

THE IRMA DREAM, SELF-ANALYSIS, AND SELF-SUPERVISION

The Irma dream has special historical significance. Erikson and others have placed it in historical, social, and cultural context. The manifest dream was elaborated in terms of analytic surface with analysis of form and content, patterns and movement in time and space, etc. There are, however, limits to textual reinterpretations. Further psychobiographic consideration of the Irma dream highlights issues of transference, countertransference and their sources in unconscious conflict and trauma. The Irma dream was initially a secret dream which represented the initiation of a self-analytic and supervisory process. Freud's revealing the dream and imagining the commemoration of the discovery of "the secret of the dream" marked the termination of formal self-analysis within analysis interminable.

Erikson's (1954) discourse on "The Dream Specimen of Psychoanalysis" remains a classic paper on dream theory and interpretation. Erikson returned to the first dream ever subjected to extensive interpretation, a dream bequeathed by Freud to posterity as the specimen dream of *The Interpretation of Dreams* (1900). Erikson (1954) noted, "This dream may in fact carry the historical burden of being dreamed in order to be analyzed, and analyzed in order to fulfill a very special fate" (p. 8). Erikson actually cautioned that the ardent ritual of exhaustive dream analysis has all but vanished. The psychoanalytic process is today very different from the way it was in the infancy of psychoanalysis. There is no idealized "royal road to a knowledge of the unconscious activities of the mind" as Freud (1900, p. 608) first proclaimed. Dreams, like any other material, may be exploited for resistance or as a flight from reality into fantasy. Dream analysis could be seductive and exhaustive. The

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dream has to be placed into the course and phase of the patient's analysis, the patient's life, and into the particular family, society, and culture of the dreamer in which the analytic process takes place. To reinterpret a dream means to reinterpret the dreamer, and in the case of Freud's Irma dream, the moment when creative thought gave birth to the "Interpretation of Dreams" (Erikson, 1954, p. 7). Freud wrote to Fliess on June 12, 1900, "Here, on July 24, 1895, the secret of the dream revealed itself to Dr. Sigm. Freud" (Masson, 1985, p. 417).

Erikson (1954) aimed at a type of complete analysis while realizing that there were gaps in Freud's associations and interpretations. He did not analyze his own methodology, instead interposing his own associations and assumptions. There were further problems stemming from Erikson's lack of knowledge about Freud's current and past life. His inferences stretched the limits and constraints of dream interpretation on the basis of manifest content. Both the potential and pitfalls of his approach can be appreciated from our own historical distance and perspectives.

No one carried the analysis of the manifest content further than Erikson in the understanding of the analytic surface. His work stimulated study of a working from the surface in clinical analysis. For Erikson (1954), the manifest dream revealed, "A style of representation which is by no means a mere shell to the kernel, the latent dream; in fact, it is a reflection of the individual's ego of the peculiar time/space, the frame of reference for all its defenses, compromises, and achievements" (p. 21). Besides his emphasis upon representation and pattern, Erikson posited a continuum rather than a cleavage between "manifest and latent content." The dream and dreamer are to be understood in their own historical, social, and cultural context. With a synthesis of these dimensions with individual development and challenges throughout the life cycle, Erikson transcended the analytic situation and the clinical analytic process. In this approach, dreams would not be analyzed by manifest or symbolic interpretation, but the use of manifest dream would be greatly expanded. In fact, this proved to be a major stimulus for a number of manifest dream commentaries and inquiries; for example, Spanjaard (1969), Blum (1976), Breger (1980), and Pulver (1987). Investigating form and configuration, style and composition, Erikson (1954)

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also noted the patterns and relationships within the dream, from body ego to reciprocal biological, familial, and developmental influences and modes of representation and structuralization. He noted the cognitive, affective, perceptual, interpersonal, somatic, volitional, spatial, and temporal elements, motion, and direction within the dream, the style of the dream association, and the moment and manner in which it was reported. He considered nonverbal as well as linguistic communication; body zones and organ modes: the inventory and range of affects; and what he called a “correlation” or really an integration of configurational trends.

Erikson’s own analysis of the Irma dream included inferences about dominant transference and basic childhood conflicts, the day residue, and particular Eriksonian issues of life cycle, social process, and ego identity. “The secret of the dream,” which Freud found in the Irma dream, is also the dream itself. The dream is compared to a haughty woman, wrapped in mystifying covers, recalcitrant when under examination. The dream is ultimately to be known and possessed as a maternal image, a woman to be known, as in the Bible (Erikson, 1954, p. 46). Calling attention to Freud’s status as a Jewish physician in a Catholic country, the problems of anti-Semitism and Jewish identity were omitted, nonetheless. Erikson had a counter-transference to Jewish “identity.” Erikson (1968) later commented upon Freud’s problems of generativity in 1895 at age 39, a rather idiosyncratic formulation given Freud’s burgeoning family attainments and phase of life. Freud sought the approval of fellow physicians even while removing himself from the academic medical community. His turning to the group for support and sanction suggested a puberty rite of initiation, a revived adolescent identity crisis, and in his case, the creativity of a delayed or second adolescence.

With this preamble and identifying with the preamble in the Irma dream, I shall note five points:

1. The Irma dream is a text, subject to all the problems and conjecture of continuing reinterpretation. It is enshrined in the history of psychoanalysis without the dreamer’s additional associations or response to new interpretations.
2. The Irma dream was dreamt before Freud’s formal, articulated concepts of unconscious conflict, psychic reality, and the importance of childhood.

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3. The Irma dream represents the germinating analytic and supervisory process. The dream revealed and concealed, “the secret of the dream” and of the dreamer. It refers to a number of current concerns linked to transference and countertransference and their childhood sources. The dream was a record of both traumatic seduction and fantasied erotic attack, though it antedates the annulment of the seduction theory.

4. The plaque commemorating the discovery of “the secret of the dream” and chemical formulae in the manifest content may refer to the formulae for the interpretation of dreams. The chemical formulas refer to biological rhythms, sexual chemistry, pregnancy, and symbolic genital representations. Freud (1985) wrote to Fliess on October 9, 1896, “I am now very satisfied with my cases; another year or two, and I can express the matter in formulas that can be told to everyone” (Masson, 1985, p. 200). The author of the dream book would be immortalized like the Biblical Joseph, the dream interpreter with whom he is identified.

5. The secret of dreams memorialized by the specimen dream had been kept secret; the Irma dream was originally a secret dream. This special dream was kept secret from Fliess, Freud’s proto-analyst and supervisor, for virtually five years. The Irma dream in 1895 marked the initiation of Freud’s self-analysis. His telling Fliess about the dream in 1900 and imagining a monument to his discovery of the interpretation of dreams marked the “termination” of his self-analysis.

In its manifest study of the body of patient and analyst, the dream imagery and associations point to the corpus of psychoanalysis, the elucidation of the dynamic unconscious, and the development of psychoanalysis. The embryo is not equivalent to the developed child, and it is impossible to know how much psychoanalytic theory was then ready to spring formed from the head of Freud, how much was in a transitional state of formation, and what formulations might have been retroactively assigned to the Irma dream.

A major transference dimension of the Irma dream represented Freud’s subservience to and dependence upon Fliess. But Freud’s letter to Fliess in June 1900, telling him the date of the Irma dream, announced the impending break of their relationship. Freud was now a “new species of himself,” a psychoanalyst. Psychoanalysis was

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in gestational form, awaiting birth as in the pregnant opening of the Irma dream. July 24, 1895 represented a milestone in the development of the new science (Schur, 1972) and a nodal point in Freud's personal metamorphosis from neurologist to psychoanalyst. This was a change of "identity."

Freud (1900) was ambivalent about revealing so many intimate facts about one's mental life:

[M]y readers too will very soon find their initial interest in the indiscretions which I am bound to make replaced by an absorbing immersion in the psychological problems upon which they throw light. . . . I must ask the reader to make my interests his own for quite a while, and to plunge, along with me, into the minutest details of my life; for a transference of this kind is peremptorily demanded by our interest in the hidden meaning of dreams [pp. 105–106].

Freud, on that fateful morning when he wrote down the very long dream immediately after awakening, was inviting his supervisor and future readers to join in unveiling the secret dream and the secret of the dream. It was an introduction to the structure and meaning of dreams, the dream wishes and their disguise, dream work, and manifest distortion. He also confided that he was withholding information from the reader:

I will not pretend that I have completely uncovered the meaning of this dream or that its interpretation is without a gap. I could spend much more time over it, derive further information from it and discuss fresh problems raised by it. I myself know the points from which further trains of thought could be followed. But considerations which arise in the case of every dream of my own restrain me from pursuing my interpretive work [p. 120].

The specimen dream of psychoanalysis was not the dream which Fliess had censored. This "big dream," which Freud had intended to illustrate dream interpretations and his theory of dynamic unconscious mental processes, was removed because of the opposition to Fliess. Being deferential to Fliess, avoiding any overt criticism of Fliess, and appeasing his supervisor, was part of Freud's problem at the time of the Irma dream. Fliess had committed the equivalent of malpractice in the bungled operation on Irma (Emma Eckstein), but Freud incriminated himself and others while exonerating Fliess

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(Schur, 1972). The hidden accusation was against Fliess. Emma Eckstein had the nasal operation because all concerned presumably acquiesced to the views of Fliess. The operation was really unnecessary and inappropriate in the first place, so that Freud had unwittingly colluded in unjustified surgery. Fliess had left iodoform gauze in the nasal cavity of "Irma." This resulted in an infection and hemorrhage which, especially in that period before modern medicine, could have had a fatal outcome. The "bungled" surgery profoundly affected the transference-countertransference and the real relationship between Freud and Fliess. Freud's own guilt and the threat to his relationship to Fliess contributed to Freud's pursuit of self-analysis.

Schur's (1972) discussion of the background of the Irma dream in terms of the examination of the nose, the many medical procedures, the dirty injection of dangerous contents, added important material to the understanding of the dream and Freud's current conflicts at the time. The Irma dream remains the most interpreted dream of all time, enshrined in psychoanalytic history, and idealized as the first dream to be interpreted and then reinterpreted by successive generations of psychoanalytic students. Kohut (1978) pointed to the role of Fliess as an idealized, archaic, omnipotent figure important to Freud's creative activity. Blum (1981) observed the dethroning of past authority figures, the derision expressed toward authoritarian attitudes and old dogma, and the internal transformation of a forbidding, censoring, supervisory authority into a benevolent authority which upholds the search for truth and the quest for insight into what was previously prohibited and unconscious.

In the Irma dream both Fliess, who was referred to as his encouraging friend, and Breuer (Dr. M) are authorities to whom Freud turned. He had split the supervisor image to whom he would send the report of Irma's condition after "Otto's reproach." Freud was distressed by his friend Otto's (Oscar Rie) news of Irma, an intermediary "messenger" from the Eckstein family. Breuer was presented as denigrating, while his encouraging friend, Fliess, was positively regarded. Throughout the associations for virtually each instance of condemnation there is a counter-exoneration of Freud. Freud stated that the dream exonerated him for Irma's condition (p. 118).

Freud was writing the letter to his supervisor, Dr. M. (Breuer) at the very time he would be writing to Fliess. This letter about the

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Irma dream was not explicitly written and actually sent to Fliess until 1900. Presumably Fliess “got the message” and may even have realized that the Project had contained a fragment of the Irma dream. The realization that the dream had been withheld provoked counter-reactions on the part of Fliess. Their correspondence became increasingly distant and intellectual as their friendship withered and the underlying antagonism became overt. By 1900 Freud was his own analyst and supervisor, could interpret his own dreams and those of his patients, and could largely dispense with the incorrect interpretations and foolish notions of Fliess. He had struggled to free himself of the influence of Fliess, in a way that was analogous to the behavior of a patient ridding himself of a “wild analyst.” The ignorance and incompetence had been attributed to Breuer and Otto in the Irma dream. Freud had now established his analytic identity and ideals and could safely and openly individuate with relative autonomy. He did not require the advice or approval of his “secret sharer” as before.

What was the reaction of Fliess to the hitherto secret Irma dream, which had not been revealed to him for nearly five years? Fliess was alarmed because he immediately asked Freud to validate the date. Freud promptly responded that the date was verified because he kept a diary at the time (Jones, 1953; Kanzer, 1983). Apparently, Fliess recognized the linkage between the Irma dream and his surgical blunder. When Freud had the dream he had probably already decided to have Fliess operate on his own nasal sinus, an enactment of his identification with Irma-Emma and a reactive vote of confidence in Fliess.

Freud desperately tried to please and appease Fliess, exonerating him of surgical error and medical malpractice, casting the blame elsewhere, including castigating and accusing himself. He blamed Otto in the manifest content of the dream for the derelict, dirty, near-fatal injection. So great was Freud’s need to exonerate Fliess that he went so far in letters written after the surgery to explain Irma’s bleeding tendencies based on her hysteria and longing for masochistic gratification. Freud’s intensely ambivalent reactions recall his earlier comment in his letter to Fliess, September 29, 1893, “you altogether ruin my critical faculties and I really believe you in everything.”

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The manifest dream presents an ear, nose, and throat (ENT) set of images as Freud peers down the nasal-oral passages of the reluctant, bashful Irma, in identification with Fliess' medical activity. Freud (1900, p. 110) also identified with Breuer who examined the throat of a friend of his patient and found a diphtheritic membrane. Freud remained concerned about the grave condition of Irma-Emma. He had been present during subsequent surgery when the iodoform gauze left by Fliess was removed. This was followed by profuse hemorrhage and release of exudate from the pyemia from which the patient nearly died and which had left Freud feeling faint. The exudate is one meaning of the reference to "dysentery will supervene and the toxin will be eliminated" (1900, p. 107) in the manifest dream. As Schur (1972) noted, the relationship between the dream and the previous surgical experience with Irma-Emma is self-evident, and it is hard to believe that Freud was totally unaware of the connection. Freud had withheld the dream from Fliess because of fear of offending him, his need to preserve their friendship, and to keep both realistic responsibility and negative transference out of awareness. His explanation that the dream was the fulfillment of a wish to be vindicated and exonerated after being accused of not being conscientious, was seductively superficial. It simultaneously suggests the opposite and discretionary silence. A conscious wish is stated while the dream will be shown to represent disguised, unconscious wish-fulfillment.

The Irma dream and the writing of *The Interpretation of Dreams* were intimately connected with Freud's "transference" relationship to Fliess and the analysis of that relationship through his self-analysis. He attached the greatest importance to the interpretation of dreams, beginning with the Irma dream. Describing the historical development of psychoanalysis, Freud (1914) stated: "I soon saw the necessity of carrying out a self-analysis, and this I did with the help of a series of my own dreams which led me back through all the events of my childhood . . ." (p. 20). At that time he was still of the opinion that a self-analysis of this type would suffice for one "who was a good dreamer and not too abnormal."

The Irma dream begins with birth, referring to the midpregnancy of Martha Freud who was carrying the future Anna Freud. Anna Freud would have been named Wilhelm if the baby had been

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a boy. In order to be able to present the dream book to Fliess on his birthday, Freud rushed its publication. Long after the relationship with Fliess was formally ended, the reverberations of the relationship continued in other relationships of Freud and in his thoughts, feelings, and dreams. On October 6, 1910 he wrote to Ferenczi:

Not only have you noticed that I no longer have any need for that full opening of my personality, but you've also understood it and correctly returned to its traumatic cause. Why did you thus make a point of it? This need has been extinguished in me since Fliess's case, with the overcoming of which you just saw me occupied. A piece of homosexual investment has been withdrawn and utilized for the enlargement of my own ego. I have succeeded where the paranoiac fails [Brabant, Falzeder, Giampieri-Deutsch, and Hayral, 1992].

Freud's passive, dependent, and homosexual transference to Fliess was part of a complex of transferences in which Fliess represented Freud's family: his father, his deceased brother Julius, his brother Alexander, his half brothers, and his mother (Blum, 1977). The Irma dream would be a very significant link in the chain of associations which led to the seduction theory and to the later retraction of the seduction theory, and the formulation of the Oedipus complex.

The relationship between Freud and Fliess, the two researchers on human sexuality, included mutual "seduction." The Irma dream marked the beginning of the analysis of their psychological seduction with all its fateful consequences in fantasies of the primal scene, impregnation, birth, and death. Both then regarded masturbation as a pathological disturbance. Both were interested in the treatment of sexual disorders and neurasthenia, but their concepts and treatments were drastically different. Fliess believed that biological laws of periodicity and male and female numbers of twenty-three and twenty-eight determined neurotic conditions, their remission, and exacerbation. In addition to Fliess' numerology, his nasal fixation was associated with his therapeutic theory of nasal cauterization and using cocaine and morphine in the nose to stop the "pernicious" habit of masturbation. He also formulated the more dangerous procedure of surgery of the nose, similar to mutilating procedures of the genitals, to preclude and punish masturbation. Masturbation and

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sexual problems could thus be treated by nasal drugs and nasal surgery. Fliess omnipotently linked the nose with all forms of neurasthenia. He also believed he could predict the date of death according to the onset of menstruation, and that dates of birth and death were determined by his numerology of bisexual periodicity.

Freud's self-analysis proceeded primarily with the use of dreams; for example, in the understanding and working through of his neurotic disturbance and the transference relationship to Fliess. Freud (1900) stated: "Thus it comes about that I am led to my own dreams, which offer a copious and convenient material. . . . No doubt I shall be met by doubts of the trustworthiness of 'self-analyses' of this kind . . . at all events we may make the experiment and see how far self-analysis takes me with the interpretation of dreams" (p. 105). In the 1908 second edition, Freud attributed the dream book retrospectively to the psychological aftermath of the loss of his father. He stated, "It was, I found, a portion of my own self-analysis, my own reaction to my father's death. . . ." (1900, p. xxvi). His father died in October 1896, more than a year after the Irma dream, although his father's health was failing at the time of the Irma dream. Additional important factors were Martha's six closely spaced pregnancies and the births and rearing of his own children. His own fatherhood and identification with the fertile mother also stimulated self-analytic creative exploration (Blum, 1990).

The rising deidealization, discord, distrust, and inherent disillusionment with Fliess could be decisively dated to the Irma dream. He began writing the dream book in May of 1897 and described systematic self-analysis beginning June 1897. Anzieu (1986) has proposed a chronological sequence for Freud's self-analysis while he simultaneously acknowledged that Freud, at the time, lived in a permanent self-analytic atmosphere. I believe there was continuing self-analytic work which had been evolving years before it was systematic. The specimen dream and the understanding of dreams are forerunners of the discovery of the analytic method and the analytic process. The Irma dream and Freud's commentary and associations indicate how discoveries of dream psychology, unconscious mental processes, the psychoanalytic process, and the basic analytic technique of free association and interpretation were closely interwoven. Though virtually concurrent with the project (Freud, 1895), the Irma dream

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represents the transition from the neurological to the psychological. It represents the incipient understanding of unconscious psychological conflict and fantasy. Sexuality and hostility are both examined in the Irma dream, but the psychological exploration of unconscious wishful fantasy and defense against forbidden sexual and hostile impulses emerge in Freud's analysis of the Irma dream. Freud's guilt is almost manifestly connected with dangerous sexual and aggressive thoughts, feelings, and behavior.

The mutual psychological "seduction" of Freud and Fliess involved the return of cocaine use. Freud had used cocaine between 1884 and his marriage in 1888. There had been medical suggestions that cocaine could be useful in the treatment of morphine addiction. Freud tried to treat his friend, Fleischl (a name so close to Fliess), for morphine addiction by substituting cocaine. Fleischl developed a combined cocaine-morphine addiction and drug psychosis, and by 1885 Freud realized that the treatment with cocaine had been futile, if not harmful. That same year, Freud had taken cocaine himself and wrote about its tonic, stimulating, and euphoric effects. However, in September 1885, Kohler reported the discovery of cocaine as a local anaesthetic, and Freud's reactions to having missed this discovery appear disguised in his dreams but more directly in his associations and correspondence. Freud believed that cocaine had an antidepressive effect, and apparently a tranquilizing and relaxant effect.

Freud took cocaine prior to attending a reception given by Charcot to alleviate social anxiety. Freud would resume the use of cocaine in 1893, after Fliess claimed that application of cocaine to the nasal mucosa could relieve disorders of the abdomen, sexual organs, and labor pain. The amount of cocaine that Fliess prescribed for patients might have led to sufficient internal absorption to have caused rather than cured somatic symptoms. Following the recommendations of Fliess as his physician, Freud applied cocaine to his own nose for the treatment of sores on his nasal turbinates, heart pains, and neurasthenic tendencies. It is significant that after the Irma dream, and after his self-analysis made further progress, under the impact of his own fatherhood and the death of his father, Freud relinquished the use of cocaine in 1896. The whitish patches and whitish/gray scabs in the nose in the manifest content of the dream were overdetermined

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references to Irma's pyemia, genital discharge, conflicts concerning masturbation, and other aspects of sexual passion and behavior. I infer that the manifest dream also refers to the nasal use of cocaine.

Peering down the open mouth and nasopharynx is also prescient of the leukoplakia, and then the many examinations and procedures connected with Freud's oral cancer. The cancer, diagnosed in 1923, invaded Freud's jaw, and after surgical treatment, he required a prosthesis. Addicted to cigars, he could not give up smoking, though it had been periodically prohibited by Fliess. Was Freud's nasal-oral-pharynx already irritated by his smoking? Fliess related Freud's cardiac symptoms to the nose, but also correctly connected smoking with cardiac disorder and physical illness. Freud's reactions to his own somatic symptoms and to those of Fliess are depicted in the dream imagery. The oral-nasal-pharyngeal examination and pathology may be premonitory of Freud's later leukoplakia and oral cancer. A chronic tissue irritation secondary to continuous heavy smoking could have become a precancerous precursor to Freud's malignant tumor in 1923.

New information and formulations about the Irma dream have appeared in the years since Erikson published his own analytic study (Grinstein, 1980; Anzieu, 1986). Erikson remarked about Freud's enlarging family, without discussion of the developmental implications. He assumed that Freud's six children reactivated the infantile conflicts associated with the birth of Freud's seven younger siblings. Elms (1980) inferred that the reference to dysentery supervening and the toxin being eliminated represented a disguised and disavowed wish for the abortion of Sigmund and Martha Freud's sixth and unwanted pregnancy. Elms shifted the focus from sexual longing to the hostile side of Freud's ambivalence to the unborn baby and his hostility to his pregnant wife. Freud later analyzed the child's hostility and rivalry with siblings and the child's curiosity and anger over the unborn rival in his mother's womb. Elms (1980) proposed that Freud was distressed with the inadequate methods of contraception then available, and that he thought of fellatio as sexual gratification that would simultaneously serve the avoidance of conception. Freud's guilt over having burdened Martha with another pregnancy was stressed by Eissler (1985) as a central issue.

F. Hartman (1983) reappraised the Irma dream with additional relevant historical information. The chemical formula for Irma's injection involved chemical compounds with which condoms were

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then manufactured. The Fliess letters demonstrate that Freud had looked to Fliess as a “messiah” who would solve the problem of coitus without contraceptives (July 10, 1893); Fliess would be immortalized in marble if he had really solved the problem of contraception (May 25, 1895). The Fliess letters also showed Freud’s concerns and worries about Martha’s deteriorating health with repeated pregnancies. On August 6, 1895 he wrote to Fliess, “Dearest, Am letting you know that after prolonged mental labor I believe I have penetrated to an understanding of pathological defense, and thereby to many important psychological processes” (p. 134). In his next letter (August 16, 1895) he stated, “My wife is, of course, somewhat immobile.” Again we see Freud’s competitive, empathic, and creative response to his wife’s pregnancy and his unconscious identification with the pregnant mother as well as with the procreative father.

Although the Irma dream begins with a birthday party, and almost ends with an abortion or miscarriage, Freud does not directly discuss Martha’s final pregnancy. We do not know if the couple had consciously discussed thoughts about hoping for a miscarriage or considered any possibility of induced abortion.

Self-reproach for the death of his patient Fleischl, a patient who had died from the toxic effects of sulphonal, and had the same name as Freud’s eldest daughter, Mathilda; the near death of Mathilda from diphtheria; and the near death of Emma Eckstein (Irma) at the hands of Fliess, are self-accusations for adult transgressions and “crimes.” They cover the infantile sources of these reactions and Freud’s oedipal guilt over the illness and death of his father, the preoedipal germ of guilt related to the death wishes toward his brother Julius, and his next sibling, his sister Anna. However, the sadistic assault on the mother figure in the dream may deal with the most repressed aspect of the unconscious set of conflicts, those associated with hostility and death wishes toward Freud’s wife and children, deriving from repressed hostility to his own mother. The exposure to repeated pregnancies had undoubtedly overstimulated the child, leaving him threatened with the ever-uncertain question of whether there were more babies hidden inside, and whether his mother would be unavailable to him. She had probably been emotionally distant while she was mourning following the death of her own brother Julius, and Freud’s brother Julius, her next son (Blum,

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1977; Goldner, 1993). Freud's mention that his daughter Mathilda had nearly died, may be taken as further evidence of his preoccupation with death wishes toward children.

The conflict was intense because Freud also loved and was interested in children, and regarded them as treasures. He had spent ten years from 1886 to 1896 at the Kassowitz Public Institute for Children's Diseases. Otto (Oscar Rie) and Leopold (Ludwig Rosenberg), who appear in the dream, were his assistants on that pediatric-neurology service. Rie became a close family friend and the pediatrician of Freud's children. Freud was a very interested and perceptive child-observer and importantly contributed to pediatric neurology. Freud's (1900) guilt over hostile wishes for the miscarriage of his child and his siblings in childhood, led him to associate to the "talion" principle; this Mathilda for that Mathilda, "an eye for an eye and a tooth for a tooth" (p. 112). Freud's thoughts about the mysteries of sexual chemistry were doubtless concerned with the basic questions which he proceeded to outline in the sexual theories of children about conception, pregnancy, and birth. The organic sequences and chemical formulas were probably also related to Freud's interest in the human discovery of biological fatherhood, which he thought must have occurred long after the direct human confrontation with pregnancy and birth. As a child Freud was uncertain about the role of his father in his mother's pregnancies. He also thought that Philip, his half-brother, was responsible for having impregnated his mother, simultaneously eliminating his father as his primary oedipal rival.

In the later "Non-Vixit Dream" (Freud, 1900) and in the analysis of the first parapraxis, the slip of memory of "Julius Mosen" (Letter to Fliess, August 26, 1898), Freud again dealt with his ill-wishes, his infantile envy, and omnipotent death wishes in which rivals could be made to disappear or not even to have lived at all. The phrase "the toxin will be eliminated" in the manifest content of the Irma dream has multiple referents. Among the most salient issues, the phrase refers to the toxic condition of Emma Eckstein; ambivalence concerning Martha Freud's sixth pregnancy, with a fantasy of abortion and sibling elimination; the toxic effects of cocaine on Fleischl, and possibly the effects of cocaine and tobacco on Freud and Emma; the pathogenic influence of masturbation and seduction

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trauma; and the eventual elimination of Fliess who will be terminated (as analyst and supervisor).

The Irma dream also was concerned with incest conflict. In a January 1908 letter to Karl Abraham (Freud, 1908), Freud described three women in the Irma dream as his daughter's three godmothers, adding "I have them all." These women were Mathilda Breuer, Sophie Paneth, and Anna Hammerschlag whose married name was Lichtheim. However, his daughters had the name of the godmothers for whom they had been named. Anna Freud had not yet been born, or if a son, would be named Wilhelm, possibly indicating some later retrospective interpretation. Freud stated in the January 1908 letter that the major theme was sexual megalomania. "There would be one simple therapy for widowhood, of course. All sorts of intimate things, naturally" (1908, p. 20). Here Freud indicates his private awareness of fantasies of "sex therapy" in connection with analytic therapy. Genetic interpretation of the erotic countertransference would implicate Freud's oedipal incestuous interests in his mother, his sisters, and his daughters. "Recently I dreamed of over affectionate feelings for Mathilda" (Letter to Fliess, May 31, 1897).

Irma was a composite figure representing a number of individuals. She is Freud himself and the feminine side of his personality, so that he is identified with Irma. Irma was also Emma Eckstein, the 30-year-old unmarried woman who was an important patient of Freud during the 1890s. Desperately ill after the surgical mishap of Fliess, she also attempted to exonerate both Freud and Fliess upon her recovery. Irma was also Anna Hammerschlag Lichtheim and possibly Anna O, and on a deeper level, the women in his family. He wanted exclusive possession of their love, and reconstructed his infantile intolerance of any rivalry for the affection of the women in the family. Freud also appears to have been working through his countertransference conflicts as his self-analysis progressed to childhood memories and reconstructions. The assault by the two men on the woman (Fliess and Freud re Emma Eckstein) also suggests the defloration fantasy in "Screen Memories" (Freud, 1899). In that autobiographical paper, a "memory" ascribed to childhood of stealing a girl's bouquet was shown to screen an adolescent fantasy of deflowering a bride. From his dream analysis, Freud reconstructed the death of his infant brother Julius, and the infantile sex play of

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himself and his nephew John with his niece Pauline, the children of his half-brother Emanuel (Letter to Fliess, October 3, 1897). His brothers are represented in the Irma dream by the two consulting doctors, with Dr. Breuer having features like Emanuel.

Just after reporting the stimulation of erotic feeling on seeing his mother nude on the Leipzig to Vienna train journey, Freud observed that he and his one year old nephew behaved cruelly to his niece who was a year younger. That triangle is recapitulated with Fliess as Freud's nephew and Emma as his niece (Rudnytsky, 1987). The shift from the parent seducing the child to the child seducing another child is consonant with Freud's comments about the repetition of seduction trauma. Mautner (1991) suggested that Freud's (1900, p. 172) memory at age 5 of pulling a book to pieces with his sister, Anna, not yet age 3, screens an examination of his sister's genitalia. She proposed this experience and its ramifications to be the latent skeleton of the Irma dream. Mautner regarded the Irma dream as the first dream of Freud's self-analysis with meaning slowly emerging in the analysis, consistent with the complexity of the dream and associative data in Freud's letters and papers.

Seduction fantasies and trauma were parallel to the hostility toward the members of the family. His own guilt over the drugs given to his patient Mathilda and his friend Fleischl, appears to be related to unconscious ambivalence, with hostility dissociated or split from his affectionate object ties. Freud attempted to disavow blame for Martha's pregnancy and her being ill, puffy, and unwell. In the dream Otto gave the thoughtless injection with the dirty syringe, exonerating Freud. But Freud must still bear responsibility for examining and penetrating the dream itself and for his fantasied sexual conquest of Irma. Possessing the secret of the dream was equivalent to secretly "possessing and knowing" his mother.

Replete with references to the transference and real relationship to Fliess, the dream also deals with a number of other relationships, including Freud's relationship to Irma. Anna Hammerschlag was not only a patient, but was on very friendly terms with the Freud family. An hysteric with somatic symptoms, Irma had shown resistance to the treatment, had not entirely accepted Freud's "solution," so the treatment was suspended during the summer vacation. Freud met Otto on the day before the dream and had taken Otto's comment

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that Irma was better but not quite well as a reproach. Irma's "signs of recalcitrance" and Otto's seeming reproach led to the writing up of the case by Freud to be sent to Dr. Breuer, "in order to justify myself" (p. 106). This is clearly a dream by a therapist about a patient reported to a senior, supervisory colleague. The Irma dream may be designated a countertransference dream about the patient as well as a dream about the supervisor (Whitman, Kramer, and Baldrige, 1969). The Irma dream thus initiates the exploration of the transference-countertransference field, the process of supervision, and the supervisory relationship. The derision of Breuer is inversely proportional to the idealization of Fliess. Special problems of countertransference arise when the patient also has a social or familial relationship to the analyst (Grinstein, 1980). In a medical consultation in which Freud turns to several colleagues with a sharing of ideas, there is the suggestion of the formation of the psychoanalytic study group. The conjoint examination of the patient becomes group supervision. The doctor games of childhood and examination anxiety are implied. Consonant with Erikson's psychosocial framework, the consulting group represents the integration of individual, educational, and social processes. The group may be regarded as a precursor of Freud's Wednesday night group which, in turn, would be succeeded by the Vienna Psychoanalytic Society, and analytic seminars and symposia.

At the beginning of the dream, Freud took Irma to one side, "as though to answer her letter and to reproach her for not having accepted my solution yet. . . . I said to her: 'If you still get pains, it's really only your fault' " (Freud, 1900, p. 105). Freud appears annoyed that the patient is being difficult. Further, he had been reproached by a colleague about this patient, and was reproachful to and blames the patient. Countertransference elements are marked and really extend in many different directions and toward many latent objects. The letter writing refers to the patient, to Fliess and Breuer as the supervisors, to the Fliess correspondence, and to the writing of this dream and of *The Interpretation of Dreams*. Furthermore, Freud is not in good standing with the medical community, finds himself viewed as an intellectual and sexual deviant. The seduction theory of the etiology of neurosis had not been accepted. He had been alienated from his former mentor Breuer, who was senior author of *Studies on Hysteria* which was published in the same year as

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the Irma dream. He was conflicted about the seduction theory, which he had not yet repudiated, and the relationship of fantasy to reality. Feeling not only reproached but repudiated by his colleagues, he had sought comfort and confirmation from his fellow collaborator and confidant, Fliess. He also appeared to have needed confirmation from his patient and was in need of therapeutic success. While Freud sought Breuer's advice and approval, he also had Breuer appearing as ridiculous in the dream and physically pale, limp, and clean-shaven, his beard removed. Breuer is both denigrated and emasculated.

Freud's associations are strongly indicative of intense transference-countertransference conflicts. In what may be regarded as further association years later, Freud noted to Emma Eckstein that he had been moved by a dream about her to write to her. Emma Eckstein was about 30 years old at the time of the Irma dream and never married. She would be as sexually frustrated and unfulfilled in love as the two widowed godmothers, Anna Lichtheim and Sophie Paneth. Emma had been sexually molested in childhood, and in her adult writing on child rearing, she considered masturbation a dangerous vice.

Anna Hammerschlag Lichtheim was the daughter of Freud's former religion teacher to whom he had maintained a warm and friendly attachment. She, too, was 30 years old, a widow for nine years, and a close friend of Martha Freud. Anna Lichtheim could also have represented Bertha Pappenheim (Anna O), also a friend of Martha Freud, who might have been at the birthday party (Appignanesi and Forrester, 1992). Irma's problems are her widowhood (i.e., sexual frustration), and her failure to accept Freud's solution. Then the patient may also be foolish, not only for having remained a widow (or not having married), but for not having accepted her analyst's interpretation. This also refers to the silent solution of seduction, possession, and penetration.

There is an implied countertransference fantasy that the patient should be docile and deferential as well as sexually yielding to the male physician. In that society, culture, and era, the patient, especially the female, was expected to comply with male authority. Irma's recalcitrant attitude involved opening her mouth properly in the manifest content of the dream. Resistance should be overcome, and

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the patient should speak properly. This may have multiple meanings. The patient should free associate without concern for social propriety, but she should also comply with the analyst's expectations in the countertransference. She should submit to analytic exposure as she would to gynecological examination. She should accept analytic exploration and interpretation without internal opposition or manifest refusal. The reference in the manifest dream to artificial dentures or false teeth refers to shame and humiliation, to evasion, denial, and fetishistic reassurance. The false teeth replaced the missing teeth. The interior of the patient and the interior of the analyst require simultaneous exploration and understanding of the transference and the countertransference.

During the 1890s, at the time of the Irma dream, Freud was medically treating a 90-year-old woman. He would give her morphine injections and put drops in her eye. In a slip, he once put morphine in her eye and realized how dangerous it would have been if he had injected her with the eye drops. This blunder reminded him (Freud, 1901) of the German phrase "to do violence to the old woman" (p. 178), and his closeness to grasping the universal application of the Oedipus myth on his way to the patient. The relevance to the dream of Irma's injection is almost transparent. Perhaps there is also a reference here to Freud's role in reverse as Breuer's confidant when Breuer reported the treatment of Anna O. In the treatment of this Anna, the prototype for all further psychotherapy, Breuer retreated from the patient's erotic transference because of his own countertransference. Freud, hearing about the case of Anna O as reported by her therapist, could assume the position of supervisor. At a distance from the patient's treatment and the therapist's overinvolvement, Freud may first have grasped the essentials of transference and countertransference in a precursor of supervision. As Dr. M is ridiculed and as Freud became aware of the vulnerability and shortcomings of his idealized friend, Fliess, Freud has to perform his own ENT examination. There is simultaneous self-scrutiny with analysis of the patient.

A very complex procedure was underway. Freud was attempting nothing less than simultaneous analysis of himself, his patient, and his supervisory relationship to his supervisors, Breuer and Fliess. It does not seem probable that the various dimensions of the Irma

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dream were immediately understood at the time of the dream. The many different interpretations and different levels of meaning in the dream were more likely understood as Freud's self-analysis progressed, with each discovery leading to new discoveries about unconscious conflicts and processes. His conflicts with Fliess were not resolved at the time of the Irma dream. His "solution" for his own conflicts was not ready for his own interpretation, and working through had to proceed over the years ahead. There is an inevitable mutual psychological seduction when friends are in treatment with each other. It is not surprising that Irma would have so much conflict and difficulty wanting and fearing to be candid and "open." Freud would have difficulty separating the analytic and social relationship with his own conflicts with the analytic intimacy. Irma-Anna was a complaining patient but also a prim, proper, frustrated female friend. Like Anna O, this Anna may have felt seduced and rejected by her "analyst" who offered a verbal solution for her widowhood and hysterical distress, and who was spending the summer holidays with his pregnant wife. Transference-countertransference issues were particularly intense at the point of summer separation between analyst and patient, prototypical of the turbulent transferences aroused by vacation and separation.

In concluding, the close-knit Jewish circle of Freud's familial and social group should be noted since it provided a social support structure at a time of great inner turmoil. The group intimacy was background for the fantasies of incestuous seductions in the latent content of the dream. Freud's sister Anna, the sibling born just after Julius, and the wives of his close colleagues, were likely also represented in the composite figure of Irma. His sister Anna had married Martha's brother, Eli Bernays, and Otto and Leopold (Oscar Rie and Ludwig Rosenberg) were to be brothers-in-law, who along with Leopold Konigstein played cards with Freud on Saturday evenings. But an important, relatively unrecognized figure is probably that of Ida Bondy, a former patient of Breuer's who had married Wilhelm Fliess. She was a sister of the later wife of Oscar Rie and jealous of Freud's relationship with her husband. Freud blamed Breuer for fostering her jealousy. Ida Fliess was pregnant at the same time as Martha Freud, and Freud was aware that Fliess was fathering his first child, even as Freud was about to become the father of his sixth,

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partly unwanted child (Letter to Fliess, October 8, 1895). We may presume that there were erotic fantasies concerning both Wilhelm and Ida Fliess. The hostile attack on the pregnant mother and the unborn fetus also involved his jealousy of his analyst-supervisor-friend and his friend's wife. There was cross-fertilization, mutual seduction, and mutual impregnation. The self-analytic process proceeded, stimulated by his biological children, the birth of the new generation, and the death of their paternal grandfather. Freud's brainchild, psychoanalysis, was germinating inside (Blum, 1990). Through formulating and then internalizing the psychoanalytic method and process, Freud was becoming his own analyst and his own supervisor. The Irma dream was prologue to the birth and development of psychoanalysis, and Freud's conflicts concerning family and friends would be subjected to self-analysis. The subsequent analysis of unconscious infantile conflict demonstrated reverberations throughout the life cycle, foreshadowing concepts of developmental phase and phase related conflict and trauma. Initiated and terminated with the Irma dream and his final notification of the dream to Fliess, Freud's self-analysis was the prototype of analysis terminable and interminable.

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