Psychotherapy, Volume 29/Summer 1992/Number 2, 297-309

# THE "DEFENSE"OF SIGMUND FREUD

JOEL KUPFERSMID
*Twinsburg, Ohio*

*There has been a persistent and increasing reevaluation of why Freud abandoned his seduction theory. The first part of this article contends that Freud could not emotionally tolerate the implications the seduction theory had for his father or himself and rejected the theory because of* internal *conflict. The second part reveals the weaknesses of J. Masson's (1984) argument that Freud abandoned seduction due to* external *conflicts—the desire to win the approval of his medical colleagues. The third part offers evidence that the Oedipus complex did not immediately replace seduction theory as an explanation of hysterical symptoms. Further, it is an elusive hypothetical construct not always observed by therapists, has never been satisfactorily measured, and its explanation as a causal role in psychopathology is questionable.*

## The Defense of Sigmund Freud

Within the last several years there has been considerable attention directed towards Freud's self-analysis, his personal conflicts, and the credibility of psychoanalysis as a method of obtaining knowledge about psychological functioning. Much of the focus of these investigations has been directed at the time in Freud's life when he abandoned his seduction theory of neurosis/hysteria and founded, instead, the Oedipus complex.

There are two basic views regarding Freud's abandonment of seduction theory in favor of the Oedipus complex. The most publicized one is that of Masson (1984), who maintained that Freud greatly desired to be accepted by the Viennese-German medical community. Masson argued that this desire was so intense that Freud distorted or denied many of his patients' statements of having experienced real sexual abuse. In its place, Freud substituted the more acceptable theory (at least to medical colleagues) that hysterical symptoms were caused by sexual fantasies.

The second position, and the one most acceptable by psychoanalytic thinkers, is that Freud made a far-reaching, legitimate, discovery via self analysis—that of the Oedipus complex. The contention is that Freud had two major insights. First, he became aware that the majority of his patients were not actually sexually abused. Second, he found that there is a specific cluster of fantasies, which he termed the Oedipus complex, that cause hysterical symptoms and seduction "memories," as well as a myriad of other functional manifestations.

This article presents a third view on why Freud abandoned his seduction theory. The position suggests that Freud could not psychologically accept the obvious conclusion of is own seduction theory—that he, as well as some of his siblings, were probably seduced as children. Freud needed to defend himself against his own self-discovery of seduction and possible paternal involvement. As a result, the Oedipus complex gradually evolved as an acceptable defense (rationalization) that Freud could intellectually believe. However, this defense did not completely work (i.e., dramatically reduce or cure Freud of his many neurotic symptoms).

## Sigmund Freud's Defense

In the following discussion it is important to distinguish between what *Freud believed to be true* versus whether these *beliefs have truth value for others.* For example, it is evident that when

writing “The Aetiology of Hysteria” (Freud, 1896/ 1959*a)* and “Further Remarks on the Defense of Neuro-Psychoses” (Freud, 1896/1959*b)* Freud believed his hysterical patients had been sexually molested. Also, in his letters to Wilhelm Fliess there are clear indications that Freud believed fathers are common perpetrators of sexual abuse. On December 6, 1896 Freud wrote to Fliess, “It seems to me more and more that the essential point of hysteria is that it results from *perversion* on the part of the seducer, and *more and more* that heredity is seduction by the father” (Masson, 1985, p. 212). There are also statements by Freud to the effect that he believed some of his siblings had hysterical symptoms. On February 8, 1897 Freud wrote to Fliess, “Unfortunately, my own father was one of these perverts and is responsible for the hysteria of my brother . . . and those of several younger sisters” (Masson. 1985, pp. 230- 231). Many other statements by Freud strongly suggest be considered himself neurotic and that he manifested many features of hysteria.[1] Freud’s belief that he suffered from hysteria was most pronounced during his self-analysis, which corresponds to the period during which he abandoned his seduction thesis. On August 14, 1897 Freud wrote to Fliess “the chief patient I am preoccupied with is myself. My little hysteria...” (Masson. 1985, p. 261). On October 3, 1897 Freud discussed his early childhood recollections with Fliess: “I have not yet grasped anything at all of the scenes themselves which lie at the bottom of the story. If they come [to light] and I succeed in resolving my own hysteria then I shall be grateful” (Masson, 1985, p. 269).

But Freud was unable to acknowledge fully the obvious conclusions of his own seduction theory—that his father may have been a child molester. This conflict was very apparent on the day Freud wrote to Fliess to discuss why the seduction theory was untenable. On October 21, 1897 Freud gave Fliess all the reasons for rejecting his own theory. One of the main reasons was “that in all cases, the *father,* not excluding my own, had to be accused of being perverse” (Masson, 1985, p. 264).[2] The idea that his father could not be a sexual pervert may, as will be embellished later, be an indictment of the very belief Freud strived so hard to deny. Freud could not accept the strong possibility that he and his siblings experienced some form of sexual abuse that caused their respective functional symptoms. Rather, Freud had to defend against this conclusion in a way that he could accept. The only viable alternative was to construct a psychology of neurosis/hysteria that was, foremost, psychologically acceptable for himself.

Only circumstantial evidence can be provided for this position, as is true of the two other positions on the origination of the Oedipus complex. Support for the current thesis is presented in four areas: (1) evidence will be provided showing that, when emotionally involved, Freud was capable of deceiving himself, which is at the heart of a defense mechanism; (2) it will be illustrated that such self- deception was also symbolically represented in Freud’s dreams at the time this defense mechanism was being established; (3) it will be demonstrated that Freud’s logic regarding the validity of his beliefs was faulty (i.e., Freud *logically* did not have to exonerate his father); and (4) it will be argued that Freud’s reaction to the abandonment of the seduction theory was most unusual from a *scientific* standpoint but not for an individual needing to personally thwart unacceptable thoughts.

*Freud’s Defense as Manifested by Reality Distortion*

The Emma Eckstein surgery was a dramatic illustration of Freud’s defense system. There is no doubt in anyone’s mind (except Freud’s and Fliess), including other

physicians who played a part in this episode as well as those who later read the events, that Fliess made a major error by forgetting to remove gauze during his operation on Emma's nose (Shur, 1972). There is little doubt that the impacted gauze had caused Emma's hemorrhaging and could have killed her. Freud wrote to Fliess that Rosanes, a consulting physician called in by Freud, pulled out one-half meter of gauze and a "flood of blood" came out. "The patient turned white, her eyes bulged and she had no

---

[1]Freud classified his neurosis in different ways at different times. In a letter to Fliess (March I. 1896) he described himself as having an anxiety neurosis (Masson, 1985). Jones (1955) observed Freud said his neurosis was of an obsessive type. Beth Jones (1953) and Grigg (1973) diagnose Freud as having an anxiety hysteria. Anzicu (1986) classified Freud as having depressive anxiety. Jur3evich (1974) viewed Freud's condition as a depressive neurosis. Finally, Vitz (1988) believed Freud displayed a borderline character disorder.

[2] In this letter to Fliess, Freud presented a variety of reasons for retracting his seduction theory. Both Krull (1986) and Sulloway (1983) question the validity of these other reasons. See footnote 3 for further discussion.

---



pulse." The nasal cavity was repacked and the bleeding stopped. "At the moment the foreign body came out and everything became clear to me . . . I felt sick" (Masson, *1985*, p. 117).

However, denial and repression set in. Over the next few months, letters Freud wrote to Fliess demonstrate how Freud used logical and mental gymnastics to vindicate Fliess' incompetence. Emma ended up being blamed for hemorrhaging! On April 26, 1896 Freud concurred with Fliess' diagnosis "that you [Fliess] were right, that her episodes of bleeding were hysterical, were occasioned by *longing"* (Masson, 1985, p. 183). On June 4, 1896 Freud stated "there is no doubt that her hemorrhages were due to wishes" (Masson, 1985, p. 191). Emma's bleeding had been transformed into a hysterical symptom caused by fantasy.

Freud's emotional involvement with Fliess was, perhaps, second only to his attachment to his father. He called Fliess a "messiah" (letter of July 10, 1893), the "magician" (letter of April 26, 1895), and the "new Kepler" of biology (letter of July 30, 1898). Had his last child been a male, Freud planned on naming it after Fliess (letter of October 20, 1895) (Masson. 1985). Freud's attachment to his father is also exemplified in letters to Fliess. Approximately 10 days after his father's death (October 23, 1896), Freud remarked "the old man's death has affected me deeply. I valued him highly, understood him very well, and with his peculiar mixture of deep wisdom and fantastic light-heartedness he had a significant effect on my life" (Masson, 1985. p. 202). In the preface to the second edition of *The Interpretation of Dreams* Freud wrote:

> this book has a further subjective significance ... which I only grasped after I had completed it. It was. I found a portion of my own self-analysis, my reaction to my father's death— that is to say, to the most important event, the most poignant loss, of a man's life. *(Cited in* Shur. 1972. p. 108.)

It was apparently very difficult for Freud to attribute blame to someone to whom he was emotionally close, even when evidence clearly suggested the individual was at fault. This included not only Fliess and his father, but as examples will show, Freud himself.

Freud (1925/1963*a*) wrote in *An Autobiographical Study* that having to visit his fiancée thwarted his discovery of the anesthetic properties of cocaine in eye surgery. But the facts indicate that Freud had about one month before visiting Martha to perform the necessary experiments (Anzieu, 1986). Jones (1955) remarked that Freud attributed his digestive difficulties directly to his visit to the United States in spite of Freud having had these difficulties long before and long after this trip. Krull (1986) noted that many of Freud's characterizations of his favorite historical figures (i.e., Moses and Shakespeare) were projections of his own desires and that he ignored historical facts. Jones (1955) reported that Freud had a particular thesis regarding the pose of Michelangelo's statue of Moses. Jones sent Freud a picture of the statue, which invalidated Freud's theory because Freud was in error regarding what the actual pose of the statue was. Freud decided to write the essay with his original interpretation, but published the paper anonymously.

Another incident of self-deception and/or reality distortion involves Freud's later interaction with Fliess, termed the *Swoboda Affair.* Approximately 2 years after their regular correspondence subsided, Fliess wrote to Freud about a very popular book authored by Otto Weininger promoting bisexuality as his own theory; a theory that Fliess claimed to have authored. At first, Freud denied any responsibility in the matter. However, in a subsequent letter Freud acknowledged he had a patient, Hermann Swoboda, who was a friend of Weininger and that Freud had communicated Fliess' bisexuality theory to Swoboda. Further, Freud retracted his innocence by admitting to Fliess he had read Weininger's manuscript before its publication! In spite of Freud's writing an apology to Fliess regarding his own culpability and "subsequent loss of memory," Freud wrote a letter to two journal editors denying any responsibility in the matter (Sulloway, 1983).

There is no intent here to present a picture of Freud as resisting any change of position, for this was not the case. When the evidence warranted, Freud retracted his position on cocaine as a cure for morphine addiction. Likewise, Freud altered his initial theory of anxiety neurosis as being only a product of sexual absence or coitus interruptus (Jones, 1953). However, these renunciations did not have an effect on Freud's belief system regarding relatives and friends, his family, or his own behaviors and affective state. As Jung commented, "there was no mistaking the fact that Freud was emotionally involved in his sexual theory to an extraordinary degree" (Sulloway, 1983, p. 362).

MacMillan (1977) took the position that Freud's use of the "pressure technique," coupled with his

preconceived (unconscious) idea that seduction causes hysteria, resulted in his patients' reports of sexual molestation. This was a common belief in 1895 when Freud first presented the theory to the College of Physicians. Breuer remarked at the time, however, that it is extremely difficult to force an admission of seduction if it is not true (Sulloway, 1983). Similarly, while there is some experimental evidence that patients focus their verbalizations on the content that interests their therapist (e.g., psychoanalytic patients are more likely to report the content of their dreams to their therapist than patients in client-centered therapy), there is no evidence that patients fabricate traumatic events to please their therapists' (unconscious) preconceptions. More interestingly, MacMillan did not argue persuasively from where Freud would have generated his seduction hypothesis to start with (because Anna 0. was not considered by Breuer or Freud to have been molested), unless it was in Freud's own personal experiences.

Klein (1981) concluded that there was little scientific reason to alter the seduction theory at the time Freud did so. In 1897 Moll reported that 3,085 adults in Germany alone were *convicted* of sexual crimes against children (Klein, 1981). Sadow, et al. (1968) contended "our findings demonstrate that the seduction hypothesis was most intimately tied into Freud's own psychic organization" (p. 270). Krull (1986) is also suspicious of Freud's motives for abandoning seduction. She stated that Freud

> believed that he had cut off every path to external fame— and all this without adducing a simple sound argument against his former views [of seduction theory].... And he did this
> ... precisely at a time when his self-analysis could have forced him to accuse his own father of being a seducer, of being perverse. (pp. *57-58)*

Even Fliess, near the termination of their friendship, accused Freud of projecting his own conflicts onto his patients (Masson, 1985). Bloch (1989) had a similar view: "to maintain a conspiracy of silence on the relationship between Freud's considerable psychological problems and his work is to do both him and psychoanalysis a disservice" (p. 200).

*Freud's Defense as Manifested by His Dreams*

Many psychoanalysts believe that internal conflicts are often recreated symbolically through the latent dream content. The validity of this is open to question (Fisher & Greenberg, 1977). But, the demonstration that Freud's dreams at the time of his abandoning his seduction theory contained elements of an intrapsychic conflict and defense as has been described would be considered supporting data by many analysts.

Two of Freud's well-known dreams are used to illustrate the conflict Freud exhibited regarding his close attachment to both Fliess and his father. Both of these dreams are familiar to readers of psychoanalytic literature and will be described only briefly.

The "Inna's Injection" dream occurred during the time Fliess operated on Emma Eckstein. Although there are differences between authors regarding the specific symbolic nature of the latent dream content, virtually all agree that this dream was symbolic of Freud's conflict regarding his close personal attachment to Fliess and the desire to absolve him of any wrongdoing in Emma's operation (Anzieu, 1986; Grinstein, 1968; Shur, 1972).

About 11 months after his father's death, Freud was heavily involved in self-analysis.

At that time he was responsible for making arrangements for his father's funeral and had a dream. The essential part of the dream involved a sign Freud read at a train station. The sign said "You are requested to close the eyes" (Masson. 1985, p. 202). Several different interpretations of that dream have been offered (Anzieu, 1986; Shur, 1972; Stein, 1968, *cited* in Anzieu. 1986). One tenable meaning to this dream, given Freud's conflicts at the time, is that he was in the process of developing a defense of denial on the part that parents (especially fathers) play in the etiology of hysteria. Both Bloch (1989) and Krüll (1986) stated that this dream signaled anxiety in Freud, which caused him to resist in further self-analysis anything that explored his own father's role in Freud's symptomatology. The closing of the father's eyes suggested that Freud was closing his own eyes (thoughts) to the contribution of the father in neurosis.

These two dreams are circumstantial evidence that suggest a denial of responsibility for victimization (botched surgery by Fliess, sexual acts by father) if the victimizer was someone to whom Freud was emotionally attached.

*Logic and Defense*

As previously noted, Freud believed his patients who suffered from hysteria were sexually abused, that their symptoms were caused by this abuse, and that he *and* his siblings were hysterics. The



only logical conclusion is that Freud and his siblings were sexually abused. But, as Freud stated in his letter to Fliess on September 21, 1897, he could not attribute such perversity to his own father. By denying his father's role in any sexually traumatic incidents, Freud may have made parapraxes and, thus, implicated his father as a seducer.

Although Freud believed hysteria is caused by seduction, and that he and his siblings were hysterics, there is no logical necessity to consider the *father* as the sole culprit. Freud (1896/ *1959a, b, c;* 1906/1959*d*) stated frequently that teachers, nursemaids, opposite sex siblings, and so forth are prime sexual victimizers of children. Klein (1981) commented that in print Freud stressed that nonparent adults and opposite sex siblings are victimizers, whereas in private correspondences Freud stressed that fathers and brothers were primarily responsible for his patients' sexual abuse. Again, was Freud trying to hide the possibility of his *own father's* responsibility?

Schusdek (1966) makes an interesting observation. In February of 1896 Freud reported 13 cases of hysteria (2 of which were males). By April, 76 days later, he reported conducting analysis with 18 cases of hysteria (6 of which were males). It seems unlikely that Freud could confirm that seduction had occurred in all 5 cases in 76 days. Yet, in the *Aetiology of Hysteria* (Freud, 1896/ 1959*a*) Freud claimed to have clinical evidence of sexual abuse for all 18 cases. In this article Freud did not implicate fathers as the primary seducer; rather, adult strangers, other caretakers, and siblings were considered the culprits.

Having, at best, 18 hysterical patients limits the generalizations a scientist can make as to whom a victimizer must be. There is evidence in Freud's correspondence with Fliess *before* September 21, 1897 (when Freud seemingly abandoned seduction theory) that knowledge of who the seducer was had confirmation beyond relying only on the early recollections of his patients. In January of 1897 Freud wrote two letters to Fliess about

two of his male patients. One reported he visited his birthplace and confronted his nurse. She admitted to this patient's seduction when the patient was a child. Freud's "millionaire" patient reported he was sexually abused by "a man" at age 15 (certainly old enough to remember accurately the details of that experience), after which he seduced his sister. In April of 1897 a sister of Freud's patient, 6 years older than the patient, admitted that their father sexually molested both of them (Masson, 1985).

Why did Freud assume his own father needed exoneration? Fathers were not universal molesters for Freud's female or male patients. Exploration of Freud's writing and dreams during this time period suggests Freud's and/or his siblings' hysteria could be attributed to several other individuals, rather than only his father. Two weeks after Freud's letter to Fliess abandoning seduction, Freud wrote that his nursemaid was the "prime originator" of his neurosis and his "teacher in sexual matters." Freud's description of his nursemaid's activities strongly suggests that Freud experienced some form of sexual seduction (Masson, 1984, 1985). In this same letter Freud identified his nephew John as a "companion in misdeeds" toward his niece. Freud's (1899/l959*e*) screen memories of *The Botanical Monograph* indicate to several investigators that Freud engaged in sexual activities with his sister and niece (Grinstein, 1968; Krull, 1986; Vitz, 1988). The same dream also disclosed that John and young Sigmund participated in mutual masturbation (Anzieu, 1986; Grinstein, 1968; Vitz, 1988). Thus, Freud's own self-analysis implicates many individuals as potential seducers within his own family organization, including the nursemaid, his nephew, and Freud himself.

In this same October, 1897 letter, Freud concluded to Fliess that his father played no active part in his neurosis. Freud attributed his functional symptoms to his nursemaid. Strangely, what Freud did not say was whether he still believed that his father was the cause of his siblings' hysterical symptoms.

Twelve days after the above letter was written. Freud wrote another letter to Fliess (October 15. 1897). The contents of this letter contained the "discovery" of the Oedipus complex. As Krüll (1986) commented, after Freud seemingly abdicated his seduction theory, his own recollections of childhood memories and current dreams provided supporting evidence for his seduction theory. Freud's extreme effort to absolve his father (and perhaps, himself) as a critical reason for abandoning the seduction theory, in effect, creates the very suspicion Freud sought to deny.

*Freud's Emotional Reaction to His Abandonment of the Seduction Theory*

This line of argument is that Freud's affective response and subsequent behaviors after he abandoned his seduction theory were most unusual for a scientist, but not for a highly conflicted individual who had found a suitable defense.

Several years before recanting his seduction theory, Freud introduced in print the theory that cocaine cures morphine addiction. Later, Freud had to retract this position, resulting in "grave reproaches" (Jones, 1953*).* It would be anticipated that a second revocation by Freud would have very serious consequences to his credibility as a scientist. Not only could it be anticipated that Freud would experience considerable turmoil about having to make another retraction of his position about an important matter, but that such a disavowal would give fuel to all Freud's critics, such as Kraft-Ebbing who stated that the seduction hypothesis "sounds like a scientific fairy tale" (Jones, 1953, p. 263). In effect, retracting the seduction theory would be an admission that all Freud's doubters were right, he was wrong, and that Freud had been duped.

The evidence suggests, however, that Freud did *not* experience any negative emotions as a result of his believing that seduction theory was wrong. In fact, Freud reported to Fliess:

> If I were depressed, confused, exhausted, such doubts would surely have to be interpreted as signs of weakness. Since I am in an opposite state, I must recognize them as the result of honest and vigorous intellectual work....
>
> Of course I shall not tell it . . . in the land of the Philistines, but in your eyes and my own, I have more a feeling of a victory than a defeat (which is surely not right). (Masson. 1985, p. 265.)

Not right indeed! It also seems unlikely Freud was manifesting a reaction-formation. Rather, abandonment of the seduction theory had produced a great sense of personal relief and had considerably unburdened Freud.

Some might argue that Freud's positive feelings were due to the more important discovery of the Oedipus complex and that this was the precipitant of Freud's enthusiasm. This hypothesis has two flaws: (1) the Oedipus complex did not *immediately* replace Freud's thinking as a causal explanation for hysteria and (2) Freud's *behavior as a scientist* was not in concert with his position that Oedipus immediately replaced seduction in the etiology of hysteria.

One way to illustrate Freud's change from the seduction theory to that of the Oedipus complex is to examine Freud's letters to Fliess during this critical period. As noted on September 21, 1897 Freud wrote that he had abandoned his seduction theory and provided his reasons. He also reported feeling very positive about his retraction. On October 3 and 4, 1897 Freud implicated his nursemaid and his nephew John in sexual activity and denied that his father played any direct part. On October 15, 1897 Freud introduced his discovery of the Oedipus complex, which presumably replaced the seduction theory. However, on December 12, 1897 Freud communicated to Fliess that he had discovered that Emma Eckstein was sexually abused by her father and "my confidence in paternal etiology has risen greatly" (Masson, 1985, p. 286). A few days later, on December 22, 1897, Freud wrote that another patient who was sexually abused by her father at a young age was infected with gonorrhea.

On March 3, 1898 Freud continued his theorizing: "What is *seen* in the prehistoric period produces dreams; what is *heard* in it produces fantasies; what is *experienced sexually* in it produces the psychoneurosis" (Masson, 1985, p. 302). Thus, 5 months after the seduction theory was presumably rejected and 4 months after the "discovery" of the

Oedipus complex, Freud was finding evidence for actual seduction and continuing to theorize that such real acts cause neurosis.

By April 27, 1898 more equivocation in Freud's thinking was taking place. He noted "as to hysteria the share of fantasy in it is far greater than I had thought." Yet, in the next paragraph he discussed three female hysterics and claimed "The three girls are hysterical; the youngest. . . severely so. I doubt the father is innocent in this case either" (Masson, 1985, p. 311). Approximately 1 year after formulating the Oedipus complex (August 31, 1898) Freud wrote to Fliess "another entire year has gone by without any tangible progress in theory" (Masson, 1985, p. 325). By March 3, 1899 Freud claimed a greater role in patients' fantasies and he reported feeling "more normal than I was four or five years ago" (Masson, 1985, p. 347). But, by June 16, 1899 Freud reported excessive drinking on his part and that Martha was policing the wine bottles. Over the months the idea of fantasy (i.e., Oedipus) was slowly winning over in Freud's thinking. However, Freud was still not convinced that he had made a breakthrough discovery.

On December 9, 1899 Freud remarked that he was not ready for followers, "there is too much that is new and unbelievable, and too little strict proof" (Masson, 1985, p. 391). On February 1, 1900 Freud stated he had "no longer discovered anything worthwhile" (Masson, 1985, p. 398). Thus, about 2½ *years* after disclaiming seduction theory and hypothesizing the Oedipus complex, Freud was not firmly convinced of the accuracy of his position. This hardly makes a case for Freud



feeling so positive about the renunciation of seduction theory, that the Oedipus complex instantaneously supplanted the seduction theory, or that Freud quickly believed the Oedipus complex was a highly insightful discovery that immediately became the theoretical foundation of psychoanalysis.

The second line of evidence suggesting the Oedipus complex did not immediately displace seduction theory and that Freud's reactions as a scientist were unusual, stems from Freud's reactions to his own "discovery." When a scientist has to retract a conclusion stated in print to a skeptical scientific community, in favor of a more major discovery, it would be normal to experience ambivalence. This ambivalence would be heightened if, as in Freud's case, this was the second retraction of a position within a few years. More importantly, the scientist would be expected to put into print the retraction and subsequent new discovery as soon as possible. This would be especially true for Freud, who had a burning desire to make a great discovery and who often rushed to publish findings before solid substantiation could be provided (Anzieu, 1986; Masson, 1985*).* Freud (1925/1963*c*) described himself as "one of those who are unable to hold back what seems to be a new discovery until it has been either confirmed or corrected" (p. 184). Merton (1976, *cited in* Sulloway, 1983) noted that a survey of Freud's writing indicated "Freud expressed a personal concern over priorities on more than 150 separate occasions. Characteristically, he even dreamt about priority matters" (p. 467).

Yet, rushing into print with his new discovery of the Oedipus complex is exactly what Freud did *not* do. Freud wrote to Fliess, as previously quoted, that he would keep his newfound revelation just between the two of them: "I shall not tell it in the land of the

Philistines" (i.e., the medical community) (Masson, 1985, p. 265); and Freud kept his word. The first retraction of his seduction theory came into print 8 years after Freud supposedly renounced the position. In 1905 Freud wrote *Three Essays on the Theory of Sexuality* and gave a brief statement regarding the retraction of seduction theory.[3] Not only is this behavior odd, it is reprehensible on the part of a scientist. In effect, a researcher has proposed a cause for a disease that he allows to stand in print for 8 years after he believes the cause to be erroneous!

Taken *in toto,* Freud's emotional reaction to the abandonment of seduction theory coupled with his behavioral response all point to the strong possibility that Freud's major goal was to find a way tolerable to himself to reduce his intrapsychic suffering, which acceptance of the seduction theory implied. Bloch (1989) pointed out that the Oedipus complex was much less threatening to Freud's defenses than seduction theory. Sadow et al. (1968) contended that the seduction theory was based on clinical observation, whereas the Oedipus complex was based on one individual, which was then universalized. Jurjevich (1974) insisted that Freud's self-analysis was a "hoax on himself" (p. 3). However, Krüll's (1986) conclusion was most similar to the position being advocated here. She wrote "the replacement of the seduction with the Oedipus theory thus enabled Freud to examine his own childhood without having to blame his parents for his neurosis. . . . Nor did he have to blame himself for these desires, for they were universal" (p. 68).

Freud's defense against the realization that he and/or his father was a product of his own seduction thesis served multiple purposes. First, Freud would not have to confront the possibility that he and his siblings *must* have been sexually abused, much less that the victimizer was his father, or in the case of siblings, himself. This alone would probably be sufficient to create and maintain his defense of denial (of sexual abuse having happened) and rationalization/ intellectualization (all people have Oedipal fantasies, which some believe are real sexual abuse experiences). Second, Freud would no longer have to face the possibility that the horror of sexual abuse is commonplace among the seemingly civilized Germanic (and Semitic) people. But, closer to home, Freud received many of his referrals from friends and/or from the circle of Viennese Jews. By defending himself against the potential reality that sexual abuse had occurred among his patients, Freud's acquaintances were 'off the hook" as being child molesters.

**Masson's Thesis of Freud's External Conflict**

In 1984 Jeffrey Masson published *Assault on the Truth* and rattled the world of psychoanalysis. Masson's conclusion was that Freud gave up his theory of seduction not for theoretical or clinical reasons, but because of a personal failure of cour-

---

[3]Freud published five accounts regarding the reasons he rejected the seduction theory (1905/1962; 1906/I959*d*: 1914/ 1938: 1925/1963*a*: 1933/1966*b*). The various accounts are not altogether consistent and sometimes at variance with his unpublished reasons presented to Fliess (Masson. 1985). Krull's (1986) analysis is that only one reason is valid for Freud's abandoning seduction—his desire to protect the memory of his father

---

age. “Faced with his colleagues’ hostility to his discoveries, Freud sacrificed his major insight” (p. 192). Masson’s position, as expected, was ill received by many. A review of these critiques reveals that the critics simply contended that Freud was courageous and, thus, would not reject a position on the basis of peer approval (Krüll, 1986; Storr, 1984; Strupp, 1986). However, little evidence has been presented by these authors to support their position.

The position presented in this article regarding Masson’s claim is that there is considerable evidence that internal conflicts were the major impetus for Freud’s retraction of the seduction theory, and there is substantial data suggesting that (a) challenging the medical establishment was a common occurrence throughout Freud’s life, (b) Freud’s promotion of the seduction theory did not dramatically alter his standing in the medical community, and (c) putting forth the Oedipus complex as the “new” cause for hysteria was no more acceptable to the community of physicians than Freud’s seduction theory.

With respect to opposing the medical establishment, an examination of Freud’s behaviors over the course of his life suggests he had a strong streak of “adolescent rebellion.” There are many indications that Freud supported an old-guard monarchy and paternal authority in household matters (Ansbacker, 1959), but there is equally compelling evidence that he was a rebel most of his life. Writing to Martha in 1886, Freud claimed, “one would hardly guess it from looking at me, and yet even at school I was always the *bold oppositionist*... and could gladly sacrifice my life for one great moment in history” (Sulloway, 1983, p. 86).

In 1891 Freud authored his first book, summarizing the current data and theories of aphasia. In this book Freud challenged the validity of Meynert’s theory, which had gained the most acceptance, in favor of the less popular Wernicke-Lichtheim theory (Jones, 1953). Five years later, Freud opened his medical practice on Easter Sunday, hardly the day in Catholic Vienna to commence a new business. Additionally, early in his career, Freud began the practice of hypnosis. This technique had many critics in medical circles. It was only through the use of this technique by Charcot and a handful of other respected physicians, that hypnosis was not in total disfavor (Sulloway, 1983). Masson (1984) reported “Freud announced his discovery [of seduction) in a paper. . . .The paper . . . he was urged never to publish. . . lest his reputation be damaged beyond repair. But he defied his colleagues and published” (p. xxvi). This does not describe an individual who is easily swayed by the majority opinion of the medical community. Jones (1955) added:

> Now Freud had inherently a plastic and mobile mind, one given to the freest speculations and open to new and even highly improbable ideas. But it worked this way only on condition that the ideas come from himself; to those from the outside be could be very resistant, and they had little power in getting him to change his mind. (p. 429).

As previously quoted, Freud (1925/1963*c*) admitted he often published his ideas before he had any confirmation. Two of the most notable examples are his formulation of the *death instinct* and his *Lamarckian explanation of the Oedipal fantasy*. Jones (1957) reported that Freud's death instinct had not been well received even among psychoanalysts. The Lamarckian explanation of the Oedipal fantasy described by Freud (1913/ 1950) in *Totem and Taboo* has also received considerable critical comment by many who are sympathetic to psychoanalysis. Peter Gay (1989) described *Totem and Taboo* as "an audacious, highly speculative venture into psychoanalytic prehistory" (p. xviii). William McDougal's review of *Totem and Taboo* (Krull, 1988) concluded: "I have been willing to give Freud all the rope he asks for, and even more; but there are limits to our credulity" (p. 409).

Even Freud's staunchest supporters Shur, Jones, and Kris tried to disavow Freud of his psycho-Lamarckian (i.e., inheritance of acquired ideas) slant, but to no avail (Shur, 1972). More about this subject is discussed in the following section. Thus, there is evidence that Freud was very resistive to changing his views whether this pressure came from the general community of physicians or his own followers. In 1900 Freud described himself to Fliess:

> For I am actually not at all a man of science, not an observer, not an experimenter, not a thinker. I am by temperament nothing but a conquistador—an adventurer . . . with all the curiosity, daring, and tenacity charlatanistic of a man of this sort. (Masson, 1985, p. 398).

The general descriptions Freud gave of himself closely corresponded to his behaviors; for example, he rushed into print his theories, he was too impatient to carefully gather confirmatory data, he supported positions that ran contrary to current opinion, and he was unlikely to be moved by the prevailing attitudes of his critics or followers.

[Page 304]

Perhaps, Joseph Breuer best described Freud: "Freud is a man given to absolute and exclusive formulations: this is a psychical need which, in my opinion, leads to excessive generalizations. There may in addition be a desire *depater le bourgeois [sic* 'to shock the old fogies']" (Sulloway, 1983, p. *85).*

The second line of reasoning is that during the time Freud advocated his seduction theory he was not being ostracized by his medical colleagues, although throughout all of his life Freud felt alienated from other professionals, even when he was widely acclaimed all over the world. "Freud never stopped feeling isolated, no matter how famous he later became" (Subway, 1983, p. 478).

Freud did not have difficulty getting his papers published on seduction theory. Likewise, several French physicians wrote about the frequency of adult sexual abuse towards children (Masson, 1984). More importantly to Freud's livelihood, he continued to receive referrals from other physicians of patients believed to be suffering from neurosis. Kraft-Ebbing, who had called the seduction theory a scientific fairy tale, was

one of the strongest supporters of Freud's achieving full professorship (Masson, 1985). The seduction theory did not receive wide acceptance, but Freud was not a leper in the medical community.

The last argument against Masson's thesis involves a close look at the Oedipus complex. If acceptance by physicians was truly Freud's goal, it would be expected that he would disavow seduction theory in favor of a position more palatable to the physicians of his time. But, once again, this is exactly what Freud did not do. Freud replaced an unpopular seduction theory with a more radical, more difficult position for physicians to accept.

At the time Freud promoted his seduction theory, the prevailing view of hysteria was that it was caused by heredity and most pronounced in certain ethnic minorities (Freud, l896/1959*a,* 1896/ 1959*c).* Freud's seduction theory was an environmentalist position—actual events of a sexually traumatic nature coupled with repression were said to cause hysteria, not genetic transmission. When Freud replaced seduction theory with the Oedipus complex, genetics was put back as the prime causal agent; but the nature of Freud's genetic position took a radical twist.

Freud's seduction theory claimed that a real sexual event happened in youth and was repressed until adolescence or adulthood. Vague memories of this event caused hysterical symptoms. Sulloway (1983) noted this was Freud's *deferred action* theory of neurosis. This theory closely resembles the current Post-Traumatic Stress Disorder concept. Once these vague memories are transferred into clear memories via psychotherapy, the patient abreacts, and his/her symptoms greatly lessen.

Oedipal theory claims that it is normal for children to masturbate. When children from ages 4 to 6 masturbate they have fantasies of having sexual relations with the opposite sex parent (or other adults and opposite-sex siblings). For boys, the *real* threat of castration, verbalized by some adult, coupled with the seeing of a human vagina *abruptly* ends the Oedipus complex. For girls, penis envy occurs "in a flash" upon seeing the male genitalia. The young female believes she once had a penis, was castrated, and now has an (inferior) clitoris in its place. The girl's desires for a penis are supplanted by a substitute desire to have her father's child. *Gradually,* the girl's desire for paternal impregnation diminishes as this wish is not fulfilled and the Oedipal fantasy subsides (Freud. 1925/1963*c*).

In *Totem and Taboo* (1913/1950) Freud outlined the origination of the fantasy of having sexual relations with the opposite sex parent. Freud postulated that in the very early days of human existence people lived in small hordes where the strongest male dominated. This male would have sexual relations with all females and drive other males out of the group. One eventful day a group of exiled brothers banded together, returned to the horde, killed the father, and ate him. Eating the father was an act of paternal identification. These brothers then made a pact against incest as a means of denying their real desire to be like the father and have sexual relations with all the females. It is this pact that the primeval horde of brothers made against incest, as well as their desire to have sexual relations with all females (including their mother), that has been transmitted via heredity in a psycho-Lamarckian fashion, which generates fantasies in children of Freud's and our time (Freud, l913/1950). [4]

---

[4] It is also unclear exactly where castration anxiety in males and penis envy in females originates. These

processes seem to, again, have a genetic basis in Freud's thinking, but there is no mention of castration anxiety or penis envy having taken place in Freud's history of the "primal horde." Since not all boys are formally threatened with castration, the genetic explanation is probably that boys at ages 4 through six worry about being castrated whether or not they are actually threatened. Freud (1917/ 1966*a*) contended that

---



If Masson's (1984) position is correct, his readers are being asked to believe (a) Freud replaced the (disfavored) seduction theory with a theory that required physicians to support the position that childhood masturbatory fantasies, which are inbred via a psycho-Lamarckian (unknown) mechanism, is the true cause of hysteria, and (b) that the newfound Oedipus complex would win for Freud's acceptance in the medical community. As Decker (1977) aptly noted, when Freud disavowed in print the seduction theory for that of the Oedipus complex, "Freud's adamant opponents were no more ready to accept the second view than they had been the first" (p. 102).

**The Legitimacy of the Oedipus Complex**

It is important to remember that no claim is being made that all of Freud's hysterical patients were actually sexually abused. This claim would be extremely difficult to verify, although there is convincing evidence that such abuse happened to some of Freud's patients. What is proposed is that Freud *believed his patients,* but he could not accept the inevitable conclusion this belief engendered. Likewise, it is *not* proposed that Freud was actually seduced. This, too, would be impossible to verify. What is suggested is that Freud *believed he was seduced or engaged in reprehensible sexual acts,* which he could not psychologically tolerate or acknowledge; it is from this process that the Oedipus complex was born and universalized.

One major counterpoint to this position seems obvious—there are literally thousands of analysts who ascribe to the Oedipus complex and maintain that they experience its manifestation in clinical practice. How could the Oedipus complex be a defense mechanism for only one individual (Freud) when so many others "see" it? Followers of psychoanalysis through the decades do not have the same emotional conflicts as Freud. These practitioners have no emotional need to defend the honor of their father, relatives, or close friends.

The problem can be reduced to a consideration of the scientific validity of the Oedipus complex and how to demonstrate its existence/nonexistence and (if the Oedipus complex does exist) its causal role in psychopathology. The first concern, therefore, is that the very existence of the Oedipus complex requires proof. Early in the psychoanalytic movement Freud had close supporters, only to gradually lose many of them. The defection of Adler and Jung rested heavily on the fact that these two analysts did not believe in the authenticity of the Oedipus complex. Jones *(*1955*)* noted that Adler viewed the Oedipus complex as a "fabrication." The results of Fisher's and Greenberg's (1977)

survey of the psychoanalytic literature was that "we really have no tested, quantified methods for evaluating Oedipal feelings and fantasies" (p. 402). This same conclusion was echoed by Kline (1981). Fisher and Greenberg (1977) discussed the fact that the "proof" of psychoanalysis has commonly been that of doing psychoanalysis; that each therapy session has been described as a miniature controlled experiment.

But "psychoanalysts who witness the events of an analytic hour (such as in the form of a typescript) have difficulty agreeing in their interpretations of these events" (p. 8). Further, these authors noted there is no empirical collection of data an analyst can refer back to as a means to test a new hypothesis. Even Jones (1955) stated "dissentions concerning psychoanalysis are even harder to resolve than those in other fields of science where it is not so easy to continue re-interpreting data in terms of some personal prejudice" (p. 129). Sulloway (1983) concluded that Freud first developed some theoretical position (based on his self-analysis or by some other nonclinical means) and then "confirmed" his findings in his clinical work by "observing" in his patients what he already believed was true. Robert Fliess (1973), the son of Wilhelm Fliess and a recognized psychoanalyst in his own right, affirmed:

> I would now contradict him (Freud] head on: *no one is ever made sick by his* (sic) *fantasies.* Only traumatic *memories* in repression can cause the neurosis. This fact alone is sufficient reason for discounting Freud's later 'denial' [of seduction]. Fantasies. . . *are a symptom of the disease,* never its cause. (p. 212)

There are many analysts who are very supportive of Freud's position on a plethora of theoretical ideas, but who have not seen clinical evidence of an Oedipus complex. What is also evident is that several of Freud's loyal followers affirm the Oedipus complex but do not support its origins. As previously noted, the development of the Oedipus

---

all the things that are told to us to-day in analysis as phantasy—the seduction of children, the inflaming of sexual excitement by observing parental intercourse, the threat of castration (or rather castration itself)—were once real occurrences in the primaeval times of the human family, and that children in their phantasies are simply filling in the gaps in individual truth with prehistoric truth. (p. 371)

---



complex was described in *Totem and Taboo* (1913/ 1950). In this work Freud maintained that an *idea* is inherited through generations, and the Oedipus complex is the outcome of inheritance of acquired ideas. This appears to be the only *idea* ever presented in contemporary psychology or biology that is believed by some to be of genetic origin. Both Jones and Shur are ardent supporters of the Oedipus complex but equally ardent detractors of this form of "genetics." Shur (1972) wrote:

> Freud's assumptions about the inheritance of acquired characteristics are contrary to the findings of modern genetics... this would not justify Freud's belief in the inheritance of such complex mental processes as the oedipus complex, knowledge about intercourse, guilt about the murder of the father or the 'primal horde.' (pp. 130-131)

Where, then, does the Oedipal fantasy come from? Psychoanalysts are faced with a very elusive hypothetical construct in the Oedipus complex. It cannot be measured, many analysts do not "see" it (unlike defense mechanisms where the manifestations are commonly observable in clinical practice), and the origins of this fantasy are questionable to all of science. The Oedipus complex seems to be an inference made by analysts from the verbalizations patients present. The analysts' inferences are based on a cognitive set that is established during training. The belief in the Oedipus complex, like that of the structural theory of mind (id, ego, superego), is an unquestioned "given" in psychoanalytic theory. Trainees who unrelentingly challenge or doubt the existence of these givens are weeded out of the program.

Even if the Oedipus complex does exist, the mechanism in psychopathology *causation* remains obscure. A common belief in psychoanalytic circles is that the failure to resolve one's Oedipus complex is often the cause of the functional difficulties reported by patients. However, results of psychotherapy outcome studies question the significance of focusing on a patient's Oedipal strivings. Analysis of psychotherapy studies indicates short- term analytic therapy is as effective as long-term psychoanalysis, and that nonpsychoanalvtic therapy is as effective (and, in some conditions, more effective) as psychoanalysis (Fisher & Greenberg, 1977). A host of researchers, many of whom are in sympathy with Freudian thought, have bemoaned the fact that psychoanalysis is largely unproven supposition (Chodoff, 1966; Fisher & Greenberg, 1977; Glover. 1952; Rubinstein, 1983; Weisz, 1975). Rubinstein (1983) claimed that psychoanalysis is heavy on theory, light on evidence. Holt (1989) insisted that "psychoanalysts have been living in a fool's paradise, believing that the clinical theory was soundly established when in fact very little of it has been" (p. 331).

Freud's biographers repeatedly note Freud had a host of functional and organic disorders. There are disagreements about which symptoms of Freud's would be considered organic, which are best classified as psychological, and which are probably psychophysical (stress-related) combinations. Those conditions most probably organic included Freud's frequent chest pains associated with a malfunction of the heart and his reoccurring sinusitis. Those symptoms of a psychophysical nature included Freud's irritable colon, a variety of digestive and constipational difficulties, his addiction to tobacco, and periodic migraine headaches. Freud's symptoms, most probably of a psychological nature, included his travel anxiety, persistent fear of death, mood fluctuations, and attacks of vertigo. Additionally, there is one other functional disturbance Freud had—he kept fainting at the same restaurant, three times in all!

Because insight into one's emotional problems and recognition of the part the Oedipus complex plays in one's psychodynamics is at the heart of psychoanalytic therapy, it would seem reasonable to conclude that such obtained insight would lead to a cure of functional troubles. Likewise, there is probably no better person to have obtained this form of insight than Freud himself as a result of his self-analysis. It is recognized that

being one's own therapist is not equivalent to being analyzed by a trained therapist. However, the critical point is whether insight is achieved, regardless of the exact source. If insight into the Oedipus complex is essential for cure, it would be expected that many of Freud's functional (and perhaps, psychophysical) symptoms would have been eliminated. Examination of Freud's life suggests that his psychological symptoms did not greatly abate. His personal physician and psychoanalyst Max Shur (1972) believed that self-analysis did cure Freud's travel anxiety but not his preoccupation with death. Jones (1953) maintained that Freud persisted in his travel phobia throughout life, as was also true for his phobia about death. Likewise, there is little indication that Freud's psychophysical disorders were positively affected by his self- analysis (Anzieu. 1986).

Perhaps the most curious psychological phenomenon Freud exhibited was his constant fainting at the Park Hotel restaurant in 1906, 1908, and



1912—all long after his self-analysis (Sulloway, 1983). Why did Freud continually return to this restaurant and faint?

As previously noted, in 1899 Freud was still equivocating about whether seduction or fantasy (Oedipus) causes hysteria. It was also during this interval that Martha had to monitor the wine bottles due to Freud's excessive drinking. It is suspected that Freud was in extreme conflict at this time and had been ever since his seduction theory raised questions in Freud's mind about the culpability of his father and himself. Freud's use of alcohol may have been an attempt to aid in his securing a psychological defense against the implications of accepting the seduction theory. Regardless of why Freud began to drink, it is recognized that the majority of Freud's psychologically based symptoms were not significantly affected by his "insights" into his problems.

As a defense mechanism, belief in the Oedipus complex was partially successful in Freud's case. This defense seemed to reduce much of Freud's inner tensions. As his belief in the Oedipus complex increased, Freud relinquished blaming his father or himself for the psychopathology exhibited by himself and/or his siblings. But, this defense did not substantially reduce many of Freud's neurotic symptoms. Partial symptom reduction would normally be anticipated for many psychological defensive operations. If true insight had actually occurred, considerably more improvement in Freud's neurosis would be expected. Insight into Freud's own Oedipus complex seemed to miss the mark. The formulation of the Oedipus complex appears to serve as a defense against insight into repression of memories of actual events—which was Freud's original discovery and a prerequisite for a cure of neurosis.

Later in life Freud (1931/1963b) was able to state that seduction causes neurosis, and that sexual abuse of children frequently occurs (Jones, 1953; Sadow et al., 1968); but seduction theory never regained the status of a primary causal agent for many of the neurotic disorders that analysts are likely to treat. Hopefully, the conclusion Spratt (1936, cited in Krull, 1988) reached over 50 years ago has become less valid today:

When we are in the presence of his [Freud's] followers we can no more call into question the validity of the Oedipus Complex than we could question the truth of the Immaculate Conception in the presence of converts of another kind. (p. 521)

Approximately 50 years ago there was no psychotropic medication to assist physicians in their treatment of functional disorders. There was not even one encompassing theory, with or without empirical support, that could explain why people suffered from illness that had no organic basis. The introduction of psychoanalysis filled this void. Perhaps even more important, psychoanalysis gave mental health practitioners a treatment technique that could promise cure in some cases. Freud's theory and technique opened the door to the use of widespread verbal treatment and a means by which psychological problems could be understood. For most practitioners of psychotherapy and the clients served, a great appreciation of what Freud and his followers introduced will always be present.

However, like the giants in other fields (e.g., Kepler, Newton), not all of these individuals' theories have engendered scientific support. Freud also theorized a lot. Not all of his ideas have empirical validity. For any great scientist's ideas, it is important for contemporaries to constantly examine the reasoning behind the theory and data that is supportive or at variance with the theory. Even scientists are swayed by the reputation of the theory builder and may lose sight of the facts related to the theory. In the field of mental health, failure to constantly analyze and test theoretical positions, even Freud's, can lead well-intentioned professionals to engage in questionable treatment practices and/or make ill-advised recommendations to clients or the public.

## References


ANSBACHER, H. (1959). The significance of the socio-economic status of the patients of Freud and of Adler. *American Journal of Psychotherapy.* **13,** 376-382.

ANZIEU, D. (1986). *Freud's self-analysis.* Madison, CT: International Universities Press.

BLOCH, D. (1989). Freud's retraction of his seduction theory and the Schreber case. *Psychoanalytic Review*, **76**, 185-201.

CHODOFF, P. (1966). A critique of Freud's theory of infantile sexuality. *American Journal of Psychiatry*, **123**, 507.5 18.

DECKER, A. (1977). Freud in *Germany: Revolution and reaction* in *science 1893-1907.* New York: International Universities Press.

FISHER, S. & GREENBERG, R. (1977). *The scientific credibility of Freud's theories and therapy.* New York: Basic Books.

FLIESS, R. (1973). *Symbol, dream and psychosis.* New York: International Universities Press.

FREUD, S. (1896/1959*a*). The aetiology of hysteria, *in* J. Riviere (trans.), *Collected papers* (Vol. I, pp. 183-219). New York: Basic Books.

FREUD, S. (1896/1959*b*). Further remarks on the defence neuropsychoses. *In* J. Riviere

(trans.). *Collected papers* (Vol. 1, pp. 155-182). New York: Basic Books.
FREUD, S. (1896/I 959*c*). Heredity and the aetiology of the neurosis. *In* J. Riviere (trans.), *Collected papers* (Vol. 1, pp. 138-154). New York: Basic Books.

[Page 308]

FREUD, S. (1899/l959*e*). Screen memories. *In* J. Riviere (trans.), *Collected papers* (Vol. 5, pp. 47-69). New York: Basic Books.
FREUD, S. (1905/1962). *Three essays on the theory* of *sexuality.* (J. Strachey, ed. and trans.). New York: Basic Books.
FREUD, S. (1906/1959*d*). My views on the part played by sexuality in the aetiology of the neurosis. *In* J. Riviere (trans.). *Collected papers* (Vol. 1, pp. 272-283). New York: Basic Books.
FREUD, S. (1913/1950). *Totem and taboo. (3.* Strachey, trans.). New York: W. W. Norton.
FREUD, S. (1914/1938). *The history of the psychoanalytic movement.* (A. Brill, trans.). New York: The Modern Library.
FREUD, S. (19l7/1966*a*). *Introductory lectures on psychoanalysis.* (J. Strachey, ed. and trans.). New York: W. W. Norton.
FREUD, S. (l925/1963*a*). *An autobiographical study.* (J. Strachey, ed. and trans.). New York: W. W. Norton.
FREUD, S. (l925/1963*c*). Some psychological consequences of the anatomical distinction between the sexes. *In* E. Rieff (ed.), *Sexuality and the psychology of love* (pp. 183-193). New York: Collier.
FREUD, S. *(I931/1963b).* Female sexuality. *In* E. Rieff(ed.). *Sexuality and the psychology of love* (pp. 194-211). New York: Collier.
FREUD, S. (1933/l966*b*). New introductory lectures on psychoanalysis 1933. *In* J. Strachey (ed. and trans.). *The complete introductory lectures on psychoanalysis* (pp. 471-646). New York: W. W. Norton.
GAY, P. (1989). Sigmund Freud: A brief life. *In S.* Freud. *An autobiographical study* (pp. x-xxii. New York: W. W. Norton.
GLOVER, E. (1952). Research methods in psycho-analysis. *The International Journal of Psycho-analysis.* **33**,403-409.
GRIGG, K. (1973). "All roads lead to Rome": The role of the nursemaid in Freud's dreams. *Journal of the American Psychoanalytic Association.* **21,** 108-126.
GRINSTEIN, A. (1968). *On Sigmund Freud's dreams.* Detroit: Wayne State University Press.
HOLT, R. (1989). *Freud reappraised: A fresh look at psychoanalytic theory.* New York: The Guilford Press.
JONES, E. (1953). *The life and work of Sigmund Freud* (Vol. I). New York: Basic Books.
JONES, E. (1955). *The life and work of Sigmund Freud* (Vol. 2). New York: Basic Books.

JONES, E. (1957). *The life and work of Sigmund Freud* (Vol. 3). New York: Basic Books.
JURJEV1CH, R. (1974). *The hoax of Freudism.* Philadelphia: Dorrance.
KIELL, N. (1988). *Freud without hindsight.* Madison, CT: International Universities Press.
KLEIN, M. (1981). Freud's seduction theory. *Bulletin of the Menninger Clinic,* **45**, 185-208.
KLINE, P. (1981). *Fact and fantasy in Freudian theory* (2nd ed.). New York: Methuen.
KRULL, M. (1986). *Freud and his father.* New York: W. W. Norton.
MacMILLAN, M. (1977). Freud's expectations and the childhood seduction theory. *Australian Journal* of *Psychology,* **29**, 223-236.
MASSON, J. (1984). *The assault on the truth.* New York: Penguin.
MASSON, J. (1985). *The complete letters of Sigmund Freud to Wilhelm Fliess 1887-1904.* Cambridge: Harvard University Press.
RUBINSTEIN, B. (1983). Freud's early theories of hysteria. *In* R. Cohen and L. Laudan (eds.), *Physics. philosophy and psychoanalysis* (pp. 169-190). Boston: D. Reidel.
SADOW, L., GEDO, J., MILLER, J., POLLOCK, G., SABSHIN, M. & SCHLESSINGER, N. (1968). The process of hypothesis change in three early psychoanalytic concepts. *Journal of the American Psychoanalytic Association,* **16**, 245-273.
SCHUR, M. (1972). *Freud: Living and dying.* New York: International Universities Press.
SCHUSDEK, A. (1966). Freud's "seduction theory": A reconstruction. *Journal of the History of Behavioral Sciences.* **2**, 159-166.
STORR, A. (April. 1984). Did Freud have clay feet? *The New York Times Book Review.* pp. 3, 35.
STRUPP, H. (1986). How honest was Freud? *Contemporary Psychology,* **31**, 293-294.
SULLOWAY, F. (1983). *Freud. biologist of the mind.* New York: Basic Books.
VITZ, P. (l988). *Sigmund Freud's christian unconscious.* New York: The Guilford Press.
WEISS. G. (19751 Scientists and sectarians: The case of psychoanalysis. *Journal of the History of the Behavioral Sciences.* **11**, 350-364.