

Freud's *Fragment of an Analysis of a Case of Hysteria* has long since left the shaky scientific moorings of the psychoanalytic case history, passed through the rarefied cultural sphere of modernist literary interpretation, and descended into the messy arena of popular culture. Just last year, the young American writer Lidia Yuknavitch published *Dora: A headcase*, which reads like a running parody of Freud's text. Set in Seattle in the present, the story features a teenager named Ida (after Ida Bauer, the real name of Freud's patient), who turns the tables on an imperious therapist named Freud. Among other antics is an episode in which she spikes his tea with Viagra and then, using a hidden micro-cam, records his subsequent trip to the hospital.

The Touchstone paperback of 1997, which Yuknavitch cites in her acknowledgements, has been complicit in this often amusing, occasionally alarming development. It all began when Freud's original title was changed to *Dora*, the name he assigned to his reluctant patient, in order to ensure her privacy. Compounding this fictionalizing effect is a publisher's notice that advertises a gallery of "Major Characters in Freud's Most Fascinating Case History", as though they were the dramatis personae for a soap opera.

This new translation, edited by Ritchie Robertson, seems calculated to reverse or at least to slow such melodramatic packaging, and the sixty-five pages of introduction and other front matter may well deter the casual reader from ever reaching the text itself. To his credit, Robertson pauses in the middle of his introductory essay with this counsel: "The reader who has got this far should now stop reading the introduction and turn straight to Freud's text". No one, however, will want to forgo the meticulous, informative discussions of what is known of Ida Bauer's actual dysfunctional family and its

variation on the bourgeois Jewish experience in Vienna around 1900; of the medical validity of hysteria as a diagnosis; and of the painstaking 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 testy passage in the combative "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 genug" ("disgustingly enough")

## Lost traffic

LEO A. LENSING

Sigmund Freud

A CASE OF HYSTERIA (DORA)

Translated by Anthea Bell  
With an Introduction and Notes  
by Ritchie Robertson  
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Ida Bauer with her brother Otto, 1890

have been omitted, and the phrase itself is watered down to "regrettably 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" ("unkeusche Gedanken") prohibited, according to Catholic interpretation, by the ninth commandment.

The "Foreword" is also, inexplicably, miss-

ing a significant passage. Freud concludes a conciliatory paragraph, written in the spirit of a true *captatio benevolentiae*, with the admission that he can "present only a fragment of an analysis". The omission of this particular sentence unintentionally reinforces the effect of the abbreviated title chosen for this edition, which suppresses the key terms "fragment" and "analysis". In a justly famous passage, Freud, using the German synonym "Fragment" for the "Bruchstück" of the title, elaborates on the idea that the incomplete can convey the whole by comparing his own work to that of the archaeologist who reconstructs objects or buildings from ancient ruins. This is Freud at his most literary – the *Fragment* is the central genre of German Romanticism – and, in fact, recalls a passage in an essay that one of his favourite authors wrote about another: in "Shakespeare's Girls and Women", Heinrich Heine praises the Bard's ability to recognize the universal meaning of even "the smallest fragment" of the external world. Using both "Fragment" and "Bruchstück", Heine also offers a comparison, in this case to the mathematician who can construct the midpoint and entire area of a circle if given its "smallest fragment".

Unfortunately, this edition remains fragmentary itself, in a manner that has nothing to do with Romantic form. Other entire sentences are missing, as is a crucial footnote from the section in which Freud explains that the "Bahnhof" (railway station), which is crucial to his construction of a "symbolic geography of sex" in *Dora's* second dream, "is used for purposes of 'Verkehr' ['traffic', 'intercourse', 'sexual intercourse']".

It is said that during Freud's lifetime analytic candidates memorized the entire case histories, even the footnotes. The thinning ranks of their successors today will be grateful that the Stracheys reliably included them.

To a large extent, psychiatry today remains a relic of theories and classifications propounded around the turn of the twentieth century. Attempts to incorporate into 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 palm-readers. 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 ill-

ness, and frequently offers genuine insights into the behaviours that underlie the condition. Many of the behaviours manifested during mania, Leader argues, stem from an altruistic 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 psy-

## Leigh and Fry

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Darian Leader

STRICTLY BIPOLAR  
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chotherapy 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 conditions, 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 biochemical 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 pharmacology, when, 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 asylums 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's children, believing that the mind and the body are separate, and that the mind can be controlled 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.