

Freud and the Case of AB: between Hope and Ruin

Sérgio de Gouvêa Franco
Karin Wondracek

This article describes a little-known case treated by Freud, known as the AB case, about which the correspondence between him and Pfister gives us some fragmentary information. The letters these friends exchanged between 1924 and 1927 discuss Pfister's referral of the young patient to Freud, the difficult treatment involved and Freud's suffering during the process. The article associates the advances and setbacks of this complex case to Freud's personal difficulties at the time, as well as with advances in psychoanalysis and with the social and political events of the period. Patients like AB, who show narcissistic and schizoid traits, continue to arrive at analysts' offices yet today.

Key words: Case of AB, correspondence between Freud & Pfister, history of psychoanalysis, narcissistic and schizoid personalities.

"Do not try to live forever. You will not succeed.
Bernard Shaw, quoted by Freud"
(Gay, 1989, p. 386)

Correspondence between Sérgio and Karin

November 22, 2005

Dear Sérgio:

Several years have passed since the letters between Freud and Pfister were translated, and my eyes and ears have turned to other aspects of the correspondence. The more manifest contents, which have been treated by other studies, are fading away, and nuances begin to stand out. Certain facets of

Freud, not clearly expressed in his earlier writings and biographies, are becoming more tangible. One of these aspects is his clinical work later on in life, after World War I, and during his “private war” against the cancer in his mouth. So I would like to take a closer look at the letters that deal with Pfister’s referral of the patient AB to Freud. Through them I think we could understand more about his mature clinical work, as well as about his crises as an analyst who was becoming ever more aware of his own finiteness. Why don’t we look into those years and write about patient AB?

Cordially,
Karin

June 28, 2006

Dear Karin,

Since your suggestion of last year about the possibility of our studying Freud’s little known case of AB, a lot has happened to me concerning this topic. With your help I plunged into the climate of Freud’s clinical work when he was in his 70s. One might question the idea of approaching a case by studying the analyst, but isn’t that what always ends up being presented: the analyst’s account of the case? Every case is clearly a construction that includes the analyst’s experience not only with that particular patient, but

with many others as well, and with her or his own life. This case, called the AB case, is particularly intriguing because at the beginning Freud resisted seeing the young man. To all indications, Freud seemed to see the case as a dramatization of his own suffering. Of course Freud did not confuse himself with the patient, but to say that analysts are not affected by their clinical work is nonsense. While we treat our patients, we are always treating ourselves as well at least if the work is moving ahead.

This is a text that consolidates the patient AB in Freud, in me, and maybe in you.

*Sincerely yours,
Sérgio,*

Background

48 Vienna, the capital of Austria, lies on the banks of the Blue Danube, and it was one of the most important cultural centers of Europe at the time of the Emperor Franz Joseph I. This ruler remained at the head of the Austrian-Hungarian Empire between 1848 and 1916, during which time the city was modernized and embellished and the population grew enormously. Edifications such as the opera house, the university and the parliament were built in baroque or neo-renaissance style along Ring Boulevard, which surrounds the city. In the 18th and 19th centuries Vienna had been the world's most important center of music, strengthened by names including Vivaldi, Beethoven, Chopin and Schubert, even if one would prefer not to mention Strauss. It was the Vienna that also proudly proclaimed the genius of Gustav Mahler and the composers Arnold Schönberg and Alban Berg, and the painters Klimt and Kokoschka.

World War I changed many things. Vienna fell from its status as the center of an empire, becoming the capital of the small Republic of Austria. Times were hard, with not enough food for everyone and insufficient heating and lighting in homes. Jones says of Freud that "Only a strong spirit could sit for hours on end in the deadly cold, even wearing a pair of warm gloves." (Jones, v III, p. 21). The post-war period brought new concerns for Freud. It was hard to get news of his son, who was a prisoner of war in Italy. With the serious economic situation, Freud had lost almost all his savings, and his earnings were unable to keep up with inflation. In order to earn fees in stronger currency, he decided to take on Americans and British as patients and as analysts in training. The separation from Hungary increased his doubts about the future of psychoanalysis, and Ferenczi, in Budapest, seemed ever so far away. Even though Freud's ideas

were being well received in London, he suffered antagonism in the German-speaking world, and all these events weighed down on his spirit.

1920 and 1923

Two years after the end of World War I, Freud suffered two further heavy blows. First, his friend Toni von Freund died of cancer of the abdomen. Only three days after von Freund's funeral, news came that Freud's daughter Sophie, in Germany, had contracted a serious and unexpected illness. There were no trains from Vienna to Germany, and Freud was thus unable to get to Hamburg. Even his sons Oliver and Ernst, then living in Berlin, were only able to arrive after their sister had died. Freud was grief stricken. His daughter of 26 years of age had been happy, in perfect health and had two children. He wrote to Jones about the death of his daughter in the following terms: "The unfortunate, or fortunate, Toni von Freund was buried last Thursday... I am sorry to hear that his father is now on the list, but we must all be [on it] and now I wonder when my time will come. Yesterday I went through an experience that made me hope it won't take too long." (Jones, 36). To Ferenczi he wrote: "As for us, my wife is completely crushed. I think *La séance continue*. But it was a bit much for one week." (Jones, 36)

Nineteen-twenty might have been difficult, but 1923 was worse. Freud worked during the beginning of the year with his usual energy and intensity. As in other years, he looked forward to his long summer vacation, when he would be able to take walks or rides through the mountains, go to spas and tourist sights, and think and write about psychoanalysis. He tried to avoid receiving patients, or analysts in training, during vacation time, but occasionally someone would go up into the Alps to see him. He always took care of his health, and he knew he had a weak heart, but even that year he could not complain about lack of energy. That was the year his niece Caecilie Graf committed suicide at just 23 years of age. Much more important for his biography was the recognition, in February, 1923, of what he called "a leucoplast" tumor in my jaw and palate." A leukoplakia is a benign tumor associated with the use of tobacco, which Freud loved. Among (apparent) errors in diagnosis and treatment, this supposed leukoplakia turned out to be cancer. Rodrigué holds that it was the bad treatment that caused the malignant tumor¹ In any case, this tumor in Freud's mouth required one operation

¹ Emilio Rodrigué made an extensive investigation in this direction, and held that Freud's cancer was iatrogenic (see Rodrigué, 1995, p. 107-118).

after another, interspersed with adjustments, prostheses, and great physical and mental suffering, and it eventually led to his death on September 23, 1939.

After initial resistance, Freud had gone to hear the opinion of the dermatologist Maximilian Steiner. In April 1923 he sought the advice of Dr. Felix Deutsch, who had been his general practitioner for a time. Deutsch thought that the lesion was cancer or, more technically, epithelioma, but he did not tell Freud of this opinion. This is hard to understand, but Freud then looked up a physician, Marcus Hajek, who, in his own opinion, was only a second-rate professional. He operated on Freud the first time, at his own out-patient clinic. The surgeon, the clinic and the whole arrangement of this first operation was so improvised that one might wonder whether Freud and Hajek had made some unconscious alliance. Did they both want to minimize the situation? Hajek treated the problem as unimportant and Freud did not tell anyone at home. The clinic was unsuitable for this type of intervention and something went wrong during the operation. There was a serious hemorrhage and the post-operative process was complicated. That night was almost Freud's last. In the same room with him was the man whom Anna Freud later described as the "the retarded midget" (Gay, 384). Freud began to bleed in the middle of the night. He tried to ring the bedside bell, but it was broken and he was alone. The "midget" eventually went for help, and the hemorrhage was stopped. Freud's closest disciples tried to hide these supposed medical facts from him, but he reacted vehemently, as he was in disagreement with those who intended to minimize or deny what was going on. He wanted to endure everything courageously, without tempering reality. Two further operations were performed in 1923 by the specialist Dr. Hans Pichler, and they were successful. Freud was prepared for the worst, but he lived on for 16 more years. There were countless other operations after 1923, minor and major, and all were performed by Dr. Pichler. Much of Freud's attachment to his youngest daughter Anna arose in this context of the support she dispensed to him as he battled with the cancer.

But the year of 1923 had further sufferings in store for Freud. In the summer of that year, a few months after the first operation, Freud was grieving for his beloved four-year-old grandson Heinele, the youngest son of his daughter Sophie (who had died in 1920). Freud had been very close to this grandson because Mathilde and her husband (who, in practice, had adopted the boy after the death of his mother) brought him to Vienna for a few months. Writing about the boy, who was then close to death, Freud wrote that "he was truly an enchanting child and I can say that I have hardly ever loved another human being, and certainly never a child, as much as I loved him" (Gay, 385). He was diagnosed with miliary tuberculosis. After Heinele's death Freud wrote that "I am bearing

this loss very badly. I don't think I have ever been through anything more difficult... Basically, everything has lost its value" (Gay, 386). Freud was more stricken by the loss of his grandson than with his own diagnosis of cancer. Peter Gay describes the event poignantly. After Freud's "beloved child" died, says Gay, "the man without tears, cried" (Gay, 386). He wrote to Ferenczi that, "This is related to my present disappointment with life. I have never before felt a depression, but this must be one" (Gay, 386).

In August Freud wrote to Eitingon that, "I am still being tortured in my mouth and obsessed with a powerless longing for the beloved child." Three years later, in 1926, writing to Binswanger, who had lost a son, Freud compares their sufferings and describes his experience with the loss: "I bore [the death of Sophie] admirably well. That was in 1920. I was exhausted by the devastation of the war and for years I had been prepared to receive news of the loss of one, or even three, of my children. So resignation to fate was ready." But the death of my grandson represented in his mind the death of "all my children and other grandchildren. So, since the death of Heinele, I have no longer been interested in my grandchildren, nor do I get any pleasure out of life. This is also the secret of my indifference – people call it courage – toward the danger to my own life." When Ernest, Heinele's older brother, the famous but nevertheless anonymous protagonist of the "Fort-da," came to spend a few days with the Freuds in 1923, Sigmund said that he "did not consider it any consolation" (Gay, 387).

Rank and Abraham

By the mid-1920s, Freud was again grappling with great intellectual questions, and they were far from pure abstractions for him. Everything was related to his clinical work and to the events in his personal life and social surroundings. Personal feelings and scientific generalizations fed on one another. Freud was very careful and exacting, and made no confusion as to the different levels, but his science was born of his life. For our intellectual adversaries, the phrase is ammunition used to underrate Freud and psychoanalysis. Some objectors might insist on the radical methodological separation of the subject and the object of knowledge. After all, who can disregard our inheritance from Descartes? But what one cannot fail to underscore is the intellectual and technical arsenal that Freud set up, precisely to study human subjectivity. The methodological asepsis of positivism deserves an "A," but its object of study disappears before its very eyes. Where is human subjectivity? The delicate, intricate and risky game that recognizes the circulation of transference is what enables psychoanalysis to keep

its object of study alive. There is no way around it. To study the human being we must dirty our hands in what is human.

At this late stage in life Freud did not want to lose any more friends, relatives or disciples, and he considered Otto Rank entirely reliable. After the war Rank was so loyal that Freud treated him as a son, but a few years later he began giving out opinions that hinted at a completely unexpected outcome for this relationship. *Inhibitions, symptoms and anxiety*, of 1926, can only be understood in the light of the difficulties that came up between Freud and Rank. Freud had invested a great deal in this disciple since 1905, when he came to meet Freud, bringing with him his manuscript entitled *The artist*. Freud supported Rank's training as an analyst, asked him to take the minutes of the Wednesday Night Group, encouraged his participation at the meetings, employed him as editorial assistant, and helped finance his studies and vacation trips. In short, he became a member of the small group that was closest to Freud. Rank, Freud's daughter Anna, and Pfister were the first lay analysts, advised by Freud to dispense with the study of medicine as a pre-requisite for practicing psychoanalysis. Rank paid back the prestige that Freud had given him by writing, editing and analyzing. Freud was the last to suspect Rank, or the last to admit to any suspicions in his regard. The book Rank was to write in partnership with Ferenczi, *The development of psychoanalysis*, indicated a certain therapeutic optimism that countered the idea that analysis is long, hard work. But the conflict must be seen in the light of the publication of *The birth trauma*, in 1923. The book is dedicated to Freud, and sees birth as the main origin of anxiety, rather than later conflicts in the circuit between child, mother and father. Freud did not react to the book, and he tried to dissipate the feeling among those nearest to him that Rank was the new Adler or Jung. He minimized the differences and struggled to undo misunderstandings. Abraham went to war against Rank, then Jones took sides with Abraham while Ferenczi defended Rank. In 1924 Rank traveled to the U.S.A. and the discussions continued by mail. One American psychiatrist wrote to Freud saying that Rank had uttered heresy in the Americas.

Freud wrote back minimizing the situation, but he also wrote to Rank advising him to leave the door open to the positions held by the rest of the group. Eitington published his stand against Rank in Europe, as did Anna. Upon returning to Vienna and strengthened by the warm welcome he had received in America, Rank resigned from his various positions in the psychoanalytic circle, and Ferenczi ceased defending him. To Freud's sorrow, Otto left the group.

But in the summer of 1925 Freud had something more serious to be concerned about than Rank's defection: Carl Abraham's health. Abraham had recently returned from giving a series of lectures in The Netherlands, and was bedridden with bronchitis. His general health soon seemed to improve, and then

worsen again, but his lung problem continued. Even so, he went to the Congress of Psychoanalysis in Hamburg, but his health worsened there. Bouts of fever, pain, problems with his gall bladder and complications in his lungs indicated that the situation was serious. In December Freud expressed his concern for his friend. Deutsch, Freud's physician, went to see Abraham and advised him to prepare for the worst. A few days later, on Christmas Day, at the early age of 48, Carl Abraham died. "Abraham's death was very hard for Freud. The sensible organizer, the renowned trainer of analysts, the indispensable optimist, the interesting theoretician, the loyal friend, was gone," writes Gay (p. 439). The obituary, written by Freud himself, refers to his enormous sense of loss: "We bury with him... one of the strongest hopes of our science, young as it is, and so implacably stricken, and perhaps part of its future is now unfulfillable." (Freud, *Karl Abraham* (1926), p. 269.)

Pfister and his Correspondence with Freud

Oskar Pfister held a special place in this series of losses in the last years of Freud's life. He, who had already lost Adler and Jung, and then Rank and Abraham, owed special gratitude to this Swiss minister who preferred to remain at his side than follow Jung, who was much more open to religious phenomena. In 1909 Freud had described Pfister in the following terms: "No visit since Jung's had such an effect on the children and brought me such satisfaction." (Freud & Pfister, Letter 8.) Anna Freud confirms this in a text of 1962: "In the domestic environment of the Freuds, foreign to all religious life, Pfister, dressed as a minister and with the appearance and demean of a man of the cloth, was an apparition from a strange world... His human warmth and enthusiasm and his lively participation in the most insignificant incidents of everyday life delighted the children of the household and made him a welcome guest at any time, even though he was an uncommon figure in his way of being. For them, according to Freud, Pfister was not a "holy man," but a type of "Pied Piper of Hamelin," who only needed to play his flute and he would have a large and obedient band following him." (Freud & Pfister, p. 19.) Although Freud did not share the religious standpoints of the minister psychoanalyst, he respected him, and they remained friends till the end, especially at the moments that seemed hardest to him.

The correspondence between Freud & Pfister is the third collection of letters involving Freud and known to the public in general. We have Freud's letters to Fliess from the formative years of 1887 to 1902, and there is a second collection of personal letters written to 102 different persons, covering almost all of Freud's

life. The correspondence between Freud & Pfister covers the last 30 years of Freud's life, between 1909 and 1939. Unfortunately, only some of the letters exchanged between them are extant. Some of the originals were lost in the process of emigration to Great Britain and another part was destroyed by Freud himself, at Pfister's request, expressed in his letter of Jan. 6, 1927. Anna Freud played an important role in saving and publishing the letters in German. When Pfister handed over his part of the material, he merely asked the editors to omit anything "That might offend living persons." (Freud & Pfister, p. 19.) These letters were published in the 1960s in German, and became available to Brazilian and Portuguese readers in 1998.

Honesty is the tone that permeates their correspondence. As Joel Birman described it, personal and religious topics are discussed in "a friendly and cordial dialogue" (Birman, J. 1988). There are many details from each of their lives, references to important names, and brief references to patients. Readers of these letters are able to accompany the development of many events in Freud's life. In February 1924, for example, Freud thanks Pfister for not talking about the cancer: "Among my friends, you are the only one who has not written about my disorder." (Freud & Pfister, Letter 66, February 26, 1924.) In May 1925, after receiving a happy birthday message from Pfister, Freud wrote that he intended to put a photograph of this friend in his consulting office. He wrote, "You are one of the few who, despite the distance, addressed me in a personal way. That is why, after a few days of incubation, you too will occupy a place in my office, to dwell permanently among persons with similar ideas." (Freud & Pfister, May 10, 1925.) In 1925, due to Freud's depression after so many losses, Pfister tried to encourage him. "Your inclination toward resignation saddens me. If I could use your words, I would have to object that you are giving your Id *plein pouvoir* over life and death, joy and sadness. I would protest in the name of your lovely daughter, your beloved wife, your whole family, science and the entire pantheon of the higher powers."

AB

In the collection of letters between Freud & Pfister, we also find surprising details about a virtually unknown clinical case treated by Freud. It is a true finding because, in Roazen's words: "As Freud grew older his writings became more and more distant from practical clinical concerns." (Roazen, 1999, p. 22.) His references to AB are incomplete, but the material that is available is sufficient to be instigating. What can be gleaned from the letters is a clinical picture that calls

for thought, but it must be laboriously completed. Apparently, this patient had been treated previously by Pfister himself in Switzerland. The patient then moved to Vienna, but it is not clear why. He may have gone there to be treated by Freud. Pfister asked Freud to help the young man but Freud found it hard to see himself as this patient's analyst, and wanted to refer him on to some other professional. The first reference to this patient appears in a letter from Freud to Pfister on December 21, 1924:

"Don't worry about your young American – he can find help. Here in Vienna Dr. Reik has specialized in serious compulsive neuroses like this. For many years, for example, he cared for a Russian count I sent him. He showed great patience and deep understanding, and worked not without success." (Freud & Pfister, December 21, 1924.)

So we discover that the patient was a young man from the United States, living in Europe, who was in need of help for a condition that Freud classified as a "serious compulsive neurosis." This type of work would demand "patience and great understanding" from the clinician, but Freud had hopes for a cure. Nevertheless, he did not feel personally attracted to the case and preferred to send him on to Theodor Reik, a psychoanalyst who worked in both Vienna and New York.

In early 1924 Pfister apparently sent another person to Freud, referred to only by the letter "F". Freud was so concerned with his own health that he thought about not accepting him:

"You wrote that in the summer I should accept "F." in analysis. It is hard to commit myself for the summer because I'm not sure about the future. But if I can I certainly will, provided that he come on his own free will. Also, don't forget that, strictly speaking, I don't work during the summer months." (Freud & Pfister, January 4, 1924.)

Freud held to the same position in regard to the young American: he felt that, for reasons of health, he could take him on.

Freud had not been present at the Sixth International Psychoanalytic Congress, in Salzburg, in 1924, going instead to Semering to rest. He tried to spare himself, but Pfister insisted that Freud take on the American. With this insistence, and expecting a visit from Pfister in Vienna at Easter time, 1925, Freud agreed to see the man:

"... This brings me the expectation of having you with us in Vienna at Easter. Bring your American. I am in no way declining to accept him for treatment starting in October, since you are so resolute about it. It's not true that, in principle, I only accept physicians. I also have two patients to see during my five hours of work and, with pleasure, I have provided for a third for next *saison*. My

fees correspond to 20 dollars an hour for all patients. As it seems that nature intends to grant me one or more years of honor, I need not reject patients so fearfully. The main thing, of course, will be the impression the young man makes on me when we meet. Until October you will have to keep him, since I definitely see no possibility of taking him on before that.” (Freud & Pfister, February 22, 1925)

AB seemed to have won over space in Freud’s clinic because Pfister insisted on it. The question of referrals calls one’s attention here: “I’m in no way declining to accept him for treatment as of October.” The phrase becomes affirmative because of the two negatives, a detail that may be a sign of interior struggle by Freud in receiving the patient: “Since you advocate him so strongly.” We know that opening up space in one’s affect and on one’s schedule is in the order of desire and of reality, and is also related to countertransference and identification. The receptive attitude toward AB that gradually began showing up in Freud seems supported by his relationship with Pfister.

By this point in life, Freud had reduced his work load to five hours a day, and a substantial part of this time was spent on training analyses, especially of English and American doctors. Freud was trying to spare himself by having only two or three patients, and was concerned about his sustenance. He was thus charging a very high fee per session. But as he gradually overcame his personal crisis of 1923, he now conceded that he would live a few more years: “Nature intends to grant me one or more years of honor, [and] I need not reject patients so fearfully.” Finally taking on AB, sent by Pfister, may have been a decision by Freud that reinforced the strength of *eros* in its struggle against *thanatos* in his personal life.

In May 1925 Freud wrote to Pfister about his encounter with AB’s parents:

“I personally met your protégé’s parents. They seem quite willing to make sacrifices, which generally indicates a bad prognosis. I could not promise them anything concrete, but merely express to them my willingness in general. Perhaps I can accept the young man on September 1, instead of October 1. Until then, it is my strong desire for him to continue on with you. I feel that his father is very flexible, but his mother seems more anxious and more inclined toward independent plans. We may talk about him several more times.” (Freud & Pfister, May 10, 1925.)

The young man’s age cannot be clearly ascertained. He may not have been far beyond adolescence: maybe 18 or 19. If Freud agreed to see the parents first, he was certainly a very young man with a doubtlessly serious clinical situation. Freud wanted Pfister to take care of this patient until he himself could take him on in October, or September at the earliest.

Freud is surprised at the parents' willingness to make "sacrifices," and considers this "a bad prognosis." The word sacrifice is generally used in the religious sphere, so the family might have been of Jewish or Christian origin, and it is true that, besides having contacts with psychoanalysis, Pfister moved about in religious circles as well. Freud was fully aware of the Jewish tradition of sacrifice, and the bad prognosis might have been because Freud understood that those who make sacrifices often exact a very high price from those who benefit from it. Was this a quick diagnosis of the family by Freud? He saw the father as "very flexible," and therefore as a positive family factor in the treatment. But with the mother there was room for concern, since she was more anxious about her son and less willing to accept the spirit of the treatment. But Freud had not yet decided whether to accept the boy into analysis or not: "I could not promise them anything concrete."

During the summer vacation of 1925, in Semering, Freud did not forget the young American. He struggled in his spirit about the place this patient would occupy in his clinic work. He considered receiving him in the Alps, but gave up on the idea. His language expressed some doubt:

"As for our hopeful young man, I think you should let him go to his ruin. It is true that there is a remote possibility that I can accept him on September 15, or maybe even on the first, but the almost insurmountable difficulty is that here in Semering there is nothing for him to do, due to his unsociable characteristics. So I would be running the risk of having to get involved with him too intensely. In Vienna this would be taken care of automatically." (Freud & Pfister, August 10, 1925.)

57

Little by little Freud allowed a denser image of the boy to take shape in his mind. He was no longer "the young American," or even "your protégé," the possessive cited above that he used when writing to Pfister. The young man became "our hopeful young man." Now he was sharing ownership with Pfister, and the case was clearly moving toward Freud.

Freud was "afraid" of taking on patients. He was struggling with feelings about his own debility and disease: he was tired of losses and was awaiting his own death. There is no way to avoid the feeling that Freud saw this patient in a way that reminded him of his own life. Otherwise, how is one to understand the enigmatic and contradictory expression, "As for our hopeful young man, I think you should let him go to his ruin." Hope and ruin are topics related to the young man's treatment that also refer Freud's own life. He was afraid of coming too close to this possible patient if he treated him in Semering. It would be a very serious case completely in his hands during his summer vacation in the mountains. The patient would become an "unsociable" patient without anything to do and who

would have to be taken care of like a guest. It is easy to imagine what Freud was thinking: “I don’t want this for me.” It is as if he was self-defensively saying: “I’d rather keep away from complicated and difficult cases. I should take care of myself first!”

Pfister struggled with Freud for him not to give in to disease and old age: “In this regard... I can’t stir up the necessary reverence toward your complaints of old age.” (Freud & Pfister, circa October 8, 1925.) It is at this point that Freud gave in and finally accepted that young man.

“Shortly after I told you about my plan for AB, a reaction came over me. I felt sorry for the chap and I also found a better schedule for him. Maybe I myself overcame a bout of discouragement. To sum it up, I sent you a wire saying, ‘Don’t do anything for the time being.’ I decided on a slower course of action by writing directly to his parents. I was very frank with them about my reasons for abandoning the patient and I let them in on at least two of them: the conclusion that he needs an influence that will last for years, that I might not finish such a venture, and the concern that his state might get worse. (I kept the last reason to myself: the fact that I want to spare myself great torment). Then I gave them the choice of letting him continue in treatment with me, even after these statements, or come and get him. The first alternative would be *for better or for worse* [in English in the original], for health or ruin, without taking on responsibility for any possible difficulties on either side. I also told them of my conspiracy with you in Zurich, which now, after your clarifications, seems unnecessary. In any case, I think I did something positive. Either the parents will come and get him now and I will be free from this hard and probably thankless task, or else, if they let him stay on, my position will be substantially strengthened. After the observations in your letter, referring to a lack of understanding on the mother’s part, the first solution will be the most probable, and I will not feel sorry for him.

“I feel flattered that you still have so much trust in me, but you must agree that it would not be against the course of nature if you were wrong this time. I am tired, and this is understandable after an arduous life, and I believe I have an honest right to rest. The organic elements that have stayed together for so long want to separate. Who would oblige them to stay united?

“As for anything else that happens in the AB case, I will let you know in due time.” (Freud & Pfister, October 11, 1925.)

Freud said that he was only able to receive AB after he overcame “a bout of discouragement,” thus recognizing that he could find a better time for the patient because his negative feelings had become at least partially overcome. In any case, after meeting AB, he felt sorry for him.

The young man became known as AB, maybe A. B., indicating a pair of initials. The German editor of the letters suggests in a footnote that “AB” means “American boy.” Freud continued to relate with him in a contradictory way. He mentioned a plan for AB, which Freud himself later reacted to. Could it have been a plan to send him to another doctor? To a clinic? To another city? In any case, the plan was aborted. Freud wrote to Pfister: “Don’t do anything for the time being.” Instead of his original plan, Freud decided to write to the patient’s parents stating two reasons against continuing the treatment. He said that the ideal treatment would be very drawn out and that he, Freud, did not know how long he would continue his clinical practice. The second reason was even harder for the parents to hear, which was Freud’s firm opinion regarding seriously disturbed patients. Freud feared that once the analysis had begun, the patient’s defenses would fall and instead of improving, AB’s situation might become even more serious. Freud was clearly afraid of evolution into paranoia. There was a third argument for not continuing the treatment, which Freud mentioned only to Pfister, but not to the parents. He wrote, “I want to spare myself great torment.” Freud was afraid of suffering a great deal with this treatment. The important question is, why this great fear? Why would treating AB affect Freud, who was suffering from cancer and had recently lost a little grandson?

In this choice that Freud gave AB’s parents, any outcome would strengthen his own position. If the parents came from Zurich to get their son, Freud would be relieved for not having to face a case that was so disturbing for him. And if they left him in Vienna with Freud, Freud would also feel relieved because if he abandoned the case later due to illness, or even death, the parents had been warned. And if AB had an irreversible breakdown, the parents had also been warned. Freud wrote that Pfister had said in a letter is no longer extant, that the latter had referred to a “lack of understanding on the mother’s part.” Freud thought the parents would come and take the patient home. Then he ended up contradicting what he had said earlier, that if the parents came to get the boy he would not feel sorry for him.

Freud closed the letter by thanking Pfister for the trust he had deposited in him as a professional, and wound up melancholically describing the impression that his body was coming apart. He said he would rather rest than treat this patient. In any case, AB’s parents let the treatment continue in Vienna. In early 1926, after lamenting Abraham’s death at Christmastime of 1925, and before commenting on the publication of *Inhibition, Symptom and Anxiety*, written in large part in response to positions held by Otto Rank, Freud again mentioned AB’s treatment:

“I am in a unique situation with our young man AB. My conviction as a doctor, that he is on the verge of paranoid dementia, has increased. I was once

again about to give up, but something touching about him holds me back, and with the threat of interruption he has again become amiable and accessible, so that we are getting along fine at the moment. The period of the serious setback I wrote to you about might well be related to the fact that he has revealed the secret of his neurosis, which I probably guessed at correctly. The reaction, after this disclosure, had to be a great increase in resistance. What is hard for me in his case is the conviction that we will end very badly if we don't end well. That is, without much ado, the young man will leave this world. This is why I don't want [...] to fail in anything that might avoid such an outcome." (Freud & Pfister, January 3, 1926.)

60
Freud made an increasingly complex diagnosis. The boy was on the "verge of paranoid dementia," but Freud also continued to refer to a "neurosis." He was becoming more and more concerned with the case, and felt that if the patient did not show an improvement soon, he would have a permanent breakdown. "The young man will leave this world." Was Freud talking about suicide? Freud took on the treatment full of misgivings, ready to give up, but "but something touching about him holds me back." What was it about AB that touched Freud? It also seems that Freud threatened to interrupt the treatment, which may have led the patient to behave more civilly. Freud thought that the problems were the result of the usual resistances in the treatment of neuroses. But he was afraid that something very unfortunate might happen to AB and was willing to do anything possible to keep this from happening. After his initial misgivings, Freud felt secure as an analyst to try to avoid the worst for the patient.

In the summer of 1926 Freud was again on vacation with his family, in Semering, in the Alps. As incredible as it may seem, who was with Freud up in the mountains? None other than AB. Nothing disastrous had happened to him yet:

"I'm having a nice time here – as far as my pains allow – and I want to prolong my rest until the end of the month. AB has been with me since August 1st, but I'm going to send him off on vacation tomorrow, until October 1st. I have to give you some news about him since a few things have changed. Fortunately, he is no longer unbearable and I have even taken a liking to him, and it seems that he feels the same way toward me. After great efforts we have been able to clear up certain parts of his personal history and the effect of this was very favorable, as relatives who came to visit him have confirmed. Externally he behaves in a sufficiently eccentric way and is still very far from the norm, which indicates that our results have been only partial. On the one hand it is undeniable that many aspects in him are truly unsettling (*Unheimlich*), as if he were on the road from compulsive neurosis to paranoia. His ideas and connections in thinking often have something strange about them and his symptoms could be securely referred to as delirious ideas. Every time he contradicts himself I tell myself that

this is a case of schizophrenia, and when something becomes clearer, I lose this bad impression. I think I will leave aside the medical question for the diagnosis and work on the living material from here on out. As long as he appears malleable and success can be seen, I feel justified. And in any case my impression is that he personally is worth all the work.” (Freud & Pfister, September 14, 1926.)

The vacation was apparently beneficial for Freud. His relationship with the patient had improved and the treatment was advancing. The diagnosis continued the same: somewhere on the way between neurosis and paranoia. His contact with the patient produced those strange and disquieting feelings (*Unheimlich*) that serious patients produce. He considered the patient’s thoughts outright delirious. It is schizophrenia, but sometimes this bad impression dissipates. Freud eventually gave up trying to establish a fixed diagnosis and began focusing more on the patient’s psychodynamics. He was convinced that his efforts and suffering were worth the effort to help AB.

In April, 1927, nearing the age of 71, Freud was still struggling with the painful effects of his cancer. He also continued to struggle with this serious case, which was a consolation for him, who was struggling with similar difficulties:

“I’m having a bad day today. The prosthesis is torturing me... I gave your self-portrait to AB to read and from his inappropriate reactions I could see that I have had very little success with him so far. He has not yet given up his childish reactions toward the influence of authority. This makes the treatment very difficult for him. I don’t dwell on the question of the diagnosis; he definitely has some very schizophrenic traits, but that is no reason for me to want to reject him, because it is not clear just what this diagnosis consists of. But the patient is hard to deal with. I debate with him now and I am demanding that he intentionally oppose his fetishist masturbation, so I can see if everything I have guessed about the nature of his fetish can be proven by his own experience. But he doesn’t want to believe that abstinence can lead to this and that it is essential for the continuation of the cure. On the other hand, being connected to him by so much empathy, I can’t decide to send him away and risk an unfavorable outcome. So I continue with my plans, and possibly he will escape when I actually stop working.” (Freud & Pfister, April 11, 1927.)

To complicate the diagnosis, Freud included the aspect of fetishism. He told AB to stop masturbating, but the patient reacted. Might this resistance against ceasing to masturbate have been associated with this mother who Freud said “is more inclined toward independent plans”? The treatment was hard for AB, as it was for Freud. Freud felt like giving up, but he was too fond of AB to leave him. He continued as well as he could and imagined that as long as he continued working he would stay on with AB.

In October, 1927, two years after beginning treatment and almost three since the first correspondence about AB, Freud was still struggling: “AB clearly has many paranoid traits, but we cannot continue working without hope.” (Freud-Pfister, Letter 84, October 22, 1927.) In late 1928, after an intense argument, covering a number of letters, over the religious topics treated in *The Future of an Illusion*, Pfister returned to the subject of AB and asked a technical question: “The other question is about technique... This was not possible, for example, with our AB... Do you consider my attempts inadequate?” (Freud & Pfister, Letter from Pfister to Freud on November 16, 1928.) How good it would be to have someone to answer the technical questions that come up in clinical work with patients like AB. But we do not know Freud’s answer to Pfister. The question brought up the tormenting issue of techniques with borderline, psychotic and/or somatizing patients with serious eating disorders... Was AB a precursor of these patients of today? Was Freud thinking about technical changes that the understanding of these patients had brought up?

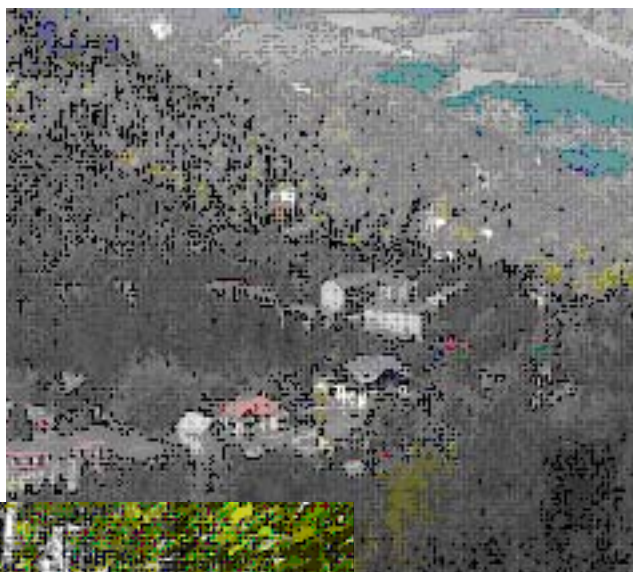
Nothing more was mentioned about this patient, but the research can continue. To construct the relationship between Freud and his patient we can wonder about the social and political events going on at the time, about personal events in Freud’s life, his writings, and his feelings as analyst at the time of treatment, aware that these aspects mutually influence one another. Roazen underscores the mutual influence between Freud’s writings and his life: “There must be a reciprocal relationship between Freud’s life and his writings that will allow us to return to his texts with broader understanding.” (Roazen, 1999, p. 272.)

The interview with Freud conducted by the journalist Sylvester Viereck

In the summer of 1926 Freud was on vacation in the Eastern Austrian Alps, more precisely, in Semering. This town is at an altitude of approximately 980m, located about two hours from Vienna by train. (See the photograph of the region in the next pag)

As mentioned above, it was there that he treated AB. During this same vacation in Semering Freud gave a rare interview to the American journalist George Sylvester Viereck. It was once thought that the contents of this interview, probably published in the American press of the period, had been lost. But a transcript of the interview is among the precious documents found in the Library of the Sigmund Freud Society. A few fragments of the Portuguese translation by Paulo César Souza [are retranslated into English, below]. For the purposes of the

present article, it is important to note that at one point the journalist asked about Freud's clinical work, and he answered: "I'm working on a very difficult case." He was most likely referring to AB. Who knows?



The interview begins in the open air, with the respondent and interviewer walking through the gardens of the house where Freud was staying. The path might well have been that shown in the photograph below.

Freud begins the conversation by talking about his long life (the interview was held shortly after his 70th birthday), and the discomfort that the prosthesis in his mouth caused him.

“Seventy years have taught me to accept life with serene humility... I hate my mechanical jaw because the struggle with it takes up so much precious energy. But I prefer it to not having any jaw at all. I still prefer existence to extinction. Maybe the gods are kind to with us, making life more unpleasant as we age. Death thus seems less intolerable to us than the burdens we carry.

“Why should I expect special treatment (he said calmly)? Old age, with its adversities, comes for everyone. I don’t rebel against the universal order. After all, I’m over seventy years old. I have eaten well and have enjoyed many things: the company of my wife and my children, the sunset, and plants blossoming in the springtime. Occasionally I have had a friendly hand to grasp. At one time or another I came across a human being who almost understood me. What else I could I ask for?”

... The journalist confronts him: “So, deep down, are you an incorrigible pessimist?”

Freud answers: “No, I’m not. I don’t let any philosophical reflections ruin my enjoyment of the simple things in life.”

...

Journalist: “That is the philosophy of self-destruction. It justifies self-extermination. Logically, it would lead to the universal suicide imagined by Eduard von Hartmann.”

Freud: “Mankind doesn’t choose suicide because the law of its being disapproves of a direct path to its end. Life has to complete its cycle of existence. In every normal being the life drive is strong enough to counterbalance the death drive, although, in the end, the latter is stronger. We can entertain the fantasy that death comes to us by our own will. It would be even more possible for us to overcome death were it not for its ally within us. In this regard (added Freud with a smile), we might even say that all death is disguised suicide.”

“(It was getting cold in the garden, so we continued the conversation in the

office. I saw a pile of manuscripts on the table, in Freud's neat handwriting).

... Journalist: "Are you practicing much psychoanalysis?"

Freud: "Definitely. At the present I'm working on a very difficult case, trying to undo psychic conflicts in an interesting new patient. My daughter is also a psychoanalyst, as you can see..."

(At this point Miss Anna Freud came in, accompanied by her patient, a boy of eleven with clearly Anglo-Saxon features).

Journalist: "Did you ever analyze yourself?"

Freud: "Certainly. Psychoanalysts must constantly analyze themselves. By analyzing ourselves we remain better trained to analyze others. Psychoanalysts are like the scapegoats of the Hebrews: people unload their sins on them. They must practice their art to perfection to keep from being overwhelmed by the burden laid on them.

...

"(... Despite his integrity, Freud is urbanity in person. He listens patiently to each statement and question and never tries to intimidate the interviewer. Rare is the visitor who leaves his presence without some present, some sign of hospitality! It had gotten dark and it was time to take a train back to the city that had once been home to the imperial splendor of the Habsburgs. Accompanied by his wife and daughter, Freud went down the steps leading down from the mountain retreat to the road to see me off. He seemed tired and sad as he said good-bye).

65

Freud: "Don't make me sound like a pessimist (he said this after shaking my hand.) I don't disdain the world. To express disdain for the world is just another way to court it, to win over listeners and applause. No, I'm not a pessimist, as long as I have my children, my wife and my flowers! I'm not unhappy – at least not more unhappy than others."

"(We could hear the whistle of my train coming through the darkness, and a car quickly took me to the station. Little by little the slightly bent and gray-haired figure of Sigmund Freud disappeared in the distance.)"

Final reflections

There is Freud, at age 70, sitting behind that young paranoiac American of about only 20. There is a 50-year difference in age between them, and they are of different nationalities. An Austrian listening to a young man from a country he basically dislikes. The patient lives between neurosis and psychosis, maybe even with traits of fetishist perversion. He is a challenge to Freud's teachings and techniques. Their biographies are certainly very different. It is not hard to imagine the stoic Freud trying to avoid the amazingly perceptive moves of the young paranoiac. Despite all Freud's careful handling of the case, the patient invades the analyst. A great deal of working through has to go on to get free from the burdens thrown on the "scapegoat" analyst. Freud would rather treat him only in Vienna, but he ended up seeing this patient during his vacation as well. He wants to hate him, but he is also fond of him. He wants to give up, but continues the treatment. He wants his ruin but he struggles with his young patient like one who is who struggling for his own life. In each wrinkle on the face of the old man working in Vienna and Semering there is the pain over the death of his daughter and his grandson are hidden, as well as the departure of the disciples who left, the great discomfort from the prosthesis and the cancer itself. It is the struggle between life and death. The intellectual revolution that began with *Beyond the Pleasure Principle* in 1920 comes to full development with *Civilization and its Discontents*, in 1929. On the manifest level there is the war, and theory comes out in the form of the death wish. It is a struggle of titans: *eros and thanatos*. Soon after, Freud, Martha and Anna, accompanied by his books and writings, take another train to return to Vienna, on the banks of the blue Danube.

Patients like AB continue to frequent analysts' offices yet today. They are personalities with narcissistic and schizoid problems and they lack clear definitions in many senses, handicapped with shortcomings on the frontiers between their internal world and the outside world. They have delirious ideas, emptying of the self, and often a very confused sense of reality. During treatment there are sudden changes in humor and functioning that bring up questions that analysts often find it hard to manage. The patient's fragile ego is flooded with issues related to the drives. The world and even the analyst are flooded by the patient's manifestations and functioning can become paranoid. The pendular nature of the patient's words and actions, and his or her paradoxical and contradictory behavior, can bewilder the observer/analyst, and the patient's desperation affects the analyst. The situation requires the analyst to become more plastic, more porous, even perhaps more vacillating, to be able to accompany an ego that knows only dilaceration and dissociation, which never quite gets to the point of constituting a conflict. The patient's helplessness sometimes also becomes, in due measure, the analyst's helplessness. Might Freud have gone through this, at least partially,

with AB? We don't know. It is possible. We only know that both Freud and AB were deeply changed by the experience.

References

BIRMAN, Joel. *Desejo e promessa, encontro impossível; o discurso freudiano sobre a religião*.

In: MOURA, J. C. (org) *Peregrino, Hélio. A-Deus*. Petrópolis: Vozes, 1988.

FENICHEL, Otto. *Teoria Psicanalítica das Neuroses*. São Paulo: Atheneu, 1973.

FIGUEIREDO, Luis Cláudio. *Psicanálise Elementos para a Clínica Contemporânea*. São Paulo: Escuta, 2003.

FREUD, Sigmund. A Questão da Análise Leiga (1926). In: *Edição Standard Brasileira das Obras Completas*. Rio de Janeiro: Imago, vol. XX, 1996.

_____. Inibições, Sintomas e Ansiedade (1926[1925]). In: *Edição Standard Brasileira das Obras Completas*. Rio de Janeiro: Imago, vol. XX, 1996.

_____. Karl Abraham (1926). In: *Edição Standard Brasileira das Obras Completas*. Rio de Janeiro: Imago, vol. XX, 1996.

FREUD & PFISTER. *Cartas, 1909-1939. Um Diálogo entre a Psicanálise e a Fé Cristã*. Viçosa: Ultimato, 1998.

GAY, Peter. *Freud: Uma Vida para o nosso Tempo*. São Paulo: Companhia das Letras, 1989.

JONES, Ernest. *A Vida e a Obra de Sigmund Freud*. Vol. III. Rio de Janeiro: Imago, 1989.

LAPLANCHE, Jean e PONTALIS, J. B. *Vocabulário de Psicanálise*. São Paulo: Martins Fonte, 1992.

ROAZEN, Paul. *Como Freud trabalhava*. São Paulo: Companhia das Letras, 1999.

RODRIGUÉ, Emilio. *Sigmund Freud. O Século da Psicanálise, 1895-1995*. São Paulo: Escuta, 1995.

VIERECK, George S. *Entrevista com Freud, Alpes Austríacos, 1926*. Tradução de Paulo César Souza.

WONDRACEK, Karin. *O Amor e seus Destinos. A Contribuição de Oskar Pfister para o Diálogo entre Teologia e Psicanálise*. São Leopoldo: Sinodal, 2005.

Abstract

O artigo recupera um desconhecido caso de Freud, do qual a correspondência Freud & Pfister dá fragmentárias notícias. As cartas trocadas entre 1924 e 1927 fornecem informações sobre o encaminhamento, a difícil evolução do tratamento de AB e o sofrimento de Freud ao atendê-lo. Os avanços e recuos do problemático caso estão relacionados com as vicissitudes da vida de Freud, com os avanços da psicanálise e com os acontecimentos sociais e políticos à época. Pacientes como AB, com problemáticas narcísicas e esquizóides, afirma o artigo, continuam chegando aos consultórios dos analistas hoje.

Palavras-chave: Caso AB, correspondência Freud & Pfister, história da psicanálise, personalidades narcísicas e esquizóides.

68

El artículo recupera un desconocido caso de Freud, del cual la correspondencia Freud & Pfister da fragmentarias noticias. Las cartas intercambiadas entre 1924 y 1927 entregan informaciones sobre el encaminhamiento, la difícil evolución del tratamiento de AB e el sufrimiento de Freud al atenderlo. Los avances y retrocesos del problemático caso están relacionados con las vicisitudes de la vida de Freud, con los progresos del psicoanálisis y con los acontecimientos sociales y políticos de la época. Pacientes como AB, con problemáticas narcísicas y esquizoides, afirma el artículo, continúan llegando a los consultorios de los analistas hoy en día.

Palabras-clave: Caso AB, correspondencia Freud & Pfister, historia del psicoanálisis, personalidades narcísicas y esquizoides.

Cet article récupère un cas inconnu de Freud, dont la correspondance entre Freud et Pfister donne des informations fragmentaires. Les lettres échangées entre 1924 et 1927 fournissent des informations sur l'orientation du patient, l'évolution difficile du traitement de AB et la souffrance de Freud lors des séances. Les progrès et les reculs de ce cas problématique sont liés aux vicissitudes de la vie de Freud, aux progrès de

la psychanalyse et aux événements sociopolitiques de l'époque. Des patients comme AB, ayant des problèmes narcissistiques et schizoïdes, tel l'affirme cet article, continuent de se présenter, aujourd'hui, aux cabinets des analystes.

Mots-clés: *Cas AB, correspondance Freud & Pfister; histoire de la psychanalyse, personnalités narcissistiques et schizoïdes.*

Sérgio de Gouvêa Franco

Psicanalista; doutor pela UNICAMP e pós-doutor em psicologia clínica pela PUC-SP; membro da Associação Universitária de Pesquisa em Psicopatologia Fundamental; professor titular de psicologia da UNIP; reitor da FECAP.

Rua Napoleão de Barros, 299

04024 São Paulo, SP

Tel: 55 11 5574-1175

e-mail: sgfranco@attglobal.net , sgfranco@fecap.br , sgfranco@gmail.com

Karin Wondracek

Psicanalista; psicóloga; membro titular do Núcleo de Estudos Sigmund Freud; vice-coordenadora do Grupo Independente de Estudos em Psicanálise e Religião e pesquisadora desta temática no doutorado em curso no IEPG (São Leopoldo), onde é docente.

e-mail: wondracek@brturbo.com

Recebido em 24 de fevereiro de 2007

Aceito em 15 de março de 2007

Revisado em 10 de maio de 2007