

Sabina Spielrein. Jung's patient at the Burghölzli*

Bernard Minder, *Lenzburg, Switzerland*
(Translated from the German by Barbara Wharton)

The concept of hysteria at the Burghölzli Clinic and in the early publications of C. G. Jung

It was at the beginning of the 1880s that hypnosis and suggestion were introduced by August Forel at the Burghölzli. In 1887 he had deepened his knowledge in these areas with Bernheim and Liébeault in Nancy. Forel's work on memory indicates that his psychological method was related ultimately to a biological model of human functioning. At the same time, however, his connection with the Nancy school indicated that his understanding of psychic life was a thoroughly dynamic one. The reservations he later held with regard to Freud's work lay in his lack of sympathy for the latter's libido theory and the development of infantile sexuality. In any event, both in the public arena, and in his medical work, he espoused the cause of the 'psychics'. From 1898 (till 1927) Eugen Bleuler took over the directorship of the Clinic. Evidence for Bleuler's connection with hypnosis is found in two of his works. In 'On the psychology of hypnosis' (1889) he describes his observation of himself under hypnosis, after he had been hypnotized by Forel among others. In 1894, in 'Opinions', he reports on six cases of incurable psychiatric patients whom he was able to release from severely restrictive symptoms by means of hypnosis and suggestion. The following quotation comes from that time (p. 17): 'In the course of 1000 hypnoses I have never had a disaster'. In contrast with Forel, Bleuler had a fundamentally different attitude to Freud's work. In 1896 in the *Munich Medical Weekly* he described Freud's book, *Studies on Hysteria* as 'one of the most important publications of the last few years in the field of normal and pathological psychology'. The hospital records however give no indication of any clinical application of Freud's ideas before 1904.

In 1900 C. G. Jung took up his post at the Burghölzli Clinic, at a time therefore when this renowned clinic clearly represented the French school in the

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worldwide discussion of hysteria. So it is not surprising that these influences made their mark on Jung's works.

In several of his early works Jung expresses an opinion on the concept of hysteria. As I shall show in more detail below, in the section on the influence of Sabina Spielrein on Jung's treatment of hysterical patients, he had had little experience of this clinical syndrome in the early years of his employment at the Burghölzli. Uncertainty about the concept of hysteria is expressed in the Jung-Freud correspondence too. Thus Jung writes in his letter of 4.12.1906:

3. In practice, the concept of hysteria is still far from clear. Countless cases of mild *hebephrenia* still pass under the diagnosis of 'hysteria', and here the results are doubtful to bad, as I know from my own experience. (...) How little clarity reigns in this area is shown by a recent publication from the Heidelberg Clinic, where a case of *unquestionable* catatonia was asserted to be hysteria.

(McGuire 1974, 4.12.1906)

In his time at the Burghölzli Jung published more than twenty works, among them his dissertation and his habilitation (his qualifying paper for becoming a university lecturer; trans.). Alongside numerous smaller articles, his publications on the word association test occupy a large space. Thus the 'forgetting' of events particularly linked to unpleasant feelings is described as a completely typical phenomenon in hysterical patients ('Experimental observations on the faculty of memory', 1905); similarly, the 'misapprehension' of stimulus words in the experiment is seen as a pointer to repressed complexes ('The associations of normal people', 1904). With the following quotations from these works I will try to define the concept of hysteria as Jung then saw it.

In his paper of 1906, 'A third and final opinion on two contradictory psychiatric diagnoses', he writes as follows:

Hysteria is a morbid condition, congenital or acquired, in which the affects are exceedingly powerful. Hence the patients are more or less continual victims of their affects. At the same time, however, hysteria generally determines only the *quantity*, not the *quality*, of the affects. The quality is given by the patient's character.

(Jung 1906a, para. 464)

And further:

Owing to the strength of their affects, hysterical persons are always their own victims; they do not belong to themselves, as it were, but to the momentary affect. Consequently, their actions are always being compromised by passing moods. We all know how much these can obscure our judgment and hinder reflection.

(Jung 1906a, para. 475)

In 'The psychological diagnosis of facts' (1905) he writes:

Secondly, the experiment is important for psychiatric practice in that, especially in hysteria, in which as a rule the whole mental life is disturbed, it provides us with the

most valuable indications for finding the pathogenic factor, since in hysteria a complex is always at work.

(Jung 1905b, para. 754)

And from 'Association, dream and hysterical symptom' (1906):

The complex has an abnormal autonomy in hysteria and a tendency to an active separate existence, which reduces and replaces the constellating power of the ego-complex. In this way a new morbid personality is gradually created, the inclinations, judgments, and resolutions of which move only in the direction of the will to be ill. This second personality devours what is left of the normal ego and forces it into the role of a secondary (oppressed) complex. A purposive treatment of hysteria must therefore strengthen what has remained of the normal ego, and this is best achieved by introducing some new complex that liberates the ego from domination by the complex of the illness.

(Jung 1906b, para. 861 & 862)

Here Jung goes into more detail regarding the dynamics of the origins of hysteria.

In other papers Jung expresses an opinion about individual symptoms of hysteria, as well as about the observations he has made in the context of his association studies which suggest a diagnosis of hysteria. In his dissertation in 1902 he describes somnambulism as 'a partial manifestation of severe hysteria' (Jung 1902, para. 5) and discusses the phenomenon of the splitting of consciousness in these circumstances. In a reply ('On hysterical misreading', 1904) to a criticism of his dissertation he writes:

The reason why I attach particular importance to hysterical misreading is that it demonstrates in a nutshell the splitting off of psychic functions from the ego-complex, which is such a characteristic of hysteria, and consequently the strong tendency of the psychic elements towards autonomy (*'Tendenz der psychischen Elemente zur Selbstständigkeit'*).

(Jung 1904, para. 159; italics in original German but not in English)

In his 1903 paper 'On simulated insanity' Jung discusses among other things the question whether a psychic 'disposition to neutralize affects in a faulty or abnormal way coincides with hysteria':

... according to Freud's theory of hysteria the two are identical. Janet found that the influence of affects is seen most clearly in hysterical persons, and that it produces a state of dissociation in which the will, attention, ability to concentrate are paralyzed and all the higher psychic phenomena are impaired in the interests of the lower; that is, there is a displacement towards the automatic side, where everything that was formerly under the control of the will is now set free.

(Jung 1903, para. 318)

So much for hysteria as it is described in Jung's early works. As we know from the Jung-Freud correspondence and from his publications, his later interest

while he was at the Burghölzli was centred chiefly on dementia praecox. Not least as a result of his clinical experience, as well as through his subsequent experiments with the galvanometer and the pneumograph, Jung tried to show analogies between hysteria and dementia praecox. I will return to his writings in the section on the influence exerted on Jung by his experience with Sabina Spielrein.

It was against this background that Sabina Spielrein entered the Burghölzli on 17 August 1904. In the next section Sabina Spielrein's anamnesis, the development of her illness, her hospitalization, and her treatment will be described in the light of the new material now available.

Sabina Spielrein: Jung's patient at the Burghölzli

Before we turn to Sabina Spielrein's hospital notes we must consider more closely the staff situation and the range of duties of the medical personnel in order to be able to evaluate the available material. In the table (see p. 47) it is clear that not only in Jung's time at the Burghölzli (1900–1909), but from the opening of the Clinic in 1870, a very small number of doctors and of nursing staff had in their care a large number of patients. It easily follows that, taking into account the time-consuming responsibilities of writing reports, of liaising with the authorities, of further training and research projects, not forgetting contact with patients, very little time was left for keeping hospital records. Understandably the entries at the beginning of the hospitalization occupy most space. They comprise the taking of the history, the patient's physical condition, and the instituting of the first therapeutic measures. Later entries are as a rule brief. They include on the one hand particular incidents, reasons for transfer to other departments, medication, and descriptions of the course of the illness. An overview of the 2500 sets of notes of new admissions during Jung's time at the Burghölzli suggests that the foregoing description was the rule, at least for that time. Of course there are variations, determined on the one hand by the clinical picture – thus descriptions of dementing patients are briefer than those of hysterics – and on the other the duration of the hospitalization plays a substantial role.

From this point of view it is worth examining Sabina Spielrein's hospital notes as a first step.

Anamnesis, development of the illness and diagnosis

Sabina Spielrein was in hospital from 17 August 1904 until 1 June 1905, that is for about nine and a half months. The hospital records contain a total of twenty-one entries, at first daily, later weekly, until the end of January 1905, with a few longer intervals in September (Jung being away on military service) and December (without any apparent reason). There follow just two further entries (April and July). At this point it should be noted that it is stated in the

Staff and Patients 1870–1915

Year	Number of Patients at 31 December	Admissions	Doctors	Care Staff
1870	121	190	2	20
1875	251	271	3	40
1880	319	225	4	27
1885	329	295	4	49
1890	361	257	4	53
1895	364	219	4	56
1900	391	203	4	72
1901	360	236	4	84
1902	386	335	4	79
1903	380	303	4	91
1904	388	332	5	97
1905	379	340	5	96
1906	406	350	5	111
1907	410	294	5	109
1908	397	304	5	111
1909	374	379	5	104
1910	402	505	7	107
1915	399	591	10	109

Source: Audit Statements of the Clinic; Burghölzli Archive.

letter of 13 February 1905: 'She is largely free of hysterical symptoms, and she can therefore be regarded as having recovered'; consequently under the high pressure of work there was no reason for 'superfluous' documentation. This is made clear in the passage in the same letter in which the father's wish for weekly reports on her progress is refused.

The detail: the hospital records open with the usual cover-sheet. The entry 'Hereditary condition: yes' refers to the family weakness (as we shall see below). The surname is stated incorrectly as 'Spilrein' (instead of 'Spielrein'). For 'date of birth' only the year of birth is noted (which is unusual). The entry for 'Religion: Israel' was the customary house-style for designating Jews. Of Heller's Sanatorium, which is entered as 'previous residence', more will be said later. For the rest, we learn from this first page the dates of her admission and of her discharge, the statement that she had been ill for about two years,¹ and that she was treated as a first-class patient, as well as the provisional and definitive diagnosis of 'hysteria'. On discharge the patient was described as 'cured'. It is striking that there is no report on her physical condition. We might be inclined to put down this omission, together with the errors mentioned above, to the advanced hour (she arrived at 10.30 at night). But no documentation of her physical condition is given later either. Only in the entry

for 18 October 1904 is mention made of an examination carried out in relation to pains in her feet: 'The examination proved completely negative, merely an exaggerated hyperaesthesia in both feet'. In the letters to her parents her physical health is mentioned briefly as good, even as excellent (26 September 1904 and 28 November 1904 respectively). Comparisons with the hospital records of other hysterical female patients who as such had a marked tendency to somatic symptoms and were therefore examined regularly for restrictions in their field of vision and tested with needles for dysaesthesias, make this circumstance striking. Also missing are her menstrual history and any notes on her menstrual periods.

The accompanying document on the hereditary weakness, which follows, was probably revised at least once. Besides the once more incorrectly spelt surname, it is striking that, apart from the two uncles on the father's side and the maternal grandmother, all the family members mentioned were at least psychologically strange. It is not possible to trace who provided the statements on which this information rests. At all events the family weakness seemed considerable, suggesting the diagnostic criteria for an hysterical illness. In what follows I shall complete the diagnostic picture of hysteria, using the hospital records as a baseline.

Family anamnesis: cf. the accompanying document 'Hereditary weakness'

Patient anamnesis:

She was the first of five children. No information is available on the pregnancy and birth. In the hospital records her early childhood is mentioned in two places. According to the patient's statement: 'In my first year I was delicate and ailing. I had stomach pains. Later diphtheria, scarlet fever, measles, and angina a thousand times'. The mother's statement ran: 'As a child she was always ill, particularly with stomach complaints'. There is no information on any other more serious illnesses or hospitalizations. At school she gave the impression of a precocious, intelligent child. At five she entered a Froebel infant school in Warsaw where in all probability she enjoyed a broad education for five years, most of the time separated from her family. At six she was learning German and French. She took Latin as a further foreign language, and in addition singing- and piano-lessons. She was particularly interested in natural science subjects. According to her own statements she was not very hard working. But according to her mother she worked very hard at the Gymnasium. At that time she was living in the parental home. While she was at the Gymnasium she expressed the wish to study medicine. She left school a year before she entered the Clinic. There is a brief mention in the hospital records of her religious education: 'From her mother she received a very religious upbringing: (God, angels; sins are recorded in heaven in red; a person is responsible for her sins from the age of seven). As a child she was very pious and prayed a good deal'.

The family situation

The family was well off, the father a businessman, the mother a dentist who, up to a year before her daughter's admission to the Clinic, had practised 'more for pleasure than from necessity'. As a foreigner her daughter must have been treated under a private tariff at the Burghölzli, at a cost of 1250 francs a quarter. Moreover Sabina and at least two of her brothers were able to study abroad.² The father is described as irritable, overwrought, neurasthenic and hot-tempered. It appears from various passages in the hospital records that he frequently or regularly hit his children, and addressed his daughter in an 'indecent' way which offended 'modesty'. The father's pathology manifests itself in more detail in numerous passages. Thus he repeatedly threatened suicide, and reacted to 'family upsets' by refusing food and withdrawing to bed. He was an 'unhappy' man. He also 'insulted and tyrannized other members of the household'. Sabina's relationship to her father was very ambivalent. Certainly 'she loved her father "painfully"' and felt sympathy towards him in his extreme states, and yet her relationship with him was clouded by a 'curious abhorrence'. She felt she was not understood by him and her symptomatology was given expression mainly in relation to him (she could not kiss him, could not say 'good morning' to him; see below). It is not clear from the records how much time the father spent at home. On the one hand Sabina was probably in Warsaw for five years (from the ages of 5 to 10); on the other hand we do not know how often the father had to be away on business.

The mother was described as an anxious hysterical woman who suffered, among other things, from 'absences of a childish nature'. A more precise description is to be found in the entry of December 1904:

... mother has the odd habit of having to buy everything she sees which she is persuaded to buy; every time she goes out shopping she brings home masses of things which no one needs but which are very expensive. She never has enough money on her to pay for everything and therefore has to borrow from relatives and then struggle to repay them from her household budget. [...] The mother likes to play the great lady with her expensive acquisitions.

The mother too hit her daughter on numerous occasions. The relationship with the mother seems to have been rather more intimate. On the one hand the patient wanted her mother to visit her while she was in hospital, on the other hand the mother tried to protect her daughter from a relationship with Jung which threatened conflict (report of 25.9.1905). The marriage of the Spielrein parents is described in one passage as 'not unhappy'. This statement, probably made through the uncle 'Lublinsk [aya]', must be regarded as a glossing over of the situation. It is hardly credible that the personalities of both parties in this marriage as they are described could be 'happy' together. The mother had to try to hush up her financial escapades from her husband. 'Extraordinarily violent rows between the parents' are also described. The three brothers are all described as more or less odd psychologically (one

was given to 'hysterical fits of weeping', another was 'very hot-tempered' and suffered from tics, and the third was 'melancholic, and severely hysterical'). She had 'no really intimate relationship with her brothers'. In contradiction to this is the wish, expressed in her 'Last Will' (see Appendix), to ask her brother what was to be done with the third portion of her ashes. We learn from the Clinic correspondence that the care of a brother, who was apparently living in Zürich at the same time as she was, was to be handed over to her; this idea was repeatedly rejected as inappropriate by the Clinic. The only sister died at the age of six from typhoid, when Sabina Spielrein was sixteen years old. 'She loved her sister "more than everything in the world" (...) Her death left a terrible mark on her'.

Development of the illness before admission to the Clinic

*A brief summary of the development of the illness is given in Jung's referral letter to Freud of 25.9.1905:*³

The patient is turning twenty and her affliction appeared distinctly about three years ago. But of course her pathogenic experiences reach far back to her early years. [...] The physical chastisements administered to the patient's posterior by her father from the age of four until seven had unfortunately become associated with the patient's premature and now highly developed sexual awareness. This sexuality came to be expressed by the patient from very early on by her rubbing her thighs together to commence an act of masturbation. Masturbation always occurred after she underwent punishment from her father. After a while the beatings were no longer necessary to initiate sexual arousal; it came to be triggered through mere threats and other situations implying violence, such as verbal abuse, threatening hand movements, etc. After a time she could not even look at her father's hands without becoming sexually aroused, or watch him eat without imagining how the food was ejected, and then being thrashed on the buttocks, etc. These associations extended to the younger brother too, who also masturbated frequently from an early age. Threats to the boy or ill-treatment of him aroused her and she had to masturbate whenever she saw him being punished. Gradually any situation which reflected violence aroused her, for example, being told to obey. As soon as she was alone she was plagued by obsessional fantasies, for example, she would imagine all kinds of torments; the same thing happened in her dreams: for example, she often dreamt that she was eating her lunch and simultaneously sitting on the lavatory and that everything was going straight out through her bottom; at the same time she was surrounded by a large crowd of people watching her; on another occasion she was being whipped in front of a great mob of people, etc.

To complement this summary we learn from the hospital records that, as well as the compulsive urge to masturbate which followed actual physical blows and later any subjugating treatment, symbolized for example by laughter, she also 'could not hold her water'. 'She could never watch someone being humiliated without falling into a pathological rage in which she finally had to masturbate'. The conflicts between father and daughter took place not only on the level of physical power. 'When she was chastised, the peak of the

experience was that her father was a *man*'. In connection with a remark about the role of parents in society the father reacted with '... a big scene, father went wild and threatened suicide. There were often scenes like this, sometimes lasting for days. [...] She is always afraid that one day he will kill himself'. Yet 'because of her strong narcissism she cannot give in to her father'. On several occasions the daughter adopted the father's reactions:

Once when, at thirteen, her mother punished her she ran away and hid in various places, doused herself with ice-cold water (in the middle of winter!), and went into the cellar to catch her death of cold; this way she tried to torment her parents and kill herself. In her fifteenth year she tried to starve herself to death because she had made her mother angry.

Furthermore, 'periods of apathy' are described 'as early as her twelfth year'. Somatic symptoms appeared too.

She developed unbearable pain in her feet for the first time after a particularly violent row between her parents. [...] so that she could not go out for a long time. Another time she developed pains when she had to travel abroad with her mother under various difficult circumstances.⁴

In addition borderline paranoid states appeared:

From the age of seven or eight the patient started to talk with a spirit. [...] After a while God answered her in the form of an inner voice which spoke more through her feelings than in clear sentences. It seemed to her, however, that this inner voice was speaking to her in *German*. Gradually the idea came to her that it (i.e., the voice) was not God, but an angel sent to her by God because she was an *extraordinary person*. With time she came to see the angel more as a good spirit who supported and guided her. At first the spirit spoke in German too, later in Russian. She often felt as though she understood the meaning of the words even before they were spoken'. The ideas of grandeur, expressed above in her conviction that she was a special person chosen by God, are documented in other passages in the hospital records: 'She wants only the company of educated people. She wants to meet only good, clever people. [...] Did not like going to school, the teachers are very stupid'.

In addition the 'Last Will' (see pp. 28–9) bears striking witness to this symptomatology.

These ideas of course had a background of reality. Both in her own estimation and in that of others she was described as very intelligent and precocious.

So much for the course of the illness as it is disclosed in the 'Burghölzli records'. What seems astonishing at this point is that in her situation she could complete her schooling at the Gymnasium with distinction. Finally it came to her admission to hospital:

Thus her situation at home naturally became untenable. After numerous severe disturbances she was brought to Switzerland about a year ago, first to a sanatorium. The doctor there however was no match for her frankly demonic moods and contrary behaviour. She drove everyone there to despair. Finally, the private clinic could no longer cope and she was brought to us here at the asylum.

(Letter, 25.9.1905)

This passage is not quite correct. Referring to the same point, the statement in the hospital records reads: 'Has been 1 month in Interlaken with Dr Heller. Very dissatisfied there. Nothing had been done. She should have gone to Monakov.⁵ But M. did not take her because she was too disturbed'.⁶ Finally, after extreme behaviour at the Hôtel en Ville, she was brought to the Burghölzli in the late evening of 17.8.1904 with a diagnosis of hysteria backed by a report from Dr B.

Condition on entry and progress during hospitalization

(I will collect together otherwise separate extracts according to their meaning and present them here in a connected way since, on the one hand there is no real account of her condition on admission and, on the other, as was customary at that time, the symptomatology is descriptive and, in particular, was not organized according to symptom categories, for example following the AMDP⁷ as it would be today. After that the treatment will be discussed in detail; see below.)

Disturbances of consciousness and orientation were not in evidence. Spasmodic disturbances in concentration (in the context of her 'depressive mood swings'; see below). Most prominent are the patient's compulsions which seem closely linked to her tics. 'When she saw a disturbed patient being forcibly moved to another ward, she immediately experienced this irresistible urge' [to masturbate; author]. These disturbances are also described in the correspondence: '... it is characteristic of your daughter's nervous disposition that she links all kinds of pathological obsessional fantasies with your person' (23 May 1905) and in the report to Freud already mentioned: 'As soon as she was alone, she was plagued by obsessional fantasies, for example she would imagine all kinds of torments; the same thing happened in her dreams too ...' A true symptomatology of psychosis is not present. The illusions described in the following passages seem pathologically bizarre, but there is no suggestion that she believed that her experience was real in any external sense. 'She once said that she had two heads, and her body felt foreign to her [...] She felt as if someone were pressing in upon her, as though something were creeping around in her bed, something human. (What?) She also felt as if someone were shouting in her ear. All the time she felt she was totally repulsive, like a dog or a devil. [...] Her hands felt as if they did not belong to her. [...] She felt something moving on her back like a snail, and something grasped her side like a hand [...] she laughed and said, now I can hear your voice double, I feel as if I had two heads, and that the whole of my left side were moving of its own accord'. No ego-disturbances are documented. There are pronounced disturbances of affectivity. 'The patient laughs and cries in a strangely mixed compulsive manner. [...] alternating constantly between laughter, weeping, jerking of the head; seductive glances'. Disturbances of vitality affect and depressive episodes: 'After these excesses sometimes a severe depressive reaction'.

From time to time she was unable to work, was quickly fatigued, and found no value in life. Anxiety attacks at night (frequently had to have a light at night), 'Fear of going out and of the future'. The most striking symptom was the tics. From the day of her admission and persisting throughout practically the whole of her stay at the hospital: twitching of the legs, sticking out her tongue, jerky rotation of the head, grimaces, defensive gestures. There is even a question of a seizure accompanied by twitching. 'They express abhorrence and revulsion'. 'The patient also reveals many masochistic features. [...] She constantly demands that the writer inflicts pain on her, treat her badly in some way; we are never merely to ask something of her but to command it. [...] She desired this painful treatment with all her strength'. And finally in relation to her 'masturbation compulsion': 'During the act the patient wishes on herself all manner of torments; she pictures these as vividly as possible, in particular being beaten on her bare bottom, and, in order to increase her arousal, she imagines that it is taking place in front of a large audience'. In addition many physical complaints: 'Stabbing pains here and there, in the limbs, chest and head', painful hypersensitivity in the feet and hands, abasia, and headaches.

In several passages she is described as very 'sensitive': 'At the slightest sign of lack of respect or trust she immediately retaliates with very negativistic behaviour and a succession of greater or lesser devilish tricks'. This striking, partly infantile behaviour is given much space in the patient's records. There is no lack of description of various kinds of challenging opposition. Jung writes further on the subject in his report to Freud: 'There is a certain callousness and unreasonableness in her character, and she lacks any feeling for situation and for external propriety: but much of this must naturally be put down to Russian peculiarities'.

After an evaluation of the available material, and in accordance with the concept as it was understood at the time, the diagnosis would be correctly given as hysteria.⁸

The therapy

'By using your method I have analysed the affliction fairly thoroughly and with considerable success, even at the outset'. This statement of Jung's in his report to Freud of 25 September 1905 is eminently significant. It indicates together with other material that Sabina Spielrein was the first patient on whom he practised Freudian psychoanalysis. As I shall show in more detail below, all hysterical patients admitted to the hospital before this date were treated, if at all, by hypnosis.

In relation to Jung's statement, however, a reading of the hospital records proves rather disappointing. The notes give hardly any indication of the 'method'.

The detail: 'Patient is extremely sensitive, especially with regard to any stimulation. Strict bed-rest therefore. No books, no conversation, no visitors.

A doctor visits only once a day. The nurse goes into her room only once an hour for five minutes. [...] Yesterday the medical assistant forbade her to leave her bed, whereupon the patient made a point of getting up, and declared energetically that she would never obey, that she never wanted to get well, and that she would behave badly. On being suitably coaxed by the writer she returned to bed perfectly calmly'. In addition she was periodically forbidden to write to her mother, and later to her father. Promises were extracted from her to behave sensibly. She was forcibly put to bed. By means of these 'therapeutic' methods attempts were made in the first two months of her hospitalization to gain control of the patient's 'tricksterish behaviour', over which her caretakers in Interlaken had despaired. In the course of events the patient 'calmed down' to such an extent that the use of such force was given up, not least because it was recognized that the direct use of force, threats and disciplinary measures led to an accentuation of the symptoms which had their roots in childhood traumas connected with her parents' violence. Other methods, in the sense of behavioural and occupational therapy, are being tried out just a month after admission: 'We have now happily succeeded in stimulating Miss Spielrein's interest in scientific pursuits, so that she can be distracted for hours at a time from her pathological obsessions' (Correspondence, 26 September 1904). She was evidently admitted to lectures at the Clinic (cf. Hospital Records, entry for 4.11.1904), and later worked in the anatomy laboratory and took part in association experiments.⁹ Even after her discharge the family were recommended to release their daughter from family duties of any kind and to help her to avoid contact with her brother who was then in Zürich.

From the physical point of view reference is made in two passages to the treatment of severe headaches: on one occasion, when it is accompanied by tachycardia, with morphine, on the other with 'compresses'.

At the beginning there was no question of cooperation from the patient. Massive resistances were in place: 'It takes a powerful battle to entice pat. to make this confession. [...] Every conversation with her aimed at obtaining information is like walking on eggshells'. When from time to time there was talk in these discussions of her parents' chastisements, she reacted violently. Jung notes in one passage: 'At this point numerous tics, grimaces and gestures of abhorrence'. As early as her second day in hospital Jung established a connection between the appearance of these disturbances and the trauma of parental violence hidden behind them. In the entry of 10 October 1904 he writes further: 'The chastisements form the central complex'. The direct axis to the early childhood sexual trauma remained hidden from him however till the end of November when the patient '... spontaneously admitted to masturbating'. There had been no lack of previous indications that the chastisements, as Jung formulated in his report to Freud in 1905, '... had unfortunately become associated with the patient's premature and now highly developed sexual awareness'. Thus it was a question of 'modesty' originating in her

childhood; from the 'peak moment' in the chastisements when her father was a 'man'. 'He still occasionally makes indecent remarks'. Even in relation to the Interlaken drawing (see p. 23 of this issue) Jung writes on 10 October 1904: '... it shows Dr Heller giving pat. electrical treatment. The position is a remarkably sexual one'. When the patient was finally able to talk about her masturbation compulsion, Jung recognized the roots of her symptoms: 'Basically all her gestures of revulsion and her negative behaviour can be traced back to this complex [sexual association to the physical trauma; present author]. She sees herself as a thoroughly bad and corrupted person, and for that reason she simply assumes that she should not be allowed to be in the company of other people'. It seems highly astonishing to me that incest was never brought into the discussion, either by Jung, or later by Freud. Freud writes to Jung (27 October 1906): 'Infantile fixation of the libido on the father – the typical choice of object; anal auto-erotism'. In his lecture of 1907 Jung accepted this interpretation. It emerges from the hospital records that, as the patient slowly improved, she was increasingly able to analyse her childhood traumas with Jung and to accept them as an aetiological factor; it is also clear however that it was only the introduction of the sexual components after the turn of the year 1904/5 that brought about the conclusive result.

References to the work with dreams however are very scanty. As a comparison: of the few hysterical patients, men and women, whom Jung treated in the hospital, only in two cases are analyses of dreams documented. One was published by Jung in his paper 'Association, dream and hysterical symptom' (there will be further discussion of this work below) and the other was the case mentioned in the letter to Freud of 2 January 1908.¹⁰ Only the entry of 11 November 1904 suggests possible work on 'associative material': 'She breaks off writing a letter in order to write down, with her eyes closed, all the fantasies that go through her mind. In these associations the doctors again play a central role, and her favourite pastime, numerous pranks: complex fantasy', as well as the above-mentioned dreams with masochistic content. Analyses of these associations or of the dreams are nowhere to be found in a concrete sense. It is a question of the occasional brief mention of 'the following analysis'. In the entry of 29 January 1905 (the last but three) Jung notes: 'Since the last abreaction marked improvement. Still strongly emotional and unusually powerful expressions of feeling. At every stimulation of the complex she still reacts with her back, hands, tongue and mouth, though significantly less so'. And finally in the next entry three months later, shortly after Sabina Spielrein had taken up her studies: 'In the last few weeks distinctly improved and increasingly calm. Now listens to lectures conscientiously and with interest ...'

Evidently for the final months of her hospitalization Jung gave up documenting further developments in any detail. It is therefore not clear what the nature of the subsequent treatment was. The only thing that is certain is

that she remained in treatment with Jung as an outpatient for another four years after she was discharged on 1 June 1905 as 'cured'.

I will emphasize at this point the special status which Sabina Spielrein enjoyed as a patient. For a patient to attend lectures and take part in scientific 'in-house' experiments is unique in Jung's time at the Burghölzli. The missing (or undocumented) report on the physical condition of an hysterical patient is also very striking. She certainly enjoyed medical care which was out of the ordinary. One possible reason for this was surely her personality and the transference and countertransference situation with C. G. Jung; another lies in her role as an object of the spectacular success which flattered her therapist's confidence in such a timely way, occurring as it did parallel with Jung's achieving university lectureship (17 February 1905).

In the next section I will investigate the question of what influence this successful therapy exerted on Jung and on Bleuler's clinic.

The influence on the work of C. G. Jung and on the treatment of hysterical patients at the Burghölzli Clinic

Jung writes with justification in his letter to Freud (5.10.1906): 'I am still pretty far from understanding the therapy and the genesis of hysteria because our material on hysteria is rather meagre'. That meagreness is borne out by the figures given below.

In the first thirty years after the opening of the Clinic (1870–1900) six or seven patients on average per year, men and women, were hospitalized with a diagnosis of 'hysteria'. It should be observed in this context that the diagnostic key underwent numerous changes in the assessment reports at this time, so that 'pure hysterias' were diagnosed in only a few of the years in question. Hysteria was rather subsumed variously under 'periodic, primary or secondary insanity', 'simple psychosis', 'inherited idiopathic psychosis', 'inherited and constitutional psychosis', and others, and/or it appeared as a diagnostic component of other clinical pictures, for example 'hysterical epilepsy', 'hystero-epilepsy', 'hysterical madness', 'hysteria and imbecility', etc. This confusion in terminology is to be explained not through changes in clinical directors but as reflecting accurately the uncertainty regarding the concept of hysteria at that time. It is remarkable how few patients with such a diagnosis were hospitalized compared with numbers in France as reported in publications of exponents of psychiatry there. Furthermore the figures given in the annual statistics are not exact. A precise review of the hospital records archive yielded different figures (mostly one or two more patients per year).

Newly hospitalized hysterical female patients in Jung's time at the Burghölzli

Numbers in brackets = those in treatment with Jung.

These figures require further explanation. While he was at the Burghölzli Jung moved up the hierarchical structure as far as deputy clinic director and

1900: 3 (0)	1905: 9 (3)
1901: 2 (2)	1906: 3 (0)
1902: 4 (1)	1907: 3 (0)
1903: 8 (1)	1908: 10 (2)
1904: 11 (6)	1909: 7 (0)

had therefore varying areas of responsibility. From 11 December 1900 to 31 March 1902 he was a second assistant; from 1 April 1902 to 30 September 1902 a first assistant; finally Jung went to France to the Salpêtrière (returning on 14 April 1903), and, as we shall see later, that was of great significance. After a period of voluntary status in the summer of that year, he again took up his duties as deputy to the senior until 18 April 1905. Finally from 19 April 1905 to 15 April 1909 he was effectively the senior.¹¹ This meant, among other things, that only from the spring of 1905 (as senior physician) was he authorized to care for outpatients, men and women. To put it another way: this shows that before Sabina Spielrein's admission to the Burghölzli he had had experience of treating only eight hysterical patients (apart from an unknown number during his time in France). After these introductory remarks I will now turn again to Jung's early publications.

In 1901 Prof. Bleuler commissioned Jung to carry out association experiments at the Clinic; research had been carried out in this field for some time, mostly in German psychiatry, Aschaffenburg deserving particular mention. At the same time German psychiatry was very much under the influence of the 'somatic' tendency at the end of the last century. Of course the 'psychic' tendency also had prominent representatives in Germany, for example Paul Julius Moebius. In the same year Jung was working under Bleuler on his dissertation 'On the psychology and pathology of so-called occult phenomena', which appeared in 1902. We can easily deduce from the bibliography of that work that Jung was principally orientated towards the writings of the French school which, following mesmerism, tried to approach psychologically based mental disturbances chiefly through hypnosis and suggestion. With these at first sight contradictory tasks Jung entered a field in which the opposites were far from resolved. The medical directorate of the Clinic had close links with the French school. Auguste Forel (director from 6.4.1879–15.4.1898) was on most familiar terms with Liebault and Bernheim, while later Eugen Bleuler (director from 16.4.1898–1927) was conversant with Janet (Jung himself was with Janet in 1902/1903). The 'flaw' in all this lay in the criticism that scientific criteria were not satisfactorily met by these approaches. With the help of experimental work the gap was to be bridged. The conflict was resolved: from Jung's paper 'The psychopathological significance of the association experiment' we learn:

Although there is more interest in psychology as a subject nowadays among non-psychologists than there was a few decades ago, nonetheless the relative youth of

experimental psychology does mean that in this sphere little has as yet been clarified, and there is a good deal of controversy over many aspects of the subject. [...] One wants to make psychology a creed, the other a science. Understandably these entirely divergent tendencies are in conflict with and hinder each other. [...] So long as it is a matter of dogmas and axioms, which owe their existence to the *petitio* principle, one cannot hope for clarity, for each dogma entails a certain obscurity, as is well known. We are, therefore waiting for enlightenment from experimental psychology which, it is true, is still in its infancy yet can already look back on a rich harvest from the work in this field.

(Jung 1906c, para. 863)

In short, it was most important at that time to defend the position of the French school in this 'scientific dispute'. Freud's thinking was certainly taken into account, but it had no significance in clinical psychiatry at the Burghölzli. In Jung's dissertation Freud is cited only briefly and critically. Jung himself writes in *Memories, Dreams, Reflections*:

As early as 1900 I had read Freud's *The Interpretation of Dreams*. I had laid the book aside, at the time, because I did not yet grasp it. At the age of twenty-five I lacked the experience to appreciate Freud's theories. Such experience did not come until later. In 1903 I once more took up *The Interpretation of Dreams* and discovered how it all linked up with my own ideas.

(Jung 1973, pp. 169–70)

This sequence of events is elucidated by Jung's publications. In his second paper of 1902, 'A case of hysterical stupor in a prisoner in detention' (incidentally his first case of an hysterical patient; Miss S. W. in his dissertation was not a patient) the work of Freud and Breuer receives a mere mention. He refers to the term 'hysterical conversion' as denoting the 'primary phenomenon in the genesis of hysterical symptoms' (Jung 1902, para. 298). In his next work, 'On manic mood disorder' (1903), there is no reference to Freud. In the same year 'On simulated insanity' appears. The following quotation comes from that work:

How far this [mental; present author] disposition to neutralize affects in a faulty or abnormal way coincides with hysteria is not easy to determine, but according to Freud's theory of hysteria the two are identical.

(Jung 1903, para. 318)

He contrasts Janet's position, which I will not go into in more detail here, with Freud's view. As I mentioned in my introductory remarks, Jung stayed with Janet during this year. In 1904, the year of Sabina Spielrein's admission to the Clinic, Jung published three papers: 'On hysterical misreading', 'A medical opinion on a case of simulated insanity', and, with Franz Riklin, 'The associations of normal subjects'. In this last paper there is only a brief mention of Freud, in relation to a subject who was able to complete an unconscious train of thought through 'free association'.

Let us now imagine where Jung stood at this point in time with his experimental work and his clinical experience. He had been working (together with Riklin) on his experiments for a good three years. In 1903 there followed, as Jung himself writes, his rediscovery of Freud's *Interpretation of Dreams*, through which he recognized its congruence with his own work. His early interest, as his dissertation shows, was focused on hysteria. His clinical experience of hysteria was meagre, as I showed above. His first published case was Godwina F. (hysterical stupor). Sabina Spielrein entered this situation at the Clinic in the autumn of 1904 as a very severe case of hysteria. For whatever motives, Jung began by trying out the Freudian 'method' on her. Using obviously quite useless disciplinary measures to begin with, then later working over childhood memories and related 'associative material', he reached such an improved situation in so short a time that Sabina Spielrein was able to take up her medical studies in the spring of 1905. This must have left a lasting impression on Jung. His rapprochement to Freud was strengthened by the circumstance that Sabina Spielrein's symptomatology was an expression of a sexual compulsion (with its roots in childhood trauma). Above all he found in Spielrein's symptoms confirmation of the mechanism of repression and support for the therapeutic approach resulting from it. As we know however this did not lead to an unconditional acceptance of the 'sexual trauma' postulated by Freud. Thus Jung writes in *Memories, Dreams, Reflections*:

The situation was different when it came to the content of the repression. Here I could not agree with Freud. He considered the cause of the repression to be a sexual trauma, [and that did not satisfy me].

(Jung 1973, p. 170)
[phrase in brackets is in the original German but has been omitted
from the English version; trans.]

In the Jung-Freud correspondence too, from its inception in 1906, this point remained a subject of discussion. From another point of view too the Sabina Spielrein case stood at the turning point of Jung's work. It was now a question not only of providing the French school with a scientific base, but of bringing the Freudian approach into clinical work; this began with Sabina Spielrein, and it obtained support for Freud's still very controversial views. Through the work of Auguste Forel the reputation of the Burghölzli was an outstanding one right across Europe. In these circumstances the risk of being the first clinic to clear the way for Freud's thought was considerable. This conflict, to which Eugen Bleuler as the director at that time saw himself exposed, is revealed in his (Bleuler's) ambivalent attitude to the psychoanalytic movement, as emerges in the Jung-Freud letters.

Briefly, Jung was prudent enough not to publish his spectacular case. Only in 1907, in a lecture, did Jung elucidate the fundamentals of Freud's thought by using Sabina Spielrein as an example. With good reason he was anxious not

to depart from the path of 'scientific research' on which he had embarked. However, to return now to Jung's publications.

With regard to the papers which appeared in 1905 it is important to bear in mind that these were based on the experience and work of the preceding year. In 'Cryptomnesia' Jung presents among others the case of an hysterical woman patient, who in all probability is Sabina Spielrein. It is true that the hospital records do not contain the following observation, but as I have already shown in my introduction, Sabina Spielrein was one of the few hysterical patients in treatment with Jung apart from Godwina F. (in 'A case of hysterical stupor in a prisoner in detention'). Looking through these other case notes we can only conclude that Sabina Spielrein is the patient described:

Still more drastic examples are provided by hysteria, which is nothing other than a caricature of normal psychological mechanisms. Recently I had to treat a hysterical young lady who became ill chiefly because she had been brutally beaten by her father. Once, when we were out for a walk, this lady dropped her cloak in the dust. I picked it up, and tried to get the dust off by beating it with my stick. The next moment the lady hurled herself upon me with violent defensive gestures and tore the cloak out of my hands. She said she couldn't stand the sight, it was quite unendurable to her. I at once guessed the connection and urged her to tell me the motives for her behaviour. She was nonplussed, and could only say that it was extremely unpleasant for her to see her cloak cleaned like that. These symptomatic actions, as Sigmund Freud calls them, are very common among hysterics. The explanation is simple. A feeling-toned memory complex, though not present in consciousness at the moment, motivates certain actions from its invisible seat in the unconscious just as if it were present in the conscious mind.

(Jung 1905a, para. 170)

And further:

It may be that the majority of hysterical persons are ill because they possess a mass of memories, highly charged with affect and therefore deeply rooted in the unconscious, which cannot be controlled and which tyrannize the conscious mind and will of the patient. [and para. 172]: Anyone who has read Freud's dream analyses or, better still, has done some himself, will know how the unconscious can bedevil the most innocent and decent-minded people with sexual symbols whose lewdness is positively horrifying.

(Jung 1905a, para. 176 & 172)

In 'The psychological diagnosis of facts' (1905) we find:

These [aspects of psychopathology; present author] are the principles of Sigmund Freud's ingenious psychoanalysis. Only when one has completely assimilated Freud's method is one able with any certainty to consider associations from a psycho-analytical point of view.

(Jung 1905b, para. 761)

In 'An analysis of the associations of an epileptic' (1905) Jung refers briefly to Freud's work *The Psychopathology of Everyday Life* in connection with slips of the tongue. The third paper in the series of *Studies in Word Association*,

'The reaction-time ratio in the association experiment', contains in relation to Freud merely a few elucidations of his terminology, for example 'treatment of symptoms', 'censorship' and 'repression'.

In Jung's next paper, 'Experimental observations on the faculty of memory' (1905), Freud is cited for the first time in more detail in reference to his own observations, for example linking 'forgetting' and 'not wanting to remember' with repressed experiences associated with unpleasure.

It is to the credit of Freud, and partly also of Breuer – as is probably well known – that they have amply demonstrated this fact (forgetting equated with repression) in hysterical patients. The validity of this can be doubted only by someone who has not himself tested Freudian psychoanalysis (para. 640) ... These investigations [i.e., Riklin's] fully confirm the correctness of Freud's teachings on this point (Jung 1905c, para. 657).

So far it is clear that Jung is supporting Freud's ideas with increasing enthusiasm. There is neither a direct contrast with his own work nor an incorporation of it.

In 'Psychoanalysis and research experiments' (1905) Jung now ventures to take this step. After again establishing his support for Freud's position in his introduction he comments:

I may therefore be allowed to try to open up new avenues to Freud's body of knowledge.

(Jung 1906d, para. 665)

In this paper Jung presents the case of 'Miss E'. who consulted him with a request for treatment by hypnosis on account of insomnia, inner restlessness and irritation. But:

An attempt at hypnosis was frustrated because she could not keep her eyes fixed on anything. [...] I therefore carried out the association experiment with her.

(Jung 1906d, para. 666)

He compared psychoanalysis directly with this experiment:

Just as hesitating, faulty reproduction and all the other characteristic disturbances always occur in the association experiment whenever the complex is touched on, so in the analysis difficulties always arise whenever one gets close to the complex. In order to bypass these difficulties, Freud, as is well known, induces 'free associations'. [...] In this case I carried out psychoanalysis strictly on Freud's lines.

(Jung 1906d, para. 704)

I will not discuss the case itself here. In any event the treatment had a 'happy outcome'. Jung does not neglect to point out how he differs from Freud:

I therefore put the emphasis on arousing and strengthening of the will and not on mere 'abreacting', as Freud originally did. [...] It therefore gives me great satisfaction

to draw attention to Freud's theories – at the risk of also becoming a victim of persistent amnesia.

(Jung 1906d, paras. 725 & 726)

Finally in 1906, in 'Association, dream and hysterical symptom', his seventh paper in this series, Jung goes a step further. This is the case of Mrs S., whose hospitalization of barely three months was unsuccessful. Here Jung compares not 'free association' but the analysis of a series of dreams with his association experiment, in order finally 'to apply our knowledge of the form and content of the sexual complex, gained in the two previous chapters, to the symptoms of the illness' (Jung 1906b, para. 845). As has already been mentioned, Jung emphasizes:

The interferences that the complex causes in the association experiment are none other than resistances in psychoanalysis, as described by Freud.

(Jung 1906b, para. 859)

So much for the significance of the Sabina Spielrein case in relation to Jung's attitude to Freud's ideas as it is expressed in his publications. Now it remains to answer the question of how far this experience had an impact on the treatment of hysterical patients from the point of view of the management of the Clinic. In that connection I should like to refer to my introductory remarks at the beginning of this section. There I drew attention to the connection of the Burghölzli with the French school. The hospital records made during Forel's time at the Clinic are very rudimentary. Thus only the odd reference to hypnosis is found in them. Eugen Bleuler laid down firm guidelines for organizing hospital records clearly. The first hysterical patient (presented as Miss E. in Jung's dissertation as a case of sleep-walking) to be admitted to the hospital (17.9–14.11.1898) after Bleuler took charge as director of the clinic had already been treated by means of hypnosis. Two quotations from the hospital records make this clear. In the entry of 26.10 we read:

'Treated with hypnosis since 22.10; after the first hypnosis slept the whole night, still well since then, headache quite mild' [and on 7.11]: 'Through daily hypnosis the headache has consistently decreased'.

Let it be mentioned at this point that with Miss E., as with most other cases, but in contrast to Sabina Spielrein, a detailed account of the patient's physical condition is given (see also Jung's dissertation, p. 6). The relatively small number of hospitalized hysterical patients, men and women, now allows us to follow the treatment they received.

Of the total of twenty-eight male and female patients with the diagnosis of hysteria who were hospitalized from the time when Jung took up his post there up to the admission of Sabina Spielrein, nine were evidently treated by means of hypnosis (according to the records). The small number of documented attempts at treatment is explained partly by the fact that in some individual

cases their stay in hospital lasted only a few days, and partly because once the association experiments began in 1901 a new approach was found. It is important to note that in not a single case are 'free association' or dream analyses recorded. I examined Sabina Spielrein's hospital records in detail in the previous section. After her admission mention is made in only one set of records (up to April 1909 when Jung left his post) of hypnosis being used as a treatment. It is quite another matter with reports of the 'Freudian method'. From the spring of 1905 mention is made at first sporadically, and then frequently, of dreams and their analyses, and indeed not only with the few patients treated by Jung (among them being the two cases Jung published in his writings). With his first and impressive success following the 'Freudian method' Jung had effected the introduction of Freud's thought into the practice of the Clinic. It is understandable therefore, even if we reject Carotenuto's interpretation of the later relationship between Jung and Spielrein, that Jung writes in his letter of 4 June 1909: 'She was my psychoanalytic test-case as it were, and for that reason I hold her in special gratitude and affection'.

Summary

Treatment by hypnosis, as it was practised at the Burghölzli Psychiatric Clinic first under Prof. A. Forel from 1880, had its origins in the French school (Liébault and Bernheim, in Nancy; Janet, at the Salpêtrière in Paris). Hypnosis was vulnerable to the criticisms resulting from the conflict between the 'somatics' and the 'psychics' which had been levelled at it for almost a hundred years. The aim of the association experiments carried out by Jung from 1901 under the aegis of Prof. E. Bleuler was not least to be able to meet the criticism of a lack of scientific foundation. In the course of the association experiments Jung discovered the congruence between his observations of the complexes of hysterical female patients and the dynamics of the genesis of hysteria as postulated by Freud.

After a long history of illness and an intervening hospitalization in Interlaken in the summer of 1904 Sabina Spielrein (1885–1942; later the well-known Russian psychoanalyst) entered the Burghölzli Clinic. She was suffering from a severe form of hysteria with manifold symptoms. C. G. Jung takes on the patient's treatment in his capacity as deputy to the senior physician. Jung, who has little experience of hysterical patients at his disposal, put himself to the test with Sabina Spielrein by using the Freudian 'method' for the first time. The result is decisive. Within less than six months the patient is free of her symptoms to the extent that she can take up the study of medicine in the spring of 1905. This highly impressive success was not without consequences for Jung's work.

Before Sabina Spielrein's admission, Freud was certainly acknowledged at the Burghölzli, but he exerted no influence there. Evidence for this is found particularly in Jung's publications before 1905, in which, if Freud is mentioned

at all, it is only briefly and critically. After the 'Spielrein experience' Jung began to support Freud with increasing enthusiasm in his writings, and by that means secured an entry for his ideas into clinical psychiatry. Sabina Spielrein therefore stands at the beginning of the Jung-Freud relationship; she provided a key-experience at a turning-point not only for Jung but for the whole Clinic – as 'a psychoanalytic test-case so to speak' (Jung to Freud, 4.6.1909).

Notes

1. This entry is obviously incorrect as the further anamnesis below shows.
2. By a decree of the Czar the admission of Jewish students to the universities in Russia was restricted. This led to a mass exodus of the Jewish intelligentsia (and of anti-czarist political activists). According to the student records at the turn of the century, Zürich provided a haven for a veritable Russian colony at that time.
3. This document is remarkable from several points of view and justifies the following extensive comment:

The date 25.9.1905: the first documented record of contact between Jung and Freud is Freud's response, dated 11.4.1906, to Jung's sending him his *Studies in Word Association* (McGuire 1974). This newly discovered document is consequently to be considered as Jung's first documented attempt to get in touch with Freud. One would assume that a referral to Freud of all people would be significantly supported by the fact that the patient was being treated according to his 'method'. The fact however that the letter was written on official note-paper and nearly four months after her discharge from the Clinic, that is at a time when Sabina Spielrein had long been a private out-patient of Jung's, gives rise to the supposition that Jung was seeking to make contact with Freud (the use of the official clinic letterhead for correspondence regarding private patients is incidentally unique among the documents signed by Jung which have been preserved. At this time Jung held the position of deputy to Prof. Bleuler in his absence). It is also possible that Jung was acceding to the mother's wish, although he calls his letter a 'report'. From another point of view, the phenomenon of transference was not new (the mother wanted to withdraw her daughter from treatment because she had had the 'misfortune' to fall in love with her therapist). On the one hand he reports in his paper 'Association, dream and hysterical symptom' (1906) on a patient who had fallen in love with him and mentions Miss L. (another patient in the hospital) with similar emotional disturbances. A reading of these two patients' records dates the events to the spring/summer of 1905. On the other hand, Sabina Spielrein's records document her repeatedly 'falling in love' with at least two doctors (one an uncle and the other the assistant at the Heller Sanatorium). It is to say the least unusual to produce a 'report for use if the occasion arises' which contains detailed information on the patient's pathology and is finally 'handed over to Mrs Spielrein'. In the event the patient's treatment was not taken over by Freud. Sabina Spielrein stayed in Zürich and in treatment with Jung. The original of this document remained in the keeping of the Spielrein family. Sabina Spielrein quoted from it in her letter to Freud of 10.6.1909 (Carotenuto 1986, p.100).

4. Sabina Spielrein's 'foot' is interesting from several points of view. As we know from the Jung-Freud correspondence, and also from a lecture of Jung's in 1907, Sabina Spielrein used her foot to inhibit her defaecation in the context of her 'infantile perversion' (anal erotism, according to Freud). A quotation from Jung's lecture runs thus: 'The earliest symptoms occur between the third and fourth years of life. At that time the patient began to withhold her stool for as long as she could until she was forced by the pain to defaecate. Gradually she began to employ a supporting

procedure: she crouched in a squatting position on the heel of one foot and tried to defaecate in this position, while at the same time blocking her anus with her heel. She continued with this perverse practice until her seventh year' (Carotenuto). The 'painful foot' emerged again in 1911. From the letter from Jung to Spielrein (probably 21/22.9.1911) it appears that because of a 'painful foot' Sabina Spielrein was unable to attend the Weimar Congress (Carotenuto 1982, p. 182; cf. also Jung's interpretation of this phenomenon (1908, para. 53)). In 1913 Sabina Spielrein herself published a paper with the title 'Self-gratification in foot-symbolism' (cf. Sabina Spielrein, 'Collected Writings').

5. Constantin von Monakov, a Russian émigré. Came to Zürich in 1866. Studied medicine. Assistant at the Burghölzli under Prof. Hitzig. Qualified as university lecturer in neurology at the University of Zürich. In addition to his epoch-making work in the field of brain anatomy, he ran a private clinic with 10–12 patients.

6. No transfer document either from the Heller Sanatorium or from Prof. Monakov has been discovered to date. The sanatorium report on Spielrein's one-month hospitalization in 1904, which Jung asked for in his letter of 18.8.1904, has not been preserved.

7. Association for Methodology and Documentation in Psychiatry.

8. In his 1907 lecture in Amsterdam Jung speaks of a 'case of *psychotic* hysteria', which one can accept as being in accordance with the symptomatology described in the hospital records. In the diagnostic key as it then stood at the Clinic, this finer distinction did not exist; that explains the absence of the word 'psychotic' from the cover-sheet of the hospital records.

9. There is no reference in the hospital records to Sabina Spielrein's having undergone an association test herself. It is nevertheless hardly likely that among the few hysterical patients who were in the hospital at that time she alone would be left out in this respect. We learn from the entry of 29.1.1905: 'She recently tried associations with acquaintances and on this occasion it was shown that she could not say her complex trigger-word "to beat". So she omitted it during the experiment'.

10. 'At the moment I am treating another case of severe hysteria with twilight states. It's going well. She is a twenty-six-year-old student. The case is an uncommonly interesting one. I work almost exclusively with dream analyses, the other sources being too scanty. The transference dreams started very early in the most miraculous way, many of them are of somnambulistic clarity' (Jung to Freud, 2.1.1908, in McGuire 1974). I shall try to publish this case at a later date.

11. On 7.3.1909, with an accompanying letter from Prof. Bleuler, Jung tenders his resignation from the Clinic on the grounds 'that I should like to devote myself more than previously to "scientific pursuits"'. In order to be able to do further work on his experiments, he asks in the same letter to retain his position as a voluntary doctor. Three days later on 10 March 1909 these requests were granted by a motion of the directorate of the health authority through the executive body. Shortly before this Jung had approached the executive body with the request, accompanied by a letter from Bleuler, to be released from his duties as deputy to the senior physician in the clinical sector and instead to take over the running of the research laboratory. The request was granted subject to a few conditions. (Source: state Archive of the Canton of Zürich). What is most interesting about this application for resignation is its date. On the same day Jung wrote a letter to Freud in which his resignation is not mentioned. The main subject of that letter is Sabina Spielrein (McGuire 1974).

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