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## Freud and Science<sup>1</sup>

### Keywords

Jean-Martin Charcot, epistemological break, Sigmund Freud, philosophy of science, psychoanalysis, repetition

### Abstract

This article is a translation of Jacques Nassif’s 1968 article “Freud et la science,” which appeared in *Cahiers pour l’Analyse*. Nassif assesses the compatibility of the psychoanalytic theory of repetition with the concept of the epistemological break. If epistemological breaks are ruptures with the past, then how does that apply in the case of psychoanalysis as both a general science and a clinical practice? As Nassif notes, the concept of repetition is fundamental to both registers of psychoanalysis: as a behavior outside the clinic and as an instrumental phenomenon within the clinic. Given the fundamentality of repetition, what is the status of the break in the field and function of psychoanalysis? Nassif’s answer is that psychoanalysis breaks with the past by virtue of a repetition of a previous series of breaks in the psychological sciences. This series of breaks appears across the works of Jean-Martin Charcot, John Hughlings Jackson, Hippolyte Bernheim, and Josef Breuer. After a close-reading of Freud’s engagement with Charcot’s work, an examination of his tutelage under Charcot, and an assessment of the novelty of Charcot’s methods and theories, Nassif suggests that epistemological breaks imply a subsequent “repetition of the break” [*répétition de coupure*]. However, how Freud makes his own inaugural break through the repetition of a previous series of breaks remains to be elucidated. Nassif’s article thus attempts to “repeat” the origins of psychoanalysis, and to shed light on the applicability of the notion of the epistemological break in contested “sciences,” like Marxism and psychoanalysis. The article ends with a note

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<sup>1</sup> [This article was originally published in volume 9 of the *Cahiers pour l’Analyse* in 1968. Translations, facsimiles, synopses, and materials related to the journal are hosted on the web archive: <http://cahiers.kingston.ac.uk/>. The web archive was created by researchers at the Centre for Research in Modern European Philosophy (CRMEP). The editors would like to thank the author for granting permission to publish this translation. All bracketed notes are the translator’s.]

that a sequel is to follow. Nassif later incorporated the material from this article into his major 1977 book *Freud, l'inconscient*.

## Freud in znanost

### Ključne besede

Jean-Martin Charcot, epistemološki prelom, Sigmund Freud, filozofija znanosti, psihoanaliza, ponavljanje

### Povzetek

To besedilo je prevod članka Jacquesa Nassifa »Freud et la science«, ki je bil leta 1968 objavljen v *Cahiers pour l'Analyse*. Avtor v njem preučuje združljivost psihoanalitične teorije ponavljanja s konceptom epistemološkega preloma. Če so epistemološki prelomi prekinitve s preteklostjo, kako torej to velja za psihoanalizo kot znanost in kot klinično prakso? Kot poudarja Nassif, je pojem ponavljanja temeljnega pomena za oba registra psihoanalize: kot vedênje zunaj klinike in kot instrumentalni pojav znotraj nje. Kakšen je, upošteva temeljni značaj ponavljanja, status preloma v polju in funkciji psihoanalize? Nassifov odgovor je, da psihoanaliza s preteklostjo prelamlja na način, da ponovi predhodno serijo prelomov v psiholoških znanostih. Ta serija prelomov se pojavi v delih Jean-Martina Charcota, Johna Hughlingsa Jacksona, Hippolyta Bernheima in Josefa Breuerja. Po natančnem branju Freudovega ukvarjanja s Charcotovim delom, pregledu njegovega izobraževanja pri Charcotu in ovrednotenju novosti Charcotovih metod in teorij Nassif ugotavlja, da epistemološki prelomi implicirajo kasnejšo »ponovitev preloma« [répétition de coupure]. Odprto pa pri tem ostaja vprašanje, kako Freud izvede svoj lastni izhodiščni prelom prek ponovitve predhodne serije prelomov. Nassifov članek zato poskuša »ponoviti« izvor psihoanalize in osvetliti uporabnost pojma epistemološkega preloma v spornih »znanostih«, kot sta marksizem in psihoanaliza. Članek se zaključí z opombo, da bo sledilo nadaljevanje. Nassif je pozneje gradivo iz tega članka vključil v svoje osrednje delo *Freud, l'inconscient* (1977).

We only have a sieve. We do not yet have a granary to store our flour; and, it's quite possible that our wheat will continue to grow for a long time, wildly and in foreign soil.

It is better to speak in parables when pointing out a lack, which for psychoanalysis is an epistemology that would allow it to be designated as "science," thereby subjecting this very concept to the distortion implied by the psychoanalyst's practice and the domain it occupies: that of the unconscious.

But the situation is different, and far from this lack being a cause for concern, it is rather to the proponents of this discipline—deemed marginal—that one will calmly pose these seemingly simple questions: What is your science? Who are its scholars? However, being unable to refer to an institution which is, after all, still only one where doctors work, the only answer that will not be caught in their ideology is the one that consists of referring to the texts of its founder, where a science is still waiting to be formulated; and this task becomes increasingly urgent, because its rejection by almost the entire medical profession has not prevented it from reappearing in the real in the form of psychological ideology, stamped with the most suspicious concepts: those of "frustration" and "understanding," "adaptation," and "aptitude" . . .

It seems, in fact, that the most immediate characteristic of sciences like psychoanalysis or Marxism is their inability to enter the realm of the real until they are relegated to the symbolic; the mere writing of a theoretical text addressed to the consensus of scholars is no longer sufficient to confer upon them the criteria of "objectivity" or "universality," terms which, for these fields, are already part of that ideology of ideologies that constitutes the project of establishing a "universe of discourse."

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In this regard, one must acknowledge Freud's astonishment and impatience, expressed in the postscript to Chapter I of *The Interpretation of Dreams*, written in 1909, where he justifies not updating his review of the dream literature, which was already nearly exhaustive in 1900:

For the intervening nine years have produced nothing new or valuable in either factual material or in opinions that might throw light on the subject. In the majority of publications that have appeared during the interval my work has remained

unmentioned and unconsidered. It has, of course, received least attention from those engaged in what is called “research” into dreams, and who have provided a shining example of the repugnance to learning anything new which is characteristic of men of science. In the ironical words of Anatole France, “*les savants ne sont pas curieux.*”<sup>2</sup>

Certainly, but they at least have the duty (and they may have failed in it) to keep abreast of something that will never fundamentally be “new” to them, since they cannot shake off (especially in the field of logic) the impression that, before any “discovery,” there was always a “subject supposed to know” that it already existed, but which will only be the “old” reformulated more generally and allowing for the interpretation of a greater number of facts.

And it is precisely to the extent that the concept of science thus structures knowledge that a science like psychoanalysis cannot find its place there, inasmuch as its practice simultaneously consists of instituting a “subject supposed to know” in the transference and leading the patient to recognize that this does not exist. This means that its theoretical space lies entirely within that of a break, that of a “psychoanalytic act,”<sup>3</sup> from which there is precisely no accumulation of knowledge, but a necessity to repeat what instituted psychoanalysis as a science, namely the break itself.

Now, if we are to believe the most well-established theses in the history of science, an “epistemological break” is defined by the points of no return from which that science begins, that is, by the fact that it excludes repetition, that it does not need to be repeated, that it occurs only once. But what must be clearly understood is that this non-repetition, in the domain of the physical sciences themselves, is purely descriptive and by no means normative,<sup>4</sup> and that

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<sup>2</sup> Sigmund Freud, “The Interpretation of Dreams,” in *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, ed. James Strachey (London: Hogarth Press, 1953–74), 4:93. [French in original.]

<sup>3</sup> The title of Lacan’s seminar at the E.N.S. for the academic year 1967–68. [Now published as the fifteenth book of Lacan’s *Séminaire: Jacques Lacan, L’acte psychanalytique* (Paris: Seuil, 2025).]

<sup>4</sup> Here, we want to discuss the discourse *of* science, and we assume it would still be possible to distinguish it from a discourse *about* science in the style of Wittgenstein.

therefore, any connotation implying a founding subject must be erased from this term “break,” even if one claims to disregard proper names.

Thus, it is in no way possible to import this concept from the history of science into the fields established by Marxism or psychoanalysis, in order to found the scientificity of these sciences, even if “after” Marx and Freud “one can no longer think in the same way” about the objects “History” and “Fantasy.” [This] for the simple reasons that it is by no means evident at the level of facts (of institution) and that the battle is far from won at the level of effects (of regression); otherwise, one does not see what would prevent taking the “break” literally, and imperturbably supposing that, ideology being the mother, science is nothing other than the permitted woman, or *vice versa* just as well . . .

Psychoanalysis, from which we should have been more attuned to the fetishism of words, precisely offers us the term “act” to denote the paradox of a recurring break, and it is to the task of starting anew that it calls us. However, far from turning the “return to Freud” into an “equivocal, intrinsically ideological” endeavor that might indeed yield “scientific effects” but whose purpose would be “its own suppression,”<sup>5</sup> this movement of rereading—or even simply reading, given how many texts still feel fresh—which undoubtedly had a polemical dimension, primarily serves as an act. This is because every psychoanalysis inherently involves a (quasi-theoretical) reevaluation of all Freudian concepts, and every reading of Freud should be understood as an enactment of these concepts upon the very text they construct.

In other words, these concepts possess a unique scientific status, having been mostly imported from related fields—or even from the “leading science” of the time, namely thermodynamics (!)—often functioning as metaphors, their precise meaning impossible to pin down, all bearing the stamp of arbitrariness and thus, throughout the texts, shifting from one meaning to its opposite: a strange science indeed!

However, we would like to show that these concepts, which are indistinguishable from those of classical psychiatry, neurology, or Herbartian psychology, nonetheless form a system, in the very precise sense that they functioned as a

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<sup>5</sup> See Michel Tort, “Freud et la philosophie,” *L'Arc* 34 (1968): 111–12.

“sieve” that allowed Freud to sift through the science of his time and steer it towards a specific practice.

Yet, this process unfolded unbeknownst to Freud himself, convinced as he was, until the end of his life, of the cumulative nature of Science and the assimilability of psychoanalysis: a “cornerstone,” perhaps rejected, but a building block, nonetheless.

Continuing with our metaphors, which are of a different kind, it is this illusion that we wish to expose as the “attic illusion,” by showing that all of Freud’s efforts to “store away” psychoanalysis were, in fact, meant to conceal from himself this “sieve” function, which it may not be ready to relinquish.

And perhaps the most compelling example would be that of dreams and the book he dedicated to them, considering it, until the very end, his most significant and robust work. However, while Freud genuinely did everything to ensure its content would be accepted by the scientific community as a mere contribution to a problem previously left unsolved, there is no doubt that this text stands apart, if only by its necessarily autobiographical bent, from the style of theoretical communications he begins by extensively quoting.

We now know that this book was practically negotiated page-by-page with Fliess, whose influence on its final form was considerable, since he obliged Freud to omit the analysis of an important and even central dream, in which Fliess himself was directly involved. We also know that its material was ready, according to Freud himself, as early as 1896, and we can confirm this by reading the *Project for a Scientific Psychology*. If its writing and publication waited so long, it is precisely because Fliess was, understandably, incapable of handling the “transference,” materialized, so to speak, in the sending of these book-leaves to Berlin, to the extent that Fliess himself dreamed of seeing it finished, and Freud himself marveled at this.<sup>6</sup>

But it was precisely this aspect, which is far from negligible for us, that had to be completely effaced without a trace; and it is for this very purpose that “Chapter I,” dealing with the literature on dreams, was intended: a chapter that “had

<sup>6</sup> See Sigmund Freud, “Extracts from the Fliess Papers,” in *Standard Edition*, 1:274.

always been a bugbear” and was only completed in June 1899, thus last.<sup>7</sup> Now, it will come as no surprise that this chapter subtly contains what could legitimately be called a “theory of the break,” as this passage can immediately convince us:

It is difficult to write a history of the scientific study of the problems of dreams because, however valuable that study may have been at a few points, no line of advance in any particular direction can be traced. No foundation has been laid of secure findings upon which a later investigator might build; but each new writer examines the same problems afresh and begins again, as it were, from the beginning.<sup>8</sup>

Is it different after Freud? One would be tempted, taking this text literally, to express doubts, since every individual who enters psychoanalysis is indeed forced “to examine the same problems firsthand and to start again from the beginning.” There is, of course, the distinction between “latent content” and “manifest content,” the theory of the “dream as guardian of sleep” (which can be said to have been verified retrospectively thanks to electroencephalography), the concepts of “condensation” and “displacement,” perhaps also the concept of “regression,” which are part of the scientific achievements that no “scholar” could dispute; yet the very heart of Freudian theory, namely that “the dream is the fulfillment of a wish,” remains a theoretical assertion impossible to record by a science whose knowledge would be structured on a cumulative model.

It should then be remembered that the dream is not an autonomous object that could be the subject of some “Science of Dreams” and that Freudian research has, in fact, constituted only a “detour,” the dream being, to put it simply, “the first member of a class of abnormal psychic phenomena” and having “the theoretical value of a paradigm,” the correlation being moreover so close that “anyone who has failed to explain the origin of dream-images can scarcely hope to understand phobias, obsessions or delusions, or to bring a therapeutic influence to bear on them.”<sup>9</sup>

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<sup>7</sup> James Strachey, “Editor’s Note,” in Freud, “Interpretation of Dreams,” 4:xix–xx.

<sup>8</sup> Freud, “Interpretation of Dreams,” 4:5.

<sup>9</sup> Freud, 4:xxiii.

Yet if it is indeed on the correlation between dream and symptom that Freud, in the reality of his practice, focused his theoretical effort, the book constantly shows us only one panel of the diptych and can therefore produce only an empty model, as Freud admits at the end:

It is only by reference to these sexual forces that we can close the gaps that are still patent in the theory of repression. I will leave it an open question whether these sexual and infantile factors are equally required in the theory of dreams. I will leave that theory incomplete at this point, since I have already gone a step beyond what can be demonstrated in assuming that dream-wishes are invariably derived from the unconscious.<sup>10</sup>

Much could be said about this admission of incompleteness, or this feeling of going beyond what is demonstrable, for here we truly have the surest criteria for moving into another domain; this is also what gives this book its constantly ambiguous character, as it purports, on the one hand, to theorize an object, albeit one it posits as a paradigm, and on the other hand, still conceives the status of the demonstrable in terms of those authors who do nothing other than align contradictory theses on the dream from which we learn nothing new.

For us to learn something new, one must first have changed location, and this is what Freud did from his return from Paris in 1886 until the invention of the term “psychoanalysis” in 1896. He subsequently tried to distance himself, in the form of a theoretical production, capable of justifying a certain number of practical decisions, which gave us *The Interpretation of Dreams*. And finally, we would like to show how the dream became the center of the web or the knot from which the braided threads of the “sieve” were likely to hold, a knot that had to be tied or known how to untie [*noeud qu’il fallait pouvoir nouer ou savoir dénouer*].

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As for the “break,” if one can use that word in psychoanalysis, it can only designate the end of Freud’s dependent relationship with Fliess once the work was completed. This means that far from attributing this act of rupture to a scholar’s decision, we must, in this domain, derive it from a patient’s demand. Anna O. compelled Breuer to listen to her speak; Emmy von N. compelled Freud to

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<sup>10</sup> Freud, 5:606.

abandon hypnosis and take an interest in dreams; Elizabeth von R. compelled Freud to listen to her without interrupting; *et cetera*.

Nevertheless, these decisions wrested from the physician were endorsed by the theoretician. Indeed, over the ten years we have isolated, we will have to follow the process that led to the birth of an institution, and which can be said to be punctuated, in the form of repetition, through Freud, by “breaks” made in other fields that delineate the unitary form of knowledge. In the repetition of the various breaks that we will isolate, psychoanalytic theory was rendered possible, [a theory] that we can, in the final analysis, very precisely designate as a “theory of medical ideology.” However, while it is quite remarkable that these various repetitions could pass through the sole proper name of Freud, it is no coincidence that these “breaks” can all be designated by the names of his masters: Charcot, Jackson, Bernheim, Breuer.<sup>11</sup>

This presentation, in any case, does not aim to establish real historical connections. The population of “discursive events” forms a whole that is undoubtedly more complex. It is, for example, urgent to trace the origin of most Freudian concepts to measure the distortion they undergo once integrated into his system. Now, there is no longer any doubt that they are most often drawn from Herbartian psychology, stripped of its philosophical content and established as an empirical science tinged with associationism. This indeed formed the reference framework for several researchers on the anatomy and physiology of the nervous system during the speculative part of this research called “mythology of the brain,” to such an extent that its functioning could only be structured according to the image of psychological processes given by Herbartian psychology. It is now known that it penetrated through textbooks into the Austro-Hungarian school system and that, for example, in the gymnasium where Freud studied, its teaching had become quasi-official, so that any discussion between psychologists, psychiatrists, neurologists, or educators could only be conducted in Herbartian terms. Most of these terms are present in Lindner’s manual that Freud had in his hands; this manual, according to O. Andersson, whose research is worth quoting, presents

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<sup>11</sup> [Nassif takes up each of these figures in his monograph *Freud, l'inconscient* (Paris: Flammarion, 1977). In the present text, he only discusses the Freudian system in relation to Charcot.]

the conception of psychic phenomena as manifestations of a “*Vorstellungsmechanik*,” a dynamic interaction of ideas. Various phases of this were referred to under the Herbartian terms: “*Klarheitsgrad, Hemmung, Verdunkelung, Komplikation, Verschmelzung, Modifikation, Aperception, Aufmerksamkeit, Reproduktion*.” The dynamic character of this conception of mental life is especially apparent in the use of a series of metaphors related to the Herbartian notion of a “*Schwelle des Bewusstseins*.” In relation to this threshold, the interplay of ideas was pictured as “*Herabdrückung, Verdrängung oder Sinken der Vorstellungen unter die Schwelle des Bewusstseins*,” and “*Aufsteigen der Vorstellungen über die Schwelle des Bewusstseins*,” with or without “*Reproduktionshilfen*” or “*Widerstand*” from the more or less integrated “*Vorstellungsmassen*” present there.<sup>12</sup>

It is indeed towards this physics of representations that Freudian conceptualization points us, at its most theoretical. But we should also consider how the concepts of thermodynamics—which, in Freud’s time, was the equivalent of what linguistics is for the “human sciences” today—integrated into the Herbartian model, filling this purely descriptive dynamic with a characterization of the underlying mental force.

But here, we can only formulate hypotheses, pointing to directions for research. Indeed, we must still position ourselves within Freud’s texts, making them function as a sieve for wheat grown on land they did not sow, and starting from the premise that they cannot be reinscribed into the field of discursive events that gave rise to them, as long as the scope of the event they represent has not been taken into account, thereby calling into question the very form of knowledge itself.<sup>13</sup>

<sup>12</sup> Ola Andersson, *Studies in the Prehistory of Psychoanalysis* (Scandinavian University Press: Norstedts, 1962), 13; and our note in *Critique* of February 1968. [This issue of *Critique* was inaccessible at the time of translation.]

<sup>13</sup> We will complete this study in parts bearing on: Jackson and the concept of the unconscious; Bernheim and the concept of “psychic treatment;” and Breuer and the concept of economy. The text that we present on Charcot and the concept of neurosis is exemplary of the method adopted, which permits a glimpse of the reasons that we attach a proper name to each of these concepts. To conclude, we will endeavor to elucidate the links that connect these proper names to one another, on the one hand, and to the general form of knowledge, on the other hand. [This provides an overview of what will be the organization of the later *Freud, l’inconscient* (1977).]

## Charcot and the Concept of Neurosis

It is impossible to retrace the history of those ten years (1886-96) that witnessed the birth of psychoanalysis without transgressing the standard approach in the history of science, which can only explain “progress” taking the form of violent opposition through concepts as vague as “generational conflict,” when it’s not that of “emulation” between individuals or nations. One would begin, for example, by contrasting the German school of anatomo-pathology with the French school of neuropathology, then credit Freud with the combined influence of T. Meynert and [Jean-Martin] Charcot. In a second step, one would point out that Meynert and Charcot ultimately lived in the same era—the one that saw the great expansion of anatomical localizations—and are therefore indebted to the same scientific orientation, whereas Freud lived in an era when the triumph of localizations was deemed to have given rise to excessive hopes and when functionalist theories of the nervous system predominated, thanks to the rise of electro-physiology.

This way of seeing things is no longer merely naive, but positively false, when it comes to psychoanalysis, because it constitutes a genuine obstacle to reading Freud. It is in much less scholarly terms that we will simply say that Freud was driven by a passion for the new. Now, “I had to consider,” he writes at the beginning of his “Report on My Studies in Paris and Berlin (1936 [1886]),” “that I could not expect to learn anything essentially new in a German University after having enjoyed direct and indirect instruction in Vienna from Professors T. Meynert and H. Nothnagel.”<sup>14</sup>

Now these proper names designate one as the ideal type of classical psychiatrist who is himself ultimately swept away by madness, the other as that of the great physician of high society capable of the most colorful language in the “on-call lounge” [*salle de garde*], but who does not want to let these “outbursts” affect his relationship with patients.

It seems that Charcot was of a different caliber and was truly Freud’s second master, after [Ernst Wilhelm von] Brücke. We must see in what terms he describes

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<sup>14</sup> Sigmund Freud, “Report on My Studies in Paris and Berlin,” in *Standard Edition*, 1:5.

their encounter, and how the opposition between “national characters” can precisely serve to rationalize an enthusiasm:

The man who heads all these resources and auxiliary services is now sixty years of age. He exhibits the liveliness, cheerfulness, and formal perfection of speech that we are in the habit of attributing to the French national character; while at the same time, he displays the patience and love of work which we usually claim for our own nation. The attraction of such a personality soon led me to restrict my visits to one single hospital and to seek instruction from one single man.<sup>15</sup>

Such terms in a scientific report are indeed surprising; however, it is unclear why the domain of science should be the sole realm where unexpected observations must be disregarded. Is it perhaps because an event cannot carry the connotation of novelty within this domain? The fact remains that six years later, upon Charcot’s death, it is to this very term “new” that Freud dedicates significant attention in the text he devotes to him:

He might be heard to say that the greatest satisfaction a man could have was to see something new—that is, to recognize it as new; and he remarked again and again on the difficulty and value of this kind of “seeing.” He would ask why it was that in medicine people only see what they have already learned to see. He would say that it was wonderful how one was suddenly able to see new things—new states of illness—which must probably be as old as the human race; and that he had to confess to himself that he now saw a number of things which he had overlooked for thirty years in hospital wards.<sup>16</sup>

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This text is of capital importance to us inasmuch as it establishes, through an intermediary, that which constitutes the central axis of what could without exaggeration be called Freud’s “*ars inveniendi*.” One can indeed argue that the entirety of psychoanalytic method lies in this inversion of medical method, which aims only to provide the physician with the ability to “see what he has already learned to see,” thereby sparing him any surprise when confronted with any symptom. Conversely, one could define all psychoanalysis as a systematic repetition of “the

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<sup>15</sup> Freud, 1:8.

<sup>16</sup> Sigmund Freud, “Charcot,” in *Standard Edition*, 3:12–13.

old”—induced by the surprise encountered with the “new” that is the symptom—in order to render possible this “vision” of which Freud speaks.

However, we must also discuss this term “vision,” which evidently possesses a long history in the clinic: long enough in any case to have passed into the realm of ideology, having become detached from the effective practice of the “clinician.”

Within Freud’s very text, indeed, that which Charcot called with confidence “practicing nosography”—a practice which, in fact, consisted in classifying symptoms according to a purely formal typology, thereby at least allowing the tracking of the gradation from “the *formes frustes*” to “types”—is curiously described by Freud with extensive recourse to visual metaphors:

He was not a reflective man, not a thinker: he had the nature of an artist—he was, as he himself said, a “*visuel*,” a man who sees. Here is what he himself told us about his method of working. He used to look again and again at the things he did not understand, to deepen his impression of them day by day till suddenly an understanding of them dawned on him. In his mind’s eye the apparent chaos presented by the continual repetition of the same symptoms then gave away to order[.]<sup>17</sup>

A little further on, Freud’s pen goes so far as to compare Charcot in the milieu of the Salpêtrière to Cuvier’s statue in front of the Jardin des Plantes, or even to a kind of Adam before whom God would parade the nosological entities so that he might name them! However, this entire *mise-en-scène* in the text precedes the famous anecdote so often reiterated by Freud<sup>18</sup> according to which Charcot would have responded to some pedantic objection from a disciple of Helmholtz: “Theory is good, but that does not prevent existence.” However, the objector was none other than Freud himself, and the question, essential for making a diagnosis of hysteria, concerned the concomitance of hemi-anesthesia and hemi-anopsia (thus, once again, a visual context), as we learn from a note by Freud on page 210 of his translation of the Tuesday Lectures. But then, Freud adds: “If only one knew what exists!”<sup>19</sup>

<sup>17</sup> Freud, 3:12.

<sup>18</sup> Freud, 3:13n2.

<sup>19</sup> Sigmund Freud, “Preface and Footnotes to the Translation of Charcot’s *Tuesday Lectures*,” in *Standard Edition*, 1:139.

The entire question lies therein, and we, for our part, cannot refrain from considering this witticism that Freud recalls in various places throughout his career as a kind of admonition that he would have ceaselessly addressed to himself in defense of having exceeded the confines of the “clinic,” once the visual was replaced by the acoustic, once the visual domain was supplanted by the acoustic, to such a degree that it would suffice to substitute the word “seeing” with “listening to” in the sentence we are about to quote, thereby establishing Charcot as the pioneer of the new clinic: “Charcot, indeed, never tired of defending the rights of purely clinical work, which consists of seeing and ordering things, against the encroachments of theoretical medicine.”<sup>20</sup>

Now it is precisely in this that Charcot can be said to have introduced a break, undoubtedly induced by the demand of the hysterics with whom he dealt, for what must be understood by “theoretical medicine” is nothing other than pathological anatomy, which he permits himself to declare completed. As early as 1886, Freud takes note of it: “Charcot used to say that, broadly speaking, the work of anatomy was finished and that the theory of the organic diseases of the nervous system might be said to be complete: what had next to be dealt with was the neuroses.”<sup>21</sup>

Now is the moment to retrace the history of this term “neurosis” to measure the importance of this decision by Charcot. The conception of “neurosis” is indeed to be related to an epistemological foundation, not only different from that of our present era, but also from the medicine of the nineteenth century. The term was indeed forged at the end of the eighteenth century in the Scottish school by William Cullen (1713-1790), one of the founders of “neural pathology.” This is the culmination of the studies conducted throughout the century on the “irritability” and “sensitivity” of organisms; it implies a theory of medicine according to which the nervous system is the source and the regulator of all vital phenomena, of health as well as of illness, in such a way that disturbances in its global functioning can provide a principle of explanation possessing the widest application.

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<sup>20</sup> Freud, “Charcot,” 3:13. [Nassif cites page 13 of the first volume of *The Standard Edition*, which corresponds to the “Paris Report,” but this quotation appears in the text dedicated to Charcot collected in the third volume as cited here.]

<sup>21</sup> Freud, “Paris Report,” 1:10.

But what the nineteenth century retained from [the preceding century was the belief] that the disturbances supposed by Cullen to account for the different sorts of diseases were not localized in delimited parts of the nervous system but were considered as disorders in its global functioning. Now, insofar as the main current of medicine went in the direction of an effective, or supposed, localization of disease, neuroses could only constitute a marginal field where the ignorance of anatomical localizations prevailed for the time being.

However, it is precisely this concept that Charcot will restore to honor, imparting to it very precisely Cullen's meaning, as found in Littré and Robin's medical dictionary, which presented from 1855 to 1884: "generic name for diseases which are supposed to have their seat in the nervous system, and which consist in a functional disorder without sensible lesion in the structure of the parts nor any material agent apt to produce it."<sup>22</sup> Charcot will nevertheless exert the full weight of his authority to strip this term of all depreciative connotation and to make it designate a field of phenomena entirely irreducible and perfectly objective. Freud, who in 1886 is still somewhat a neurologist, is astonished by it, but expresses his astonishment with an unmistakable hint of humor: "[T]he whole trend of his mind leads me to suppose that he can find no rest till he has correctly described and classified some phenomenon with which he is concerned, but that he can sleep quite soundly without having arrived at the physiological explanation of that phenomenon."<sup>23</sup>

Now, if a new path is thus opened, it is indeed because Charcot was especially interested in hysteria, whose symptoms one can readily "describe and classify," without concerning oneself with finding an anatomical substrate for them, for their essential characteristic is precisely in being displaced in relation to anatomy and to function according to an organically deceptive [*fausse*] physiology. The patient is nevertheless not a simulator, and the physician loses his Latin there; furthermore, he is seized by "the blind fear of being made a fool of by the unfortunate patient—a fear which till then had stood in the way of a serious study of the neurosis[.]"<sup>24</sup>

<sup>22</sup> Cited in Andersson, *Prehistory of Psychoanalysis*, 31. It should be noted that the fifteenth edition of 1884 replaces "without sensible lesion" with "without presently appreciable lesion."

<sup>23</sup> Freud, "Paris Report," 1:13.

<sup>24</sup> Freud, "Charcot," 3:19.

It is essentially this obstacle that the break instituted by Charcot allows us to overcome. Henceforth, the patient will no longer be treated with contempt as an ill jester, his illness will no longer incur discredit, and one will grant to the hysterical phenomenon the attention that an original and objective symptom deserves. Now, if Freud, to describe this revolution, does not fear resorting to the most suspect hagiography, it is indeed because Charcot giving his lecture is to the tableau of the Salpêtrière what the real of the *après-coup* is to the symbol: “Charcot,” he writes, “had repeated on a small scale the act of liberation in memory of which the portrait of Pinel’s portrait hung in the lecture hall of the Salpêtrière.”<sup>25</sup>

It is in fact about accomplishing the matter on a large scale and therefore establishing the concept of neurosis in all its generality. It appears that matters are mature, as proven by the immediate acceptance in the medical world of the concept of [n]eurasthenia introduced by Beard in 1880–84. It is in fact the first psycho-sociological theory of mental illness, since the “conditions of modern life” were deemed sufficient to produce this disorder. Now it is only in 1885 that Charcot presents his psychological explanation of hysterical paralyses; it is towards the end of the same year that Freud arrives in Paris with, in his dossier, the astonishing adventure with Breuer in the case of Anna O., whose cure dates back to 1882.

One sees that it is practically possible to chronologically pinpoint the veritable fold in culture that the emergence of the field of neuroses represented in the domain of scientific investigation. Yet, our conception aims to reintegrate the dimension of the act into this closed field of discursive events [*ce champ clos des événements du discours*] and to affirm that everything passes not so much through “generalization” but through *repetition of the break*.<sup>26</sup>

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Now this leads us to reestablish perspectives and to return to the received idea which purports to derive the birth of psychoanalysis from the exclusive study

<sup>25</sup> Freud, “Charcot,” 3:19.

<sup>26</sup> [The phrase here is “*répétition de coupure*” which I have very purposefully translated with a definite article to capture and retain the sense of a general or formal break rather than a particular break in the personal history of an analysand. This appears justified given that “everything passes *not so much* through ‘generalization’” implying that generality certainly has its role to play here, just not on center-stage.]

of hysteria. A textual biographer as attentive as Ola Andersson notes in this regard: “It seems probable that Freud’s stay in Paris was as significant for the development of his theoretical and therapeutic interest in neurasthenia as it was with regard to hysteria. His attempts to resolve the problem of neurasthenia during the years following his visit to Charcot are fully comparable, in terms of intensity in concernment, to his simultaneous endeavors to clarify the problems raised by hysteria.”<sup>27</sup> And this is beyond doubt if one recalls that Freud nevertheless chose this name to designate his own neurosis. In a text from January 1887, (a note on Averbek’s book, *Die akute Neurasthenie, ein ärztliches Kulturbild*), Freud speaks of “neurasthenia” as the “commonest of all in our society,” and then, he specifies that it is not a “clinical picture in the sense of textbooks based too exclusively on pathological anatomy: it should rather be described as a mode of reaction of the nervous system.”<sup>28</sup> One sees that the concert of neurosis commonly plays without even being mentioned; but above all, it is from this concept of neurasthenia that Freud will produce that of “obsessional neurosis”; we shall not speak of it directly because of the bizarre lacuna in the letters to Fliess concerning the genesis of this discovery, but also above all because that would lead us to the side of the substance that the “sieve” allows us to retain; however, we have enjoined ourselves to adhere to the positioning of the threads stretched across its web.

It is sufficient to note that as early as 1888, in the article “Hysteria” from Vilarct’s *Encyclopedia*, whose attribution to Freud is now certain, one can read: “Hysteria is fundamentally different from neurasthenia and indeed, strictly speaking, is contrary to it.”<sup>29</sup> And further on, concerning complex cases, Freud adds: “Unfortunately the majority of physicians have not yet learned to distinguish the two neuroses from each other. [. . .] The male nervous system has as preponderant a disposition to neurasthenia as the female to hysteria.”<sup>30</sup>

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These precious formulations are still evidently quite maladroit; this is because, in this entirely new domain, researchers certainly lacked concepts; we shall see later from which sphere Freud and Breuer would attempt to borrow them. The

<sup>27</sup> Andersson, *Prehistory of Psychoanalysis*, 45. [I have translated this quotation from Nassif’s French rather than from the English edition.]

<sup>28</sup> Sigmund Freud, “Two Short Reviews,” in *Standard Edition*, 1:35.

<sup>29</sup> Sigmund Freud, “Hysteria,” in *Standard Edition*, 1:42.

<sup>30</sup> Freud, 1:53.

fact is, in any case, that the break is far from clear-cut even in Charcot himself, since he considers himself obliged to accompany his psychological explanations of hysteria with an anatomico-physiological alternative, which Freud would obviously reject. But this matter holds its importance, for it is the first time that he is afforded an opportunity to criticize the master.

Charcot, indeed, showing himself on this occasion to be quite incoherent, produces a theory of “dynamic lesions” which would be localizable in the nervous system in the same way that “structural lesions” have been observed in organic diseases. There would therefore be a “dynamic lesion” observable in cases of hysterical paralysis in the same anatomical region where a structural lesion causes organic paralysis. It is evidently this thesis that Freud attacks when he writes at the very beginning of the 1888 text: “Hysteria is a neurosis in the strictest sense of the word—that is to say, not only have no perceptible changes in the nervous system been found in this illness, but it is not to be expected that that any refinement of anatomical techniques would reveal any such changes.”<sup>31</sup> It is evidently out of the question that Charcot at that time be directly cited and criticized. One knows that Freud, returning from Paris, brought back in his boxes the material for a text on the criteria of distinction between organic and hysterical motor paralysees, a text that Charcot himself had commissioned from Freud, and which would only appear in French seven years later, in July 1893, about fifteen days before his death, on August 16. [Ernest] Jones<sup>32</sup> and the editors of the *Standard Edition*<sup>33</sup> give us all sorts of plausible reasons for this delay, to which we are obliged to add that of his ambivalent relationship with the master, already greatly displeased by the notes that his translator allowed himself to add to his Tuesday Lessons. Moreover, the only text where Freud touches on this subject, in Villaret’s *Encyclopedia*, remained unsigned and was exhumed only very recently. One finds there this very significant passage where it is undoubtedly the theory of “functional lesions” that is targeted:

It may be said that hysteria is as ignorant of the science of the structure of the nervous system as we ourselves before we have learnt it. The symptoms of organic

<sup>31</sup> Freud, 1:41. [Nassif provides page 42 for this quotation, but it appears on page 41.]

<sup>32</sup> James Strachey, “Editor’s Note,” in Sigmund Freud, “Some Points for a Comparative Study of the Organic and Hysterical Motor Paralysees,” in *Standard Edition*, 1:155–57.

<sup>33</sup> Strachey, “Editor’s Note,” in Freud, “Some Points,” 1:157–58.

affections, as is well known, reflect the anatomy of the central organ and are the most trustworthy sources of our knowledge of it. We must for that reason dismiss the thought that some possible organic disorder lies at the root of hysteria; nor must we appeal to vaso-motor influences (vascular spasms) as the cause of hysterical disorders. A vascular spasm is from its nature an organic change, the effect of which is determined by the anatomical conditions, and it differs from an embolism, for instance, only by the fact that it leads to no *permanent* change.<sup>34</sup>

A vascular spasm cannot, therefore, be designated by the term “functional lesion,” as any lesion implies a permanent change. And thus, there is no doubt that Charcot is in regression relative to the “break” he was led to introduce, whereas Freud, by the mere fact that he is compelled to reiterate it from his own experience, is capable of assessing its full scope and generalizing its effects.

It should not be believed, however, that Charcot’s decision was not followed by a theoretical effort commensurate with its practical importance. His theory of hysteria is indeed presented as a theory of the demonological ideology of “possession.” The physician who is averse to treating hysterics is in fact merely an unwitting inquisitor. And Freud would always insist upon the essential nature of this correlation: “During the last few decades a hysterical woman would have been almost as certain to be treated as a malingerer, as in earlier centuries she would have been certain to be judged and condemned as a witch or as possessed of the devil.”<sup>35</sup> In Charcot’s estimation, it was in fact a matter of defending himself, by drawing this comparison, against those who asserted that he had fabricated a novel nosological entity entirely, alleging that they did not encounter hysterics within their service. Indeed, the “new” is nothing other than the recognition of the old as old. Freud derives every possible advantage from this: “In the Middle Ages neuroses played a significant part in the history of civilization, they appeared in epidemics as a result of psychical contagion, and were at the root of what was factual in the history of possession and of witchcraft. Documents from that period prove that their symptomatology has undergone no change up to the present day.”<sup>36</sup>

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<sup>34</sup> Freud, “Hysteria,” 1:49.

<sup>35</sup> Freud, “Paris Report,” 1:11

<sup>36</sup> Freud, “Hysteria,” 1:41.

It is therefore ultimately nothing other than a kind of “intuition of essence” where the historical (and bibliographic) erudition of the “great master” comes to play the role of “imaginary variation.” Freud, for his part, takes these facts literally and begins by proposing a kind of “naive theory” of the hysterical phenomenon which would nevertheless take into account all the facts present, a theory he presents as that of the “unprejudiced and untrained observer.” It is true that he uses the concept of dislocation of “the associative chain,” that this dislocation is supposed to allow the “memory to express its affect by means of somatic phenomena” and that this ultimately leads to the supposition that there has been a “cleavage of consciousness.”

These terms are nevertheless the closest to those that the ideology of possession could employ in a displaced fashion:

No one should object that the theory of a splitting of consciousness as a solution to the riddle of hysteria is much too remote to impress an unbiased and untrained observer. For, by pronouncing possession by a demon to be the cause of hysterical phenomena, the Middle Ages in fact chose this solution; it would only have been a matter of exchanging the religious terminology of that dark and superstitious age for the scientific language of today.<sup>37</sup>

Thus, far from having to change its location, Freudian theory, remaining at the level of knowledge expressed by ideology, takes it literally to elucidate its logic and contents itself with replacing one lexicon with another, without there necessarily being cause to view this change as “progress.” Science does not dissipate superstition; it assigns it its true place. Thirty years later, in the text “A Seventeenth-Century Demonological Neurosis,” Freud would even go so far as to write: “The demonological theory of those dark times has won in the end against all the somatic views of the period of ‘exact’ science.”<sup>38</sup>

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But in 1893, just as he was beginning to “shake his sieve,” Freud does not go that far; he simply contents himself with remarking: “Charcot, however, did not follow this path towards an explanation of hysteria, although he drew copiously

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<sup>37</sup> Freud, “Charcot,” 3:20.

<sup>38</sup> Sigmund Freud, “A Seventeenth-Century Demonological Neurosis,” in *Standard Edition*, 19:72.

upon the surviving reports of with trails and of possession, in order to show that the manifestations of the neurosis were the same in those days as they are now. He treated hysteria as just another topic in neuropathology[.]”<sup>39</sup> Thus, the theoretical process is clear: in order to integrate hysteria into the field of knowledge and treat it in the same way as any other theme in neuropathology, it is necessary and sufficient that its symptoms be shown identical over time, as if there had already been in the Middle Ages a “subject supposed to know” what pertains to “possession,” that is to say, hysteria. Freud himself is sincerely convinced of this . . .

But one suspects that everything lies not only in the possibility of writing this relation of identity, but above all in that of giving oneself the theoretical means to invert its terms (hysteria, that is to say, possession). This is indeed an event of discourse and not a simple addition to knowledge; and we can very precisely describe this operation as a repetition of the break: Charcot makes hysteria a “theme” for neuropathology, Freud calls neuropathology into question from the standpoint of hysteria.

For, just as one can read on certain road signs: “One train can hide another,” it is often possible, when classical science feels the need to designate itself as “theory of an ideology,” that is to say, as a simple discloser, to ascertain that this operation hides a rootedness in another ideology, to which the denunciation of the first, always a bit antiquated and ridiculous, serves as a screen.

One can indeed posit that it is in the same step that Freud unknowingly ascertains on the one hand that, following the path traced by the master, “his own pupil, Pierre Janet, as well as by Breuer and others [. . .] replaced the ‘demon’ of clerical fantasy by a psychological formula”<sup>40</sup> and, on the other hand, that “the aetiological theories supported by Charcot in his doctrine of the ‘*famille névropathique*,’ of which he made the basis of his whole concept of nervous disorders, will no doubt soon require sifting and emending.”<sup>41</sup>

<sup>39</sup> Freud, “Charcot,” 3:20.

<sup>40</sup> Freud, 3:22. [Nassif provides page 23 for this quotation, but it appears on page 22.]

<sup>41</sup> Freud, 3:23. [Nassif provides page 22 for this quotation, but it appears on page 23. French in Strachey’s translation.]

It is thus Freud himself who provides us with the metaphor of the sieve; and it is significant that it comes from his pen concerning the concept of “heredity,” a concept which is none other than the inverse of that of “degeneracy,” the ultimate aetiological principle of all nineteenth-century psychiatry and a major axis of evolutionary ideology [*l’idéologie évolutionniste*].

It might perhaps not be useless here to retrace in broad strokes Charcot’s aetiological doctrine; through the reading and translation of his works, Freud was quite familiar with it; he had even been able to examine these patients whom the master had presented in the spring of 1885 and from whom he had dissected the mechanism of hysterical paralyses; Villaret’s Encyclopedia article is entirely consistent with his views on the predominant role of heredity<sup>42</sup> and the presentation of a case of male hysteria<sup>43</sup> that Freud makes upon his return from Paris, is in some way a “Tuesday Lesson” that the disciple would have addressed from Vienna to his master.

However, it is remarkable that alongside the analysis of traumatic aetiological factors, one never encounters discussions of the observed hereditary factors. Charcot, for the most part, contents himself with retracing the family history where, as expected, one will find psychic disorders or nervous diseases that need only be mentioned. This is because the pre-Mendelian ideology of “psychic heredity” was then a kind of inevitable frame of reference. Its main proponents are Morel<sup>44</sup> and Magnan<sup>45</sup>; but the book by Th. Ribot, *L’hérédité psychologique* (Paris, 1873), is still its clearest presentation; this ideology assumes on the one hand that there is no need to distinguish between the phylogenetic concept of “heredity of acquired characters” and the ontogenetic one of “degeneration,” that is to say, of tissue dedifferentiation, and on the other hand that it is entirely possible for acquired characters, as well as acquired degeneration, to

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<sup>42</sup> “The aetiology of the *status hystericus* is to be looked for entirely in heredity: hysterics are always hereditarily disposed to disturbances of nervous activity, and epileptics, psychical patients, tabetics, etc., are found among their relatives.” Freud, “Hysteria,” 1:50.

<sup>43</sup> Sigmund Freud, “Observation of a Severe Case of Hemi-Anaesthesia in a Hysterical Male,” in “Preface to the Translation of Charcot’s *Lectures on the Diseases of the Nervous System*,” in *Standard Edition*, 1:23–31.

<sup>44</sup> Bénédicte Auguste Morel, *Traité des maladies mentales* (Paris: Librairie Victor Masson, 1860).

<sup>45</sup> Valentin Magnan, *Leçons cliniques sur les maladies mentales*, second edition (Paris: Alcan, 1897).

become hereditary; consequently, for the majority of psychiatrists entrenched behind this wall, once a degeneration, of whatever kind, has manifested in the nervous system, it becomes as difficult to eliminate as the famous presence of the “monkey in man” whose “resurgence” is always possible.

But one must not believe that this ideological bastille where psychiatrists could (and no doubt still can) entrench themselves remained unassailed during the nineteenth century, certainly not at the level of therapeutic practice, but at the level of theoretical research, which precisely do not go hand in hand within classical psychiatry. The “scholars” then, that is to say, no doubt the “psychologists” of the era, are perfectly aware of the vague and diffuse nature of the heredity criterion, and quite lively discussions on this point are often engaged. The most violent controversies undoubtedly took place between January ‘85 and July ‘86, within the Medico-Psychological Society of Paris, and it is quite probable that Freud was able to attend some of them. Nevertheless, the theory on which Charcot relied constituted a more advanced “rationalization”; it had been definitively worked out in 1884 by Ch. Féré and was designated by the term “neuropathological family,” forged by Charcot, whom it is worthwhile quoting here:

Very often, I have spoken to you about what I have proposed to call the neuropathological family. Under this name, I am accustomed to designating all affections of the central nervous system and the neuro-muscular system, organic or, on the contrary, without appreciable anatomical lesions, which are linked to each other by heredity, and you are not unaware that here, alongside homologous heredity, dissimilar or transformation heredity is to be distinguished, which is observed even much more frequently than the former.<sup>46</sup>

It is clear that the term “family” is taken here in its two meanings: that of the classification model and that of the kinship bond. On the one hand, diseases of the nervous system constitute a single “family”; on the other hand, this family is indissolubly united by the “laws of heredity.” These permit the explication that it is not the same disease that is electively transmitted, but only a diffuse

<sup>46</sup> Jean-Martin Charcot, *Leçons du mardi à la Salpêtrière* (Paris: Bureaux du Progrès médical, 1887–88), 410. [A digitized version from Duke University History of Medicine Collections is available online at <https://archive.org/details/leonsdumardilasao1char/page/410/mode/2up>.]

‘neuropathic disposition’ which, subsequently and depending on non-hereditary factors, may “specialize” into a distinct disease.

But then again, Charcot, with his concept of “dissimilar heredity or transformation,” which we will indeed “not ignore,” distinguishes himself from a Morel, for example; for the latter, psychic degeneration followed a sequence of increasingly severe diseases which from generation to generation eventually led, without any parody, “to the loss of life to which your madness will have led you.”<sup>47</sup> With Freud’s master, things do not go that far, since traumatic etiology is nevertheless recognized and it is precisely about building a bridge between it and hereditary etiology; one could even say that the famous Freudian problem of the “choice of neurosis” is thus prefigured, since, from the same “neuropathic tendency,” one can say after the fact that there was “dissimilar heredity” or “homologous heredity,” depending on the moment or the nature of the traumatic event which must then be considered as an *agent provocateur*.

It is very precisely at this point that Freud takes up the matter, attempting to think together this dual etiology and obliged by his practice to gradually abandon the hereditary aspect to focus more and more attentively on what presents itself under this concept of “trauma” as a “provoking agent.” Charcot himself, having started from a very realistic conception of trauma as a physical accident, is imperceptibly led to take an interest in what happens in the person who undergoes it, to use hypnosis to discover it, and to be able to reproduce hysterical paralyzes in this way, that is to say, in fact, to produce their mechanism which is a psychic process. Now, Freud has a very clear awareness that Charcot thus stands at the extreme edge of the break he carries, and that it is precisely at this point that he most clearly opens the way to the future. One only needs to read him:

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At one point in his work Charcot rose to a level higher even than that of his usual treatment of hysteria. The step he took assured him for all time, too, the fame of having been the first to explain hysteria. While he was engaged in the study of hysterical paralyzes arising after traumas, he had the idea of artificially reproducing those paralyzes, which he had earlier differentiated with care from organic ones. For this purpose he made use of hysterical patients whom he put into a state of somnambulism by hypnotizing them. He succeeded in proving, by an unbroken

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<sup>47</sup> [Nassif does not provide the pagination for this quotation from Morel.]

chain of argument, that these paralyzes were the result of ideas which had dominated the patient's brain at moments of a special disposition. In this way, the mechanism of a hysterical phenomenon was explained for the first time.<sup>48</sup>

This text is particularly interesting insofar as Freud has just praised Charcot for his stubbornness in asserting that hysteria “was the same everywhere and at all times.”<sup>49</sup> However, it seems that the experimental setup he devises to prove it allows this “essential intuition” to be inscribed not only in the time of the events of discourse that bear a proper name (“Charcot [. . .] the first to explain hysteria”), but also in that of events pure and simple which do not necessarily maintain this essential relationship with the proper name. The scope of Charcot's experiment, which Freud is undoubtedly the only one to have correctly seen, lies indeed in the fact that it is about leading the patient under hypnosis to genuinely reproduce a “first time,” that of the coincidence between the traumatizing event and that element of mental life which is a “representation.” Yet it seems that in the institution represented by the relationship between the hypnotist and his patient, and of which psychoanalysis will be the heir, as we will see later (in our text on “Bernheim and the Concept of Psychic Treatment”<sup>50</sup>), one can, in a sense, recommence the first time at will. Thus, from now on, the event of a subject's recognition of the “first time” and the event of a discourse's resumption of this “first time” will be indissociable, and psychoanalysis can therefore present itself without contradiction and with full rigor as a “science of the event.”

But before getting there, we must see how Freud transitions from the concept of “psychical heredity,” from which we started, to that of “early seduction,” which is in fact nothing other than the denotation of a new heredity, that of the proper name, with the new concepts of time and causality that it presupposes.

The ideology of “psychical heredity” is indeed only a shifted and irrelevant language concerning a series of events where, Freud remarks, one would have to “invert the adage ‘*cessante causa cessat effectus*’ [when the cause ceases the effect ceases].”<sup>51</sup> And it is from a reflection on the “traumatic event” that Freud is

<sup>48</sup> Freud, “Charcot,” 3:22.

<sup>49</sup> Freud, 3:22.

<sup>50</sup> [This never appeared as a standalone work but exists as a chapter in Nassif's *Freud, l'inconscient*.]

<sup>51</sup> Josef Breuer and Sigmund Freud, *Studies on Hysteria (1893–1895)*, in *Standard Edition*, 2:7.

led to draw a conclusion of such general scope. This trauma, which was thought by Charcot only as a “provoking agent” actualizing the “neuropathic disposition” inherent to the patient’s family, is to be thought according to a less Aristotelian conception of causality.

It is in this sense that we could reread the first part of the “Preliminary Communication” written jointly with Breuer and dated December 1892. From the outset, this text confronts us with the concept of an event thought of as a “precipitating cause” of the illness, as the “point of origin” of the hysterical symptom, or more precisely as that which “arouse[s] his memories under hypnosis of the time at which the symptom made its first appearance.”<sup>52</sup> There is therefore a “causal connection” between an event and a symptom;<sup>53</sup> but, besides the fact that this connection is difficult to discover in a classical anamnesis, it is impossible to make the patient discover it, who was, so to speak, the spectator and actor of the event, without dislodging him from the place of subject that he occupies; the simplest means is still to hypnotize him; “when this has been done, it becomes possible to demonstrate the connection in the clearest and most convincing fashion.”<sup>54</sup> But then, using the same experimental protocol as Charcot, but having put himself in a position to repeat his break, Freud can already draw this general conclusion: “external events determine the pathology of hysteria to an extent far greater than is known and recognized.”<sup>55</sup> It will therefore be necessary to generalize the concept of “traumatic hysteria” at the expense of that of a hysteria induced from a mythical “neuropathological family.”

However, insofar as this causal relationship between trauma and illness can also serve as a model for interpreting the relationship between the illness and its various symptoms, produced spontaneously, but “strictly related to the precipitating trauma,” it becomes necessary to question what makes an event traumatizing.<sup>56</sup> This is because “[i]n other cases the connection is not so simple. It consists only in what might be called a “symbolic” relation between the precipitating cause and the pathological phenomenon—a relation such as healthy people form in

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<sup>52</sup> Breuer and Freud, 2:3. [Nassif provides a more liberal translation of the English, perhaps in consultation with the original German.]

<sup>53</sup> Breuer and Freud, 2:3.

<sup>54</sup> Breuer and Freud, 2:3.

<sup>55</sup> Breuer and Freud, 2:4.

<sup>56</sup> Breuer and Freud, 2:4.

dreams.”<sup>57</sup> Now, if one looks closely at the text, one notes that it is in fact these complex cases of symbolic connection between event and symptom that allowed for a generalization and that this presupposed a distinction between “traumatic neurosis” and “common hysteria” which can now be subsumed under the concept of “traumatic hysteria,” whose “extension” can then be justified.<sup>58</sup> Moreover, one must distinguish between “physical injury” and “psychical trauma,” since a symbolic interpretation is interposed between them.<sup>59</sup> Now, this “psychical trauma” is, in “traumatic neurosis,” an “affect of fright,” whereas in “common hysteria” it is rather a series of “partial traumas” forming a group of provoking causes and able to present themselves as chapters of a “same history of sufferings.”<sup>60</sup> But there are even more complex cases, which are also undoubtedly the most general, where this symbolic connection occurs in the form of a combination between “apparently trivial circumstances” and the “actually operative event” and therefore in the form of a false connection, but nevertheless made possible at moments of “peculiar susceptibility to stimulation.”<sup>61</sup>

However, this tightly woven fabric of analyses with slyly concealed articulations, especially when it comes to moving from simple cases to more complex cases, always in fact presented as “other cases” that are added to the first ones even though they allow for generalization—this whole series of arguments, therefore, aims in fact at only one thing: to call into question the type of causality underlying the sequence “neuropathological family—provoking agent” and to substitute another for it which will be, we can now say, that of the “*après-coup*.” Freud still uses here the image of the “foreign body” (which he would later denounce in the analysis of the case of Elizabeth Von R.): “But the causal relation between the determining psychical trauma and the hysterical phenomenon is not of a kind implying that the trauma merely acts as an *agent provocateur* in releasing the symptom. We must rather suppose that the psychical trauma—or more precisely the memory of the trauma—acts like a foreign body which long after its entry must continue to be regarded as an agent that is still at work[.]”<sup>62</sup> To the notion of “*agent provocateur*” implying a linear and punctual causality, must

<sup>57</sup> Breuer and Freud, 2:5. [Nassif cites page 4, but this quote appears on page 5.]

<sup>58</sup> Breuer and Freud, 2:5. [This citation is not provided by Nassif in the original.]

<sup>59</sup> Breuer and Freud, 2:6. [This citation is not provided by Nassif in the original.]

<sup>60</sup> Breuer and Freud, 2:6.

<sup>61</sup> Breuer and Freud, 2:6.

<sup>62</sup> Breuer and Freud, 2:6. [French in Strachey’s translation.]

therefore be substituted that of “agent at work” (or in labor) for which another type of causality is to be produced, precisely allowing to explain the effect of the reviviscence of the trauma which is to make the symptom disappear, at the same time as one remembers the event and “abreacts” the affect.

Now this “therapeutic” discovery due to the connivance of Breuer and Anna O., and which the text would like, at the “manifest level,” to present as its culmination, is in fact to be considered, in the economy of our reading, only as a kind of example coming in the “order of reasons,” to corroborate the thesis, according to which the “adage ‘*cessante causa cessat effectus*’” is to be “reversed” and its famous consequence: “*Hysterics suffer mainly from reminiscences.*”<sup>63</sup> One can now do without the concept of “psychical heredity” and, in the rest of the text, these sharp points where Charcot’s theory should be directly attacked, provide examples of the most laborious patching up. As for his final concluding sentence, it is a masterpiece of insidious ambiguity in denial:

If by uncovering the psychical mechanism of hysterical phenomena we have taken a step forward along the path first traced so successfully by Charcot with his explanation and artificial imitation of hystero-traumatic paralyzes, we cannot conceal from ourselves that this has brought us nearer to an understanding only of the *mechanism* of hysterical symptoms and not of the internal causes of hysteria. We have done no more than touch upon the aetiology of hysteria and in fact have been able to throw light only on its acquired forms—on the bearing of accidental factors on the neurosis.<sup>64</sup>

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But all the threads woven across the web of the “sieve” and the entire conceptual framework of this text aim, as we have seen, to sift this concept of “neurosis” which is the last word on which we are left, and to show that the question of the “internal causes” of hysteria is no longer in any way relevant. It is therefore solely towards an elucidation of trauma that one will have to turn to explain the “aetiology of hysteria.”

One knows what conclusions Freud reached during his research. In the case of hysteria, the trauma is to be located during the infantile period, before the

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<sup>63</sup> Breuer and Freud, 2:7.

<sup>64</sup> Breuer and Freud, 2:17.

second dentition, and it is in the child's relations with the parental authority that it is provoked. "Destiny," which one preferred to dress in the ideological term of "psychic heredity," is in fact represented by the father, or quite simply by the perverse adult (the Viennese governesses . . .) whom the innocence of the child provokes and who instills in him, in a way, the sexual venom, a "foreign body" to the body of needs . . . Now, even if this theory of "early seduction" is a fantasy that Freud himself recognized as such as early as letter 69 of September 21, '97, it is known that the "traumatic theory" continued to function for quite some time; and it is in any case interesting to see how Freud supports his thesis in this text which limits our period and where he uses the term "psychoanalysis" for the first time, namely the "New Remarks on the Psychoneuroses of Defense" from 1896. After having insisted on the "sexual and passive" character of the event, which took place during the infantile period, Freud, without further citing Charcot's name, merely writes: "How greatly the claims of hereditary disposition are diminished by the establishment in this way of determinants of accidental aetiological factors as a determinant needs no more than a mention."<sup>65</sup> And yet, two pages later, concerning the case of a family where the brother is afflicted with obsessions and the sister with hysteria, Freud cannot help but speak of "familial neurotic disposition" and use the significant term "pseudo-heredity."<sup>66</sup> One may well say that this "pseudo-heredity" can be reinterpreted in terms of the Oedipus complex in the model of the "family romance," it remains nonetheless true that for us, Freud will remain in many respects a disciple of Charcot despite everything. Moreover, the "theory of drives," which only appeared in 1905, the very term *Trieb* being completely absent in the texts before that date, is it not a kind of resurgence of the "traumatic theory," the drive itself being again considered a "foreign body" and its "destiny" being something as opaque and fatal as heredity?

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One would obviously have to provide more solid evidence; here we only want to sketch the idea according to which any "break" which makes possible the "theory of an ideology" entails a "re-fissuring" [*refente*] of the updated theoretical field, but that this "re-fissuring" in the case of Freudian theory is in a way only the *verso* of a *recto*, since the entire theoretical discourse developed is

<sup>65</sup> Sigmund Freud, "Further Remarks on the Neuro-Psychoses of Defence," in *Standard Edition*, 3:163.

<sup>66</sup> Freud, 3:165.

supported only in the act of the repetition of this break, the patient being compelled to reenact, in relation to Charcot or his representative, Freud's own work.

(To be continued . . .)<sup>67</sup>

*Translated by Holden M. Rasmussen*

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<sup>67</sup> [The editors of the online archive of the *Cahiers pour l'Analyse* provide the following note: "The sequel did not appear in the *Cahiers pour l'Analyse*, but further material appears in Nassif's major work, *Freud, l'Inconscient* (1977)."]

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