**Lost traffic**

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**Sigmund Freud**

**A CASE OF HYSTERIA (DORA)**

Translated by Anthea Bell

With an Introduction and Notes by Ritchie Robertson

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I da Bauer with her brother Otto, 1890

variation on the bourgeois Jewish experience in Vienna around 1900; of the medical validity of hysteria as a diagnosis; and of the pains-taking account of what can be deduced from Freud’s text about his therapeutic method in this case and his methods in general. Turning straight to the text, on the other hand, brings some unwelcome surprises.

Anthea Bell, who previously translated *The Psychopathology of Everyday Life* for the Penguin Freud edition, has certainly produced a fluent, eminently readable text. She has also corrected the odd error or infelicity that had remained in the version by James and Alix Strachey to which Freud himself gave the imprimatur. Her own translation, however, is riddled with problems.

From the outset, Bell makes choices and compromises that take the rhetorical punch out of the original. In a tetchy passage in the combinative "Foreword", where Freud anticipates that some physicians will read the case study as though it were a *roman à clef; crucial punctuation has been changed. In the original, Freud interrupts this sentence with four dashes; the two separating the comment "ekelhaft gemoed" ("disgustingly enough") have been omitted, and the phrase itself is watered down to "regretably enough". Freud continues by assuring "this genus [Gattung] of reader" that he will do all he can to protect the privacy of his patient. In Bell’s rendering, the biological term — "species" might be an effective alternative — is discarded for the bland formulation "such readers". A similar diminution of satirical charge occurs in the following paragraph where "readers with a strong sense of propriety" is substituted for the "chaste reader" ("der keusche Leser"). Freud’s tersely evocative phrase anticipates objections to his use of explicit terms for sexual organs and functions, and perhaps alludes to the "unchaste thoughts" ("unkusche Gedanken") prohibited, according to Catholic interpretation, by the ninth commandment.

The "Foreword" is also, inexplicably, missing.

To a large extent, psychiatry today remains a relic of theories and classifications propounded around the turn of the twentieth century. Attempts to incorporate its practice the empirical principles of modern medicine and pharmacology over the past sixty years have created deep divisions across the discipline, which have yet to be bridged. Those who hold on to psychoanalysis and its variants tend to look on modern psychiatry as a list of diagnoses manufactured by the drug companies, whose interest is in selling medication and making profits, while the more biologically minded consider psychoanalysts and therapists as little more than pamphlets. The consequences have been ugly: the taboo against mental health is as intense as ever, and even prominent doctors see fit to dismiss psychiatry as a pseudoscience. Depression and mania, especially in their connected form as bipolar illness, have at once become the most abused and most vilified of diagnoses in medicine.

Darian Leader is a psychoanalyst who belongs firmly to the first camp, a student of Freud and Lacan, and deeply sceptical of medications. His most recent book, *Strictly Bipolar*, is an attempt to take on psychiatry’s current poster-child.

Leader writes clearly and engagingly, often with great sympathy for those who suffer from the more extreme forms of the illness, and frequently offers genuine insights into the behaviours that underlie the condition. Many of the behaviours manifested during mania, Leader argues, stem from a narcissistic motive, the need to protect or ensure the happiness of a loved one. Leader also notes the role played by socio-economic pressures among ethnic minorities, in some of whose families, he says, the pressure for self-attainment creates a fertile soil for the cycles of mood and temperament we see in bipolar illness. He is at his best when he observes, for example, that manic-depressive patients do not see the world in binaries so much as attempt desperately to separate the greys of the world into their constituent blacks and whites. "Bipolarity", he writes, is "less a pendulum of moods than an effort to keep [the] two poles apart." I think such distinctions are important, and attest to the great value of psychotherapy in medical practice.

Those looking for a more well-rounded treatment of bipolar illness, however, will be disappointed. From the very first sentence, the author wears his prejudices openly. The increase in diagnoses and prescriptions for the spectrum of bipolar illness, he must know, cannot alone amount to a conspiracy on the part of the pharmaceutical industry. To casually link this increase with celebrities who have openly declared their diagnoses, or self-help books that urge us to "tap into our hypomania", is a populist trope unworthy of him, which is all the more ironic as the bulk of the case histories he deploys in the book are taken from the lives of celebrities such as Stephen Fry and Vivien Leigh. Does he really believe that this is the best way to mitigate the stigma against mental illness?

He is right to question the increasing tendency to pathologize all forms of human behaviour, and to be sceptical of diagnoses suggested and pushed by drug companies, but it is irresponsible of him not to acknowledge the thousands of lives saved by antidepressants and mood-stabilizers such as lithium. Indeed, there is barely a page in the book devoted to empirical research into mania and depression, and the biological and biocultural anomalies consistently found in those who suffer from it. More problematically, it posits the existence of a golden age of psychiatry in the nineteenth and early twentieth centuries, before the advent of pharmacological treatment.

Leader argues, it apparently had a higher rate of success. Notwithstanding the fact that success in psychiatry is seldom definable, this is nostalgia of the most egregious kind, which ignores the horrors of asylum and institutions to which the so-called mentally ill were committed in their thousands.

A proper synthesis on mood disorders that combines the thoughtfulness of psychoanalysis and the empirical findings of biology, that examines the correspondences between the two approaches, has yet to be made available for the general reader. I would wager that this is because we are all still Descartes’ children, believing that the mind and the body are separate, and that the mind can be affected by our will alone. Where we would unhesitatingly use drugs to treat physical ailments, when it comes to anything that affects our behaviour, we remain prejudiced not to interfere. Darian Leader’s book, though by no means without merit, does little to rectify that prejudice. Instead, in wanting to be both a sociological argument against overdiagnosis and overmedication, and a therapeutic guide for bipolar illness, it feels at best incomplete.