminating in the creation of Interpol in 1923 (Deflem, 2000). He moved to Paris, but his life was going nowhere. There, in 1899, he penned a virulent collection of verses, *Parisjana* (1899), one thousand copies of which he published himself, a work, he said, "in which the author's personal opponent, Wilhelm II, is portrayed as the public enemy of mankind and culture, and in which the acuity of the train of thoughts and their form of expression were pushed to the extreme limit of the aesthetically permissible" (Lippert, 1926, p. 17). There he also ridiculed the Germans, with obedience ingrained in their character (*deutscher Gehorsam*), submitting to the Kaiser

To become the henchmen for a stupid boy
Loses its rights to rule
And sinks forgotten into the night.
A people of lackeys,
Content to be natural-born servants,
Loses the power to lead
Loses the right to exist (Panizza, 1899, p. 21).

Panizza's extravagant and florid fantasies about Wilhelm should not be taken literally but symbolically, deriding the Kaiser as a symbol of a corrupt internal and external imperial political system that persecuted him legally. The rulers and the masses would be similarly satirized in Heinrich Mann's novel *Der Untertan* (the subject), composed in 1914 but published in 1918. This was no paranoia, this was perspicacity and prophecy: William II, an erratic emperor ruled by courtiers and camarillas, imperialistic and militaristic, who in 1890 dismissed a war-weary Bismarck in favor of more docile Kanzlers, would conscript millions of Germans to become his henchmen in World War I, to end in abdication and exile, leaving Germany traumatized and rearming for another war. Two decades later dictatorial and genocidal Adolf Hitler would be the Pied Piper for millions of Germans to

become his henchmen in World War II, to end in shame and suicide, leaving Germany in ruins but this time reborn, for the first time, as a strong democracy.

Panizza's former friend in avant-garde circles, Michael Georg Conrad, to whom *Parisjana* was dedicated, denounced the work in scathing reviews and called for bringing Panizza to justice. The reaction of the public prosecutor was swift: the same man who had convicted and jailed him for blasphemy now got him for the crime of *lèse majesté*, declared fugitive from the law *in absentia*, and had his assets of 185,000 marks confiscated. This would not have happened in Paris, because the French Republic had also repealed the crime of *lèse majesté*. Penniless in Paris and unable to pay his rent, pursued by the police with wanted letters, Panizza returned to Munich in 1901 and was imprisoned for five months. This time the prosecutor was merciful: in new psychiatric reports signed by Ostermeier and Nobiling he was diagnosed as paranoid, the charges were dropped by reason of insanity, and his assets unfrozen. He was sent to the same insane asylum, where he had been von Gudden's assistant two decades earlier, kept there for six weeks, examined by Kraepelin among others, and discharged.

Panizza went back to Paris but it was no longer the friendly Paris he loved: he lived alone, was severely depressed, his life in shambles. In Paris Panizza composed his 180-page long manuscript *Imperjalia*, rediscovered and published by Müller in 1993 (Müller, 1999, excerpted on pp. 131-150). In this text Panizza continued to vituperate against Wilhelm II and the empire, spinning most fantastic yarns, weaving those into an autobiographical narrative. The dead Bismarck is resurrected to carry out a plot to exterminate the Hohenzollern dynasty and establish a Greater Germany. This Wilhelm richly deserved, in his eyes, for "having committed crimes and offenses such as sex murders, holdup murders, thefts, lies of all sorts ... aiding and abetting murders ... abuse of his own children ... poisonings, incest, furthering prostitution" (p. 141-142) For Müller this is the apogee of Panizza's paranoid "system," of his being "undeviatingly convinced of the validity of his delusional construction" (p. 141), not unlike opinions about Schreber's system. But how does Müller know that Panizza harbored such a conviction? What if he missed again Panizza's bitter irony? Wilhelm destroyed his dynasty himself and Hitler realized the fantasy of a grander Greater Germany. I am more impressed with Panizza's statements about subjective feelings of persecution: seeing

lights in windows, he felt that these “signaling lights are warning me to use my newly won freedom with care and circumspection” (p. 132); that they “suggested a ingenious and sneaky organization of a secret surprise-service,” that “he was watched and monitored everywhere ... that my life and writings are of decisive importance ... but how is it that perhaps due to an unusually caustic or irritating style, I have been placed in the midst of an extravagant comedy. A relevant item remains unknown to me”(p. 134). The fluctuating paranoid feelings appear to be part and parcel of a deepening helplessness and hopelessness, anxiety and depression, and psychosomatic bodily equivalents such as malaise, nausea, fear of dying. As noted in his diaries: “For a month I have heard noises (*Luftsingen*), true hallucinations, perhaps due to observing a strict diet (no meat or alcohol). ... I have lost a lot of weight. Evenings I get quickly exhausted. Cannot work with artificial light, am very sensitive to light, the noises continue, but I am getting used to them” (135). The relief was temporary and he continued to deteriorate. In 1902 Panizza confessed that he was “suffering from ... genuine hallucinations”, and two years later diagnosed himself as having a “dissociation of personality”: he was getting worse, with “a tragic tendency of my brain automatically to repeat certain sounds and tones” (p. 212). As in Schreber’s case, Müller misses the pervasive depression and, relentlessly pursuing Panizza’s ideational paranoid “system” even reaches the improbable conclusion in 2000 that Panizza was a sufferer from “a Capgras’ syndrome of political doubles” (p. 337). But this is Müller’s fantasy. True, Panizza believed Wilhelm’s doubles appeared in various places; but in the true Capgras’ syndrome the sufferer, on meeting someone he knows well *personally*, will claim that the person is a double or an impostor who assumed the real person’s appearance, and this Panizza did not do.

Panizza returned to Munich severely depressed, contemplated hanging himself in a public park, and desperately sought admission to a hospital but was repeatedly refused, e.g., by Dr. Ungemach because he was not a citizen, even though he wanted to pay for it. In 1901 Dr. Ungemach wrote a report in which he opined that it had been a sign of mental illness to vent in *Das Liebeskonzil* the “exorbitant cynicism with which he offended the religious sentiments of millions” (Müller, p. 125); proof of mental disease was also furnished by his *Psychopathia criminalis*, where he cast “excessive suspicions against the German prince [i.e., the Kaiser], the entire class of public servants, and

against his own class and profession, the psychiatrists”(p. 125); and lastly, his 1899 *Parisjana*, “such a rejection of everything that is dear and sacred to a mentally healthy person, ... such a denial of his national ancestry and wallowing in vulgar and scurrilous language” (p. 127), against the Kaiser and state religion, were proof of “a complicated paranoid system” (p. 128). But Panizza was not just paranoid, he was also persecuted, from 1893 on! In utter desperation, Panizza ran through crowded streets of Munich, naked from waist down, to get himself arrested and obtain the much needed help: it finally worked. His despair was all the more acute as the mother had rejected her son, the black sheep of the family who refused to get married; she refused to post bail and advised the doctors to lock him up and appoint a guardian. Their estrangement was so far gone that when she died in 1915 he did not even react. What a contrast to the fate of a greater, but more circumspect, critic of Wilhelmine Germany, Nietzsche, who also ended in defeat and total withdrawal from life into silence; however, he had the luck to have had a devoted mother and sister, who arranged for luxurious home care until his death (Volz, 1990).

What followed was Panizza’s confused and confusing odyssey until in 1907 he found final refuge in the luxurious Sanatorium Herzoghöhe in Bayreuth, where Dr. Bernhard Beyer served as *Oberarzt* and where Panizza was the only psychiatric patient. A visitor observed him as fully lucid, while Lippert attested to angry tantrums; he filled notebooks with texts and drawings that made it to the famous Prinzhorn Collection of psychotic art. He gradually sank into complete apathy and died of recurrent strokes.

Of interest are the psychiatric reports and the examination of Panizza in 1904 by judge Seidl in 1904 in the presence of Drs. Ungemach and Hans von Gudden, Bernard’s von Gudden’s son. They were talking past each other, they came from different places. Space does not permit a detailed analysis of the many confusions and contradictions in these proceedings, which Panizza called “a comedy”; suffice it to say, that the interrogators had already made up their mind and grilled Panizza to prove it. For Dr. Ungemach and others anyone as unpatriotic and scurrilous as Panizza was crazy, *verrückt*. His final verdict of 1905: “*chronische Verrücktheit* (paranoia) and incapacity, due to insanity, to handle his affairs” (Müller, 1999, p. 177). But was this really necessary? Panizza wanted to be hospitalized but objected to being stigmatized as insane.

The issue is not that the examining judge and doctors were unfair: this is how they were trained to do their job; and Panizza had the naiveté, nay, the chutzpah, to challenge them and the established order: “you are not in the position to judge these things. You lack fine discrimination” (p. 165), daring to trumpet his own conception of psychiatry against theirs.

In conclusion: from Christ vs. the Pharisees to Galileo vs. the Inquisition to our three heroes, the conflict between an inspired rebel and established order is a recurrent theme in the history of ideas. A different phenomenon is when organized patriarchal power is challenged by organized rebellion, as the early Christians against Rome, Luther against the papacy, the French and Russian revolutions against monarchy. Our heroes chose to martyr themselves for their ideas. Their insights are invaluable in teaching us intellectual humility, openness to self-examination, and search for a deeper spiritual truth.

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ⁱ This text was not written by Guido Weber: it was an unsigned *report* of a *discussion* during session Nr. 81 of the Dresden Forensic-Psychiatric Association, held on April 23 1903 and published in 1905, in the journal section "Proceedings of psychiatric associations." It starts as follows: "Herr Geheimrat Dr. med. Weber-Sonnenstein opened the discussion of his lecture, "Ein interessanter Entmündigungsfall" (an interesting incompetency case) (held during sessions Nrs. 78 and 79). From that lecture the following was brought out..." (1905, p. 402). What follows is Weber's introductory remarks, repeating some details from Weber's psychiatric expertises printed in the *Denkwürdigkeiten*, and interventions by Hofrat Dr. med. Ganser- Dresden, famous for describing the Ganser syndrome, and three judges. Busse (1990) claimed this was a "a hitherto unknown case study of the patient [Schreber] by Dr. Weber" (p. 31). A few pages down Busse demotes „case study" to „report" and extols the "hitherto unknown and 'forgotten' report, appearing six years before the study by Freud, as the first known publication about the Schreber case" (footnote, p. 35). Busse's enthusiasm is understandable but the information is doubly incorrect: neither is the "report" comparable to Freud's case study nor is it a historic first; the honor of the first publication dealing with Schreber before Freud belongs to Otto Gross (1904a), as also confirmed by Stingelin (1998). Busse started a priority dispute with me in 1989. Busse attacked me for citing this report in my first paper on Schreber in 1989, even though I credited him with having found it, and submitted a paper to *The Psychoanalytic Review* entitled "Schreber, Lothane, and the second invention of gun-powder," insinuating I plagiarized him.