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**PSYCHOTHERAPY OF  
THE WOLF-MAN**

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## Psychotherapy of the Wolf-Man

In February 1910, a helpless young man of 23, unable even to dress himself, and accompanied by a private doctor and valet, appeared in Freud's consulting room. According to a letter from Freud to Ferenczi, quoted by Jones (1955), the patient initiated the first hour of treatment with an offer to have anal intercourse with Freud and then to defecate on his head.

The patient's extreme neurosis rendered him totally incapable of dealing with even the simplest matters of life. He had undergone various treatments involving hydrotherapy and electricity, and had visited numerous sanatoria as well as consulting the famous Professors Ziehen and Kraepelin. In spite of all this disappointing experience with psychiatry, the patient wrote later that as soon as he met Freud he knew "at once" that Freud was what he was looking for:

Freud's appearance was such as to win my confidence immediately. He was then in his middle fifties and seemed to enjoy the best of health. He was of medium height and figure. In his rather long face, framed by a closely clipped, already greying beard, the most impressive feature was his intelligent dark eyes, which looked at me penetratingly but without causing me the slightest feeling of discomfort. His correct, conventional way of dressing, and his simple but self-assured manner, indicated his love of order and his inner serenity. Freud's whole attitude and the way in which he listened to me, differentiated him strikingly from his famous colleagues whom I had hitherto known and in whom I had found such a lack of deeper psychological understanding. At my first meeting with Freud I had the feeling of encountering a great personality (Gardiner 1971, p. 137).

One should never underestimate the remarkable impact of the first meeting with patients of this degree of pathology. Even as I quote these lines from the Wolf-Man I am reminded of a case that I saw today, the daughter of a physician, who has been to five psychiatrists. She had received electric shock treatment, insulin therapy, and practically all the drugs in the psychopharmacological armamentarium, but no one suggested intensive psychotherapy, apparently because she clearly suffers from schizophrenia. When I asked her if she was interested in working with me in intensive psychotherapy she remarked spontaneously that she thought it might be worthwhile because I was the first psychiatrist who did not intimidate her; when pressed to define intimidate, she mentioned the tendency to lecture and authoritatively instruct as some form of supportive authoritative psychotherapy which carried with it the secret message that she is "a hopeless case who must be ordered about like a child."

Freud's courage in taking on the Wolf-Man as a patient was remarkable; I believe this case is so instructive that it deserves a separate chapter for the consideration of every psychotherapist. What makes this case so important and fascinating for *psychotherapists* is the crucial question of what really led to the excellent therapeutic results of the first four-year analysis, and also the fascinating subsequent history of the Wolf-Man. The case history itself, which is among Freud's best works (Freud 1918B;17:3ff), is the most complex and difficult of his case histories. It was written at a time when Freud had sep-

arated from Adler and then Jung, and was an attempt to illustrate the profound difference between Freud's theories and those of his competitors. The case history illustrates the importance of childhood neuroses in the generation of adult neuroses, and the vital role of infantile sexual fantasies and experiences in the formation of neurotic symptoms. It is the most elaborate and important of all of Freud's case histories and presents his view of the central role of infantile sexuality in the formation of psychopathology.

Freud restricts his description of the treatment to that of the infantile neurosis itself, which had raged about fifteen years prior to the psychoanalysis. The treatment, as mentioned, began with the Wolf-Man's immediate feeling that here was what he was looking for, and with Freud's willingness to take him into a classical psychoanalysis. This was followed by four years of struggle in which, although nothing changed essentially, the patient seemed to gather considerable intellectual insight. Finally Freud, in exasperation, told the patient that the treatment had to come to an end at a fixed date; under this pressure a flood of material appeared and the patient regained his capacity to function in a self-sufficient manner.

The four-year treatment is only the beginning of the remarkable story of the vicissitudes of the Wolf-Man and psychoanalysis, but it is this treatment that is described in Freud's case history, and we will attend to it first. The patient came from a wealthy Russian family. In spite of the fact that his father

apparently had a manic-depressive psychosis, and that the patient himself exhibited apathy, indifference, and inability to function, Freud recognized his patient's excellent intellectual capacity and social reaching-out. Thus, a curious contrast was presented between the archaic personality and behavior in the clinical setting, and what Freud recognized to be the Wolf-Man's potential. Freud, clearly interested in the infantile neurosis of this patient, was fascinated by his intelligence and personality in spite of the florid regressive symptoms.

At around the age of eighteen months the patient allegedly recognized the primal scene—or at least a reconstruction of this observation took place, but no actual memory. Freud explains that whether this primal scene was an unconscious memory of an actual event or a fantasy of the patient, the psychic reality is such that the effect is identical in both cases. The case also demonstrates that infantile traumas and fantasies really date from very early life and are not much-later fantasies that have been projected backwards into the past.

Freud did such a thorough job of analyzing the neurotic products of his patient's infantile conflict that some authors have argued that he removed the patient's protection against a psychosis. Indeed, my own patient, the physician's daughter quoted above, said, "I fear intensive psychotherapy because it would get to the heart of my problems and remove my defenses.

Those defenses are not much but they are all that I have." Jones (1955) describes a cardinal feature of the Wolf-Man's case as consisting of "complicated defensive reactions against an unusually strong tendency to a homosexual solution of the Oedipus situation." The patient clearly was forced to use passive and erotized defenses against his powerful rage, but I suspect we would more inclined today to label this as narcissistic rage rather than an unresolved Oedipus complex (Gedo and Goldberg 1973, Kohut 1977). The pathology in this case is kaleidoscopic, and the chronology is difficult to follow. In a footnote, Freud (1918B;17:121) presents a brief chronological outline and with this as our base let us have a look at how the case of the Wolf-Man unfolds.

He was born on Christmas day 1886, in a caul, which meant, in the superstition of the time, special good luck (Freud was also born in a caul). This, and the date of his birth, fostered a later identification with Christ. Undoubtedly his narcissistic fantasies were enhanced by the fact that he was the younger child of wealthy landowners. Freud was well aware of the Wolf-Man's narcissistic fixation on the grandiose delusion of invulnerability: "He . . . looked upon himself as a special child of fortune whom no ill could befall" (p. 99). I will discuss this aspect in greater detail later.

His first neurotic symptom seems to have been a disturbance of appetite; he had been a feeding problem in his first years and had been warned



repeatedly, "If you don't eat you will die." It is significant that his mother, with whom he was closely identified, had many bowel complaints and was often absent from home or preoccupied. He was raised from the beginning by an affectionate servant, a peasant who acted as a nurse. At around age 1½ the alleged primal scene occurred. At 2½, when he observed the maid Grusha scrubbing the floor on her hands and knees with buttocks projecting and her back horizontal, he was faced once again with the posture which his mother had assumed in the copulation scene. He was seized with sexual excitement and urinated on the floor at the time, an action which Freud attributes to identification with his father and urethral eroticism.

At 3½ the patient began to be seduced by his sister who played with his penis; this constituted a blow to his masculine self-esteem, which was also not helped by the fact that his sister was favored by his father. The defense against this situation of being helplessly used as a selfobject was the formation of aggressive fantasies and rage on the one hand, and active masturbation, seductively performed in the presence of the nurse, on the other. The nurse reacted by threatening castration, which disrupted the defense and threw the boy's sexual life back into regression, into an anal sadistic fixation. This is the way Freud thought at the time he described the case.

In the summer of his fourth year, after his affectionate nurse was suc-

ceeded by a harsh governess, the patient developed rageful and unruly behavior. His active sexual interests were replaced by masochistic fantasies of being beaten on the penis and by castration fears. In fact, his bad behavior was an effort to force punishments and beatings out of father, so as to obtain from him masochistic sexual satisfactions.

At the age of four occurred the famous wolf-dream, which suddenly ushered in a remission of the behavior disorder but also the appearance of a wolf phobia. His last sexual aim, the passive attitude towards his father, was repressed and he identified with his castrated mother. The nightmare occurred just before his fourth birthday; the wolf phobia constituted his infantile neurosis.

His rather desperate mother began to instruct him in religion at the age of 4½. After being told the story of Christ's passion he became obsessed with the problem of Christ's relationship with God. Gradually the wolf phobia shifted into an obsessional neurosis with a complex routine and religious content. He became very pious but tortured by obsessional, blasphemous thoughts and compulsive rituals; during the latency period he suffered from attacks of the obsessional neurosis with a subsequent loss of intellectual and social interests.

It should be noted that at the age of five he hallucinated the loss of his

finger which was traced by Freud to castration fears. Most important, the patient at ten developed a relationship with a male tutor who obtained a great influence over him. Under the German tutor's influence "there arose a new and better sublimation of the patient's sadism" involving, among other things, enthusiasm for military affairs.

He apparently functioned relatively well in early puberty. He made sexual overtures to his sister and upon being rebuffed turned to a series of servant girls, but at the age of seventeen developed gonorrhoea. Secondary to the gonorrhoea, a severe emotional breakdown took place, characterized by withdrawal, apathy, and a general inability to function. Freud argues that the gonorrhoea revived his fear of castration and shattered his narcissism, compelling him to abandon his hope of being personally favored by destiny: "He fell ill, therefore, as a result of a *narcissistic* 'frustration'" (p. 118). It should be noted that the patient's sister, who was 2½ years older, became overtly schizophrenic and committed suicide about two years after the outbreak of his adult neurosis.

The acting-out involving his bowels is attributed by Freud to a form of hysterical conversion. At the time the patient reached Freud he could only have a bowel movement through an enema given by a man. Freud boldly promised the patient a complete recovery, through the analysis, of his intestinal activity. Gedo and Goldberg (1973) explain this aspect of Freud's

psychotherapy as, "This parameter would be classified as the provision of a unifying relatedness to an omnipotent and therefore, idealized object." Clearly the patient's attachment to Freud and the setting of a termination date for treatment provide the key to understanding the treatment.

The crucial primal-scene wolf-dream, said Freud, arose out of the terrifying discovery that castration was a necessary condition of intercourse with his father, a discovery which led him to repress his passive masochistic homosexual wish and replace it with the wolf phobia. The analysis of the wolf dream and the infantile neurosis (wolf phobia) is at the center of Freud's case study. It is not necessary for our purposes to present details of Freud's long analysis of the wolf dream, contained in section IV of the case history, except to note that the undertaking certainly indicates Freud's crucial reliance on dream analysis especially in psychotherapeutic situations where the sheer volume of material results in doubt and confusion.

The resolution of the third phase of the sickness, the obsessional neurosis, occurred through the transference to the strong masculine tutor, thus allowing the patient to sublimate and displace the passive impulses onto the tutor and also to identify with the tutor. The complex anal erotism had to do with the patient's identification with his mother's pains, complaining, and diarrhea, and was based on the fantasy that the mother was made ill by what the father did to her. By having a bowel movement the patient identified with

the woman having a child; the man giving him the enema represents a substitution in which the patient identified with the castrated mother. Thus the wish to be substituted for the mother, coupled with the terror at the castration required, is the crucial conflict of the case, according to Freud.

Recapitulating the sexual development of this patient, it begins with a disturbance of the appetite in the oral phase of life. This is followed by urethral erotism in the scene with Grusha in which the patient identifies with his father. The seduction by his sister and the threat of castration by the nurse then caused a regression to an anal sadistic position of the libido. The anal sadistic impulses became converted to masochism and passivity and his naughty behavior attempts to entice a beating from the father. This is a very common clinical picture.

In the crucial wolf-dream, an anxiety phobia replaces the anal sadistic fantasies "in a single blow" due to castration anxiety and the repression, because of it, of the wish for a passive role. The object toward which there was a dangerous sexual aim (passive-feminine-homosexual) is replaced by a dangerous wolf. Freud considers this as the stage of the totemistic father surrogate. Simultaneously, there was a conversion, of the passive-feminine-homosexual repressed complex, to the bowel.

Higher ego mechanisms of defense were adopted later in the develop-

ment of the third phase, forming an obsessional neurosis. Freud mentions the crucial importance of religion in helping the patient to go from a lower to a higher organization: we often see this process reflected in the development of adolescents. The patient identified with Christ and could now love his father (God) and so drain off the unconscious passive-feminine-homosexual libido. This is also a way of draining off his sadistic impulses through identification with Christ's masochism. Furthermore, the sublimation from the sensual to the spiritual lessened the intensity of the struggle and permitted intellectual advance, although the patient still suffered from a struggle with the obsessional solution.

In puberty the patient was able to maintain masculine genital behavior, but suffered difficulty in his relationships with women until the final breakdown after he developed gonorrhoea.

There is some debate in the literature (Frosch 1967, Blum 1974, and Meissner 1977) as to whether or not the Wolf-Man suffered from a childhood *psychosis*, but it should be noted that although the patient identified with Christ he did not really believe that he *was* Christ. His active masculine aims were discouraged by the fear of castration, which led him to develop a passive-feminine-homosexual aim leading to a desire to have intercourse with the father. Because castration would set things right, however, there is thus both a fear of castration and a desire for castration. The repression of

this conflict with the famous wolf dream leads to the wolf phobia.

Why was the wolf phobia replaced by an obsessional neurosis a few years later? Freud believed that the knowledge of the story of Christ gave the patient a chance to sublimate the predominant masochistic attitude toward his father, but also, as the patient grew older and his ego became stronger, this gradual shift clearly indicated the development of a strong internal self-regulating system or superego. At this point the ego has to struggle between unconscious homoerotic or hostile temptations on the one hand, and the threat of castration punishment meted out by the superego, on the other.

After analysis with Freud, the patient remained at the level of relatively good adult functioning from 1914 to 1919, at which time the Bolshevik revolution in Russia stripped him of all his possessions and—so he said—left him (at first) a penniless, dispossessed refugee. He was clearly in a demoralized state which presented itself as an obstinate "hysterical" constipation. Freud cleared this up upon analyzing him a second time, for another four months in 1919. Also remarkably he took up a collection for the Wolf-Man and repeated this collection every spring for six years so that his patient could pay his wife's hospital bills and take some holidays himself. At this point he was clearly "Professor Freud's famous patient," and his sense of narcissistic entitlement led this previously scrupulously honest man to conceal the fact that during the years that Freud was subsidizing him he

received some valuable family jewels from Russia, which he hid from everyone. For about three of these years the patient again functioned very well; however, for the second three years, from 1923 to 1926, he began to develop hypochondriacal symptoms heralding his incipient fragmentation, brought on by the news of Freud's operation for malignancy in 1923.

This news clearly destroyed the patient's fantasy that Freud was the omnipotent parent. That old barometer of confidence in Freud, the Wolf-Man's constipation, soon reappeared, followed by hypochondriacal preoccupations about his teeth and his nose. In 1923 the patient became preoccupied with observing himself for long periods in the mirror. By the time his mother arrived from Russia to stay with him in 1923, the year of Freud's first surgery, the Wolf-Man was decompensating and by 1926 the Wolf-Man had developed what can only be described as a full-blown paranoid psychosis. At this point Freud referred him for further analysis to Dr. Ruth Mack Brunswick, who herself was analyzed by Freud, and who later became overwhelmed by her own inner problems and addicted to drugs, leading to her premature death (Roazen 1975). Brunswick's report, as well as a number of descriptions both by and about the Wolf-Man, are all contained in a volume edited by Gardiner (1968).

Brunswick had a special interest in the psychoses, and although she presents a case history rich with ingenious dream interpretations, the essence of



her treatment consisted of an attack on the Wolf-Man's megalomaniac delusions that he was a favorite of Freud's. She forced the patient to confront his rage about having been abandoned by Freud, not only through Freud's referral of the Wolf-Man to Brunswick, but as a consequence of the destruction, by Freud's illness, of the illusion of omnipotence required of an idealized parental imago. The unanalyzed passive-homoerotic or idealizing transference towards Freud had been kept intact under repression by displacing rage, first toward tailors and then other doctors and dentists and finally by the formation of a paranoid thought-system. It must be pointed out that Freud fostered a certain dependency in this patient not only later on, when he supported him financially, but during the initial treatment during which he functioned as a teacher, authority, and father figure. This comes out in the Wolf-Man's recollection of Freud (Gardiner 1968) and it is consistent with Freud's general attitude, as a Viennese physician, toward his patients.

This third period of treatment lasted five months, from October 1926 to February 1927, after which the Wolf-Man became relatively productive as a minor bureaucrat. Two years later he returned to Brunswick, exhibiting no trace of the psychosis; however, potency disturbances presented themselves in the course of "a sudden, violent, and repetitive love relation," and a somewhat "irregular" analysis over a period of several years occurred, which Brunswick described as revealing "hitherto forgotten memories all relating to the complicated attachment of the pre-schizophrenic girl [the patient's sister]

and her small brother."

Brunswick points out that the loss of equilibrium attained after the first analysis was due to Freud's illness:

The threatened death of a beloved person mobilizes all one's love. But the love of this patient for his father—represented by Freud—forms the greatest menace to his masculinity: satisfying it involves castration. To this danger the narcissism of the patient reacts with tremendous force: the love is partly repressed, partly converted into hate. This hate in turn generates the death-wish against the father. Thus Freud's illness, heightening the dangerous passive love of the patient, with consequent increase in the temptation to submit to castration, brings the hostility to a point where some new mechanism is needed to provide an outlet; and this is found in projection (Gardiner 1968, p. 305-6).

Brunswick believed that the use of a female analyst avoided this problem and indeed in subsequent years the Wolf-Man was cared for by a succession of female housekeepers, lived with his mother, and was further seen by the female analyst Muriel Gardiner. At the same time, his narcissistic-needs were assuaged by his remarkable position in the psychoanalytic movement, a position which he maintained throughout his entire long life. The relationship with Gardiner included her sending him food packages after World War II and having his memoirs published. As he grew older he suffered from periods of depression and despair, but it is hard to label these neurotic since they were related to the vicissitudes of his real life and the aging process, as well as to the death of his mother when he was 66. Clearly, the

combination of Freud's analysis and Brunswick's reanalysis, as well as his privileged position in the psychoanalytic movement and his relationship with a remarkable number of analysts and doctors who saw him on an irregular basis, enabled the Wolf-Man to lead a long and tolerably healthy life, in spite of European wars and social upheavals.

Not much is said about other significant deaths in the Wolf-Man's life. He was 19 when his sister Anna committed suicide by poison. At that time he was already ill with his neurosis and did suffer from a subsequent depression after the suicide. When he was 22, his father died and was buried next to his sister. It should be noted that at that time he wished to marry—but Freud insisted on a delay until his psychoanalysis was over. It was only shortly after his father's death that he went into analysis with Freud; "I had found in the person of Professor Freud a new father with whom I had an excellent relationship." After his analysis he gave Freud a gift and visited Freud with Therese, his prospective bride. He felt that he had gained Freud's approval of the marriage.

When the Wolf-Man was 54, in 1938, Therese committed suicide by turning on the gas, at the very time the Nazis occupied Vienna. The Wolf-Man's reaction is typical of a narcissist: "The question kept hammering away in my mind: how could Therese do this to me? And as she was the only stable structure in my changeable life, how could I, suddenly deprived of her, live

on?" (Gardiner 1968, p. 122). At this point, Dr. Gardiner was instrumental in getting the Wolf-Man to Brunswick for further help. She and the Wolf-Man lived five minutes' walk from each other; Gardiner met him by chance on the street. Gardiner, according to Anna Freud, "befriended the Wolf-Man for more than thirty years, supported him in his depressions, dealt patiently with his misgivings, doubts, and uncertainties, encouraged him in his self-expressions and autobiographical revelations, and finally compiled and edited the disconnected sequences which were produced" (Gardiner 1968, p. xi).

We can only speculate about the uncanny capacity of the Wolf-Man to encourage the continuing interest of a vital segment of the early psychoanalytic community. Such a capacity for stirring up the interest of others is usually absent in schizophrenic people, but it is not rare in a polished and intelligent narcissistic personality. It seems clear to me that we are dealing with a borderline personality disorder or at best a narcissistic personality disorder in a man who never was really capable of forming a mature, loving relationship with anybody, but whose survival throughout a long life rested on an uncanny capacity to keep more successful individuals interested in him.

We see, therefore, that Freud's history of an infantile neurosis is more than just the story of a psychoanalysis; it demonstrates the incredible vicissitudes of the psychotherapy of a borderline personality disorder as well as the remarkable capacity of such patients (in contrast to schizophrenics) to

find what they need to keep going in a variety of ways, either because of or in spite of a sequence of therapists. It also illustrates the difficulty of pinpointing the specific therapeutic factors in psychotherapeutic interaction, especially with patients suffering from more severe psychopathology.

Gedo and Goldberg (1973) present an outstanding discussion of the Wolf-Man; they use this complicated case to illustrate the various modes of functioning that a given patient can exhibit at different times during his or her life. The various therapies the Wolf-Man received represent the appropriate application of the techniques of unification, optimal disillusionment, and interpretations in psychoanalytic psychotherapy to a long-lived, amazing individual.

Study of this case also tells us a great deal about the physicianly vocation of Freud and the kind of human being that he was; in his reports he clearly soft-pedals the protective atmosphere which he afforded his patients, working with them as if in his own home—in order to emphasize the technical and truly novel aspects of psychoanalytic method. But it cannot be concluded from this case report that Freud's technical method was more important than his own behavior and the ambience he provided for every patient. Freud's remarkable courage should also be noted; how many psychotherapists today would consider beginning intensive outpatient psychotherapy with a patient who launched the first session by offering to

have anal intercourse with them and to defecate on their heads?

Freud's paper "On Transformations of Instinct as Exemplified in Anal Erotism" (1917C;17:126ff) is a footnote to the case of the Wolf-Man. It underlines the basic principle that in the unconscious the concepts of feces, money, gift, baby, and penis are easily interchangeable. Freud emphasizes the repressed wish of a woman to possess a penis and equates this wish with her wish for a baby. The equation penis — feces = gift is illustrated in the interpretations of section VII of the case of the Wolf-Man. Freud reminds us that in the development of the libido in man, the phase of genital primacy is preceded by a "pregenital organization" in which sadism and anal erotism play the leading parts.

Freud was much impressed with the special, pleasurable fantasy reported by patients diagnosed as having hysteria or obsessional neuroses, a fantasy that he labeled "A Child Is Being Beaten" and he devoted a rather long paper to describing the subject (1919E;17:177ff). In these days of child pornography the shame and guilt that accompanies such a fantasy is perhaps less than in Freud's day, but this fantasy is common and does occur with certain vagueness, just as described by Freud.

From his experience Freud believed that this fantasy begins in boys who have a masochistic wish to be beaten by the father; as in the case of the Wolf-

Man, this wish represents a defense against homoerotic wishes for the father. This may shift into the fantasy of a boy being beaten by a woman (mother). In girls, three phases are involved. The first and originally conscious desire is the girl's nonsexual wish that her father would beat another child of whom the girl was jealous. This is followed in the unconscious by a change to the masochistic pleasurable fantasy of being beaten by the father; finally, in the conscious fantasy that emerges, a child is being beaten by a stranger. Thus the beating affords punishment to absolve the guilt for the incestuous wish and also provides a regressive substitute for it.

The fantasy, sometimes accompanied by masturbation, begins to appear even before school age. It is clearly connected to the genesis of perversions. The reader I hope will remember from our discussion of the Wolf-Man that before the onset of the phobia he developed a behavior disorder; its primary aim was to provoke the father into beating him. This represented a masochistic form of gratification that rested on same premises as the "child is being beaten" fantasy.

The sadistic aspect is important: thus in the first phase of the girl's beating-fantasy, the real phrase should be "my father is beating the child whom I hate." This in the second phase switches to the masochistic "I am being beaten by my father." A third phase is simply the vague conscious derivative: "a child is being beaten," while the patient looks on. The first

phase gratifies the child's jealousy and represents the assurance that father loves only her. The second phase represents the girl's sense of guilt over her incestuous love for her father and includes a regressive substitute for that love. Freud claims that in the third phase, the fact that the child being beaten is inevitably a boy indicates that in girls there is a wish to identify with the boy and to possess a penis.

In this paper Freud expresses the hope that the origins of all perversions in childhood can be found through study of the vicissitudes of the Oedipus complex. He writes, "In this way the beating-fantasy and other analogous perverse fixations would also only be precipitates of the Oedipus complex, scars, so to say, left behind after the process has ended, just as the notorious 'sense of inferiority' corresponds to a narcissistic scar of the same sort" (p. 193). In this passage and in a further paragraph Freud recognizes the narcissistic aspect of the perversions.

He describes how repression transforms sadism into masochism in three ways: "It renders the consequences of the genital organization unconscious, it compels that organization itself to regress to the earlier sadistic-anal stage, and it transforms the sadism of this stage into masochism, which is passive and again in a certain sense narcissistic" (p. 194).

It is interesting to compare this statement with Kohut's (1971) discus-



sion of phase-inappropriate disappointment in the idealized parent imago during the late preoedipal stage of development. The narcissistic blow consequent to this phase-inappropriate disappointment in the idealized parent imago during that particular phase leads to a resexualization of pregenital drives and derivatives, leading to the formation of perversions in fantasy, or as acted out, or both. On Kohut's theory, which of course postulates a separate line of development for narcissism, the appearance of the "child is being beaten" fantasy in the preschool child would in some cases be a signal of narcissistic injury of a phase-inappropriate magnitude in the late preoedipal stage of development, rather than a vicissitude of a pathological resolution of the Oedipus complex itself.

Before the wolf dream, in addition to behavior designed to provoke beating by the father, the Wolf-Man had fantasies in which boys were beaten, especially on the penis. That the administrator of the beating was a woman is not mentioned by Freud in his case report; this substitution has been previously explained as a distortion so that the fantasy may attain acceptance into the conscious mind. Thus in the final conscious fantasy the boy changes the sex of the person *doing the beating* so that a woman is beating a boy; the girl changes the sex of the person *being beaten* so that a man is beating a boy.

Freud's comment on "A Childhood Recollection" from Goethe's *Dichtung und Wahrheit* (1917B;17:146ff) indicates, as in the "child is being beaten"

fantasy, the bitterness children feel about the expected or actual appearance of a rival sibling. In this case Goethe's memory of having thrown all his dishes, pots, and pans out the window is interpreted by Freud as a violent expression of the wish to get rid of the hated rival sister or brother. This behavior has a similar motivation to that of the beating-fantasy in girls, in the first phase of which *another* child is being beaten. Many other acts of naughtiness or destructiveness in children can be interpreted in the same way: as reflecting the wish to be the undisputed darling of the mother and father. Freud adds "If a man has been his mother's undisputed darling he retains throughout life the triumphant feeling, the confidence in success, which not seldom brings actual success along with it" (p. 156); one wonders here if he is talking about Goethe or Freud. At any rate it is clear that the Wolf-Man's rivalry with his sister was intense, and an additional explanation of his naughty behavior certainly lies in this rivalry. The privileged status of being Professor Freud's famous patient represented the Wolf- Man's ultimate triumph over his sister.

What about Freud's heroic technique of setting a termination date for obsessional patients who are bringing a great deal of material to light in their analysis but changing nothing in their life? Subsequent clinical experience has indicated that this not a very successful technique; it really represents the therapist's feeling that no further change will occur as a consequence of routine intensive psychotherapy. As Freud puts it, the treatment itself has become a compulsion and the therapist is faced with the clinical judgment of

whether breaking up this new compulsion will do the patient more harm than good.

This question can only be decided on the merits of the individual case, but it is most important to recognize the serious danger involved, such as a disintegration into psychosis. Kohut (1977) warns that the insistence on cognitive penetration within a fixed time limit, as Freud exercised in the case of the Wolf-Man, "overtaxed the resilience of the Wolf Man's psyche and caused it to crack." That is to say, an "endopsychic cleavage" occurs under such pressure, in which the really crucial basic material "sinks into the darkness and remains out of sight." The purpose of such a cleavage is "the creation of a self-protective shield vis-a-vis the possibility of an attack by overly radical psychic surgery, which, by opening up the area of his deepest depression, of his most severe lethargy, and his most profound rage and mistrust, could, in a single-mindedly zealous attempt to establish complete mental health, endanger psychological survival" (p. 177). Thus one of the most important lessons intensive psychotherapists can learn from the case of the Wolf-Man is the great danger to the patient from the narcissistic psychotherapist who unempathically applies pressure to a patient to produce material, give up symptoms, or "get well."

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