V

THE RAT MYSTERY

When you hear of Freud’s influence today it’s almost always in association with his treatment of hysterics. Nearly all his early patients were diagnosed as suffering from hysterical symptoms. When he inaugurated his medical career Freud hoped to achieve notoriety by breaking new ground in the treatment of this heretofore “incurable” illness. We sometimes forget, however, that Freud’s theoretical formulations about obsessional neurosis represented an even more original contribution to psychiatry than his work with hysterics. While the phenomenon of, and the actual term for, hysteria has been around since the Greeks, Freud was the first to demarcate obsessional neurosis as a nosological entity worth special attention.

Though Freud only finally gained a wide degree of attention for his theories about obsessionality with the publication of the “Rat Man’s” analysis in 1909, he isolated obsessional neurosis earlier still in an 1894 paper titled, “The Neuro-Psychoses of Defense” (1955). Laplanche and Pontalis note that “since that time the specificity of obsessional neurosis has become a more and more certain tenet of psycho-analytic theory” (1973, 282). While Freud was the first to isolate obsessional neurosis nosologically, he wasn’t the first to confront it as a phenomenon. Janet, for example, included some of its features under his diagnosis for “psychasthenia,” though it hardly presented as clear a picture as we have now come to recognize under the rubric, obsessionality. Outside the medical community, also, obsessional character types have been noted and described, especially in literature and philosophy. Michel de Montaigne, for example, in his seventeenth-century essay “Of Experience,” was obviously describing the obsessional character when he said that
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men do not recognize the natural disease of their mind: it does nothing but ferret and search, and is incessantly beating the bush and idly obstructing and impeding itself by its work, and stifies itself therein like our silk-worms: like a mouse in a pitch-barrel [Erasmus]. It thinks that it beholds far off I know not what glimmer of light and fancied truth. But while the mind hastens there, so many difficulties block its path with obstacles and new quests, that they turn it from the path, bewildered. (1925, 4: 294)

Today, obsessionality enjoys a privileged status in the corpus of analytic literature and theory. Side by side with hysteria, the two very nearly comprise the entirety of what we have come to identify as “the neuroses.” Yet, outside the analytic community the neuroses have all but vanished, displaced by the American Psychiatric Association’s emphasis on a plethora of pathological disorders, a litany of literally hundreds of diagnostic entities that have actually abandoned Freud’s painstaking efforts to distinguish between the neuroses and her close cousin, the psychoses. Now, even within the analytic mainstream, attention has increasingly shifted to an area of psychopathology that replaces the distinction between neurosis and psychoses with new nosological categories that essentially obfuscate the two with a hybrid: the so-called narcissistic and borderline conditions.

The training of psychoanalysts, however, is still preoccupied with the treatment of what is customarily called the “classical” pathologies, hysterical and obsessional neuroses. When we look for distinctions between obsessionality and hysteria in the literature, we often find that the latter is depicted as the “feminine neurosis.” This doesn’t imply, however, that only women are hysterics, though at one time this was commonly believed. Nor does it suggest that obsessionality is the “male” neurosis. It is remarkable, however, when formulating the etiology and symptomatic expression of an individual’s neurosis, the degree to which gender identification and sexual symptomatology figure into his or her diagnosis, whether the one or the other. At the same time, whether a person is diagnosed as suffering from a hysterical neurosis or an obsessional one, everybody possesses elements of both, so differential diagnosis isn’t that simple. It is remarkable, nevertheless, the preponderance of masculine features we typically note in women who are diagnosed the obsessional type, and the feminine features that figure so prominently in men with whom we identify the hysterical character. The more we associate either of these neuroses with characterological aspects of the personality, the more “genderized” the diagnosis becomes.
But does diagnosis, itself, really make much sense, anyhow? It was Freud himself who established the elaborate and enormously complicated diagnostic criteria that now serve as the foundation for contemporary psychoanalytic nomenclature. In fact, it's hard to imagine what a psychoanalytic treatment would look like without its customary diagnostic presuppositions. But Freud tended to paint his canvas with broad strokes and, as we know, when it came to making distinctions—whether between one form of neurosis and another, or between vast regions of pathologies, the neuroses and psychoses—things became distinctly ambiguous. It's ironic that the analytic community, in its evolution since Freud, has become increasingly intolerant of those ambiguities, an aversion that is itself sometimes associated with obsessiveness!

And what would Freud make of the "newer" pathologies that have recently emerged, the narcissistic and borderline conditions? More and more it seems that every neurotic, on closer examination, is a closet narcissistic or borderline type. Increasingly, neurosis, as an entity for treatment, is disappearing. It seems that the only place we are sure to encounter a hysterical or obsessional neurotic is amongst analytic candidates in training—both the patients being treated and their therapists.

What accounts for the gradual disappearance of the typical, classical neurotic in contemporary analytic literature? Perhaps the following observations will prove suggestive:

1. Our Western culture—particularly American culture—seems to be fascinated with the concept of narcissism. Its features are easily recognized in virtually all neurotics, but until recently they hadn't seemed as prevalent, nor did they appear to be specifically "pathological." Freud, for example, refused to equate lying or other aspects of poor character—typical features of these newer pathologies—with psychopathology, per se; nor did he believe they were treatable. While this diagnosis is becoming increasingly fashionable, it's acknowledged that its curability is dubious at best. Nonetheless, its newfound acceptance in the analytic community as a treatable diagnosis conveniently opens the door to thousands of previously "unanalyzable" patients.

2. More and more, the typical candidate for analytic training is identifiable as an "obsessional type": serious, determined to succeed, dedicated to a mission, self-sacrificing, humorless, resourceful, studious. Many of the features that characterize the development of psychoana-
lytic theorizing, writing, and technique since Freud’s death could be viewed in terms of values that are consistent with those of the obsessional character: (a) aloofness and detachment in technique, characterized by increasing emphasis on the prevalence of neutrality and abstinence (and the colorless reinterpretation of their original meaning); (b) the gradual elimination of the personal dimension of analysis—a typical obsessional fear in any relationship; (c) the neglect of emotion in analytic theory and in the analyst’s behavior, consigning its manifestation to exclusively “unconscious processes” in the form of transference and countertransference (even the analytic term affect demonstrates the uneasiness with this phenomenon); (d) the increased rigidity in training curricula, reducing study to standardized norms that are easier to transmit, yet more complex in their conception; (e) the increasing emphasis on the so-called scientific aspects of the analytic relationship as well as the technique that is supposed to contain it; (f) the increased efforts to isolate “pure” psychoanalysis from techniques that are said to dilute it—specifically those that expose the personality of the analyst; (g) the inexorable increase in the amount of time that is required to complete analysis, suggesting an obsessional preoccupation with perfection; (h) the growing pessimism in the literature concerning the possibility of a structural change in one’s personality, epitomized by the bias against treating psychoses; (i) and finally, the tendency to decry experimentation in the development of analytic technique in favor of fidelity to established orthodoxy, perpetuating “correct” analytic behavior.

3. Analysts who exhibit hysterical—or histrionic—personalities rarely assume the mantle of training analyst. Sandor Ferenczi, Wilhelm Reich, and Jacques Lacan are notable examples of once-prestigious training analysts who fell from the graces of the International Psychoanalytic Association. All exhibited marked hysterical personalities. Today, it would be extremely unlikely that any of them would have ever become training analysts in the first place.

This brief list of obsessional—that is, rigid—bias in the analytic community serves as a provocative backdrop to Freud’s treatment of obsessional neurosis and the analytic community’s response to it. The analytic “culture” of today, as we know it, has incorporated many of the common
features of obsessional character. This bias is so commonplace in the culture at large that Hans Loewald even referred to it as the “normal neurosis” (see chapter 2). Perhaps, for this reason, one is inclined to favor other diagnoses to treat when this one is so close to home.

Meanwhile, psychoanalytic teachers and their candidates in training feel increasingly attracted to theories and techniques that suit the kind of person who wants things neat and tidy, devoid of ambiguity, taught in rote-like fashion. In turn, Freud’s behavior must seem astonishing to many young analysts who are confounded by his relatively loose technique and the degree to which he shared his personality with his patients. Given the manner in which they’re taught, his behavior surely comes off as unanalytic. It’s ironic that Freud’s treatment of obsessinals—exemplified in his analysis of the Rat Man (and later, the Wolf Man)—occasions a loosening of analytic technique, incorporating unabashedly freewheeling interventions. Apparently, Freud believed that obsessinals, of all people, could benefit from a relaxation of technique, something less than total abstention, where neutrality wasn’t applied to every single facet of the treatment. While a preponderance of such behavior with hysterics may be construed as seductive, Freud apparently believed that overt demonstrations of kindness, generosity, and compassion were useful in the treatment of obsessional patients.

Freud began his analysis of Ernst Lanzer in October 1907, two years after the publication of Dora’s analysis. He called Lanzer “the man with the rats” in deference to one of his more bizarre obsessional symptoms. The publication of this case was intended to complement his exposition of Dora, only now it would articulate Freud’s understanding about the nature and treatment of an obsessional neurotic. In fact, according to Jones, “Freud expressed his opinion that for the study of unconscious processes the investigation of this neurosis was more instructive than that of hysteria” (1955, 2: 262). Jones was obviously impressed with Freud’s account of the case, when he said that “Freud’s analytic powers showed at their best in his unraveling of this case. His delicate and ingenious interpretation and elucidation of the most torturous mental processes, with their subtle play on words and thoughts, must evoke admiration and were hardly surpassed in any other of his writings” (263).

Jones is frequently accused of acting as Freud’s apologist, of having always colored his mentor in a favorable light, of offering opinions that
were highly subjective. But his assessment of Freud’s remarkable presentation of Lanzer’s analysis has never been contested, even by those who believe that its conclusion was less successful than Freud claimed. Its manner of composition and use of the material was a masterful tour de force. Of his five major cases (Freud didn’t actually treat “Little Hans” or Judge Schreber), Freud’s treatment of the Rat Man was the only one that he believed was an unqualified success.

Peter Gay, whose impressive biography is less prone to accusation of bias in Freud’s favor, also concurs that his treatment of the Rat Man should be acknowledged as an astonishing achievement:

Freud’s account remains exemplary as an exposition of a classic obsessional neurosis. It brilliantly served to buttress Freud’s theories, notably those postulating the childhood roots of neurosis, the inner logic of the most flamboyant and most inexplicable symptoms, and the powerful, often hidden, pressures of ambivalent feelings. Freud was not masochist enough to publish only failures. (1988, 267)

Unfortunately, Lanzer died just a few years after the analysis was terminated while fighting in World War I. We have no way of knowing if he would have suffered relapse had he lived longer, as some have conjectured. Others suggest that the analysis wasn’t “deep” by today’s standards and amounted to little more than a psychoanalytic “psychotherapy.” Freud, however, never wavered from his assessment that the treatment was a shining demonstration of his clinical technique. Yet, the case is extraordinarily complex, so much so that Freud was concerned no one outside his inner circle could follow it. According to Gay,

the material the Rat Man scattered with such abandon—material strange, copious, apparently pointless—threatened to elude Freud’s control. He complained to Jung as he was completing his case history, “It is very hard for me, almost surpasses my arts of presentation, will probably be inaccessible to anyone except those closest to us.” (264)

Even Jung was baffled by the case, and he complained to Ferenczi that Freud’s paper, while wonderful to read, was nonetheless, “very hard to understand. I will soon have to read it for the third time. Am I especially stupid? Or is it the style? I cautiously opt for the latter” (264).

With all its bravura of complicated temporal connections, linguistic ellipses, and symbolic associations that challenge the imagination, it would be misleading to assume that the success of Lanzer’s treatment—
as with any other—rests on the solution of puzzles or the ultimate "conquest" of the unfathomable. Of all Freud's cases, nowhere does the simplicity of his technique come through with such clarity. In Gay's words, "The point was not to set about rationally solving the puzzles that the Rat Man had set, but to let him pursue his own path—and to listen" (264).