

# Was Freud a Liar?

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The story of how Sigmund Freud discovered the Oedipus Complex and thus the main source of neurotic tribulation is a celebrated one, which has fired imaginations and warmed hearts from the shores of Asia to the Edgeware Road. Let me remind you of how it goes.

In the mid-nineties of the last century, Freud, a Viennese physician who specialized in the treatment of nervous disorders, had a succession of patients who recalled an occasion in infancy in which they had been sexually molested, usually by one of their own parents. This came as a great shock to Freud as he had no inkling of the pathogenic potency of sexual life and was, indeed, reluctant to credit it. Nevertheless he believed his patients' stories and when he had heard about a dozen or so he duly reported that he had discovered the specific cause of psychoneurotic disorder: a passive sexual experience before puberty. In other words, a seduction.

Let me continue the story in the words of Freud's biographer, Ernest Jones. "(Freud) found that several of the seduction stories were simply untrue,

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there had been no seduction. But he held fast to the fact that the patient had told him these stories . . . with the result that he discovered the importance of infantile fantasy life in the genesis of the neuroses."

How did Freud do this? How did he turn the seduction mistake into a discovery about the role of parents in infantile fantasy? Well, the story continues, Freud brilliantly penetrated the patients' false memories of being seduced by a parent and found concealed behind them their own infantile wishes for sexual relations with the parent.

In this talk I want to persuade you that with the exception of the claim that Freud was practicing medicine in Vienna during the nineties this story has about as much historicity as that of George Washington and the cherry tree, or King Alfred and the cakes.

The truth of the matter can be briefly stated though not briefly documented. Freud did not base his seduction theory on stories of infantile seduction related by his patients. In any case his patients did not tell him any fictitious seduction stories. And the seduction stories of whose truth they were eventually persuaded did not normally involve parents

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and so are unlikely to have been transformations of fantasies concerning parents. Further, Freud could not, for a variety of reasons, have been surprised by the discovery that his patients' illnesses had sexual causes. Rather it is likely that it was Freud's own preconceptions concerning the influence of sexual life that incited his patients to accept a sexual cause for their difficulties.

I think what really happened was this: At first Freud was exhilarated by the way in which his patients produced confirmation for his seduction theory. Then he discovered that some of the seductions had never happened. He had been warned by the reviewers of his first book on hysteria of the serious risk that his method produced false convictions in his patients as to the correctness of his explanations. And his critics, it seemed, were right. What a humiliation! Freud now put all his enormous resourcefulness into mitigating if not entirely evading it. When he had finished he had persuaded himself that in his own words "not the analysis but the patient must . . . bear the responsibility for this unexpected disappointment." How did he manage it?

Freud had to account for the consistency with which he had arrived at the seduction scenes. They had to be fantasies for the alternative was that they had been suggested by Freud, or worse, arbitrarily imputed by him. Freud's predicament can be presented in the form of a dilemma. Either the seductions were authentic or Freud's method of reconstructing the infantile past of his patients was invalid. But many of the seductions had proved fictitious, so it must have been Freud's method that was invalid.

Freud solved this dilemma by falsifying one of its horns. It then became "Either the seductions are authentic or my patients are self-deceived and their confessions false. But the seductions are fictitious, therefore my patients' confessions are false." He was now almost ready to face the world. But there was still a difficulty. Might not the alleged confessions of his patients be attributed to their suggestibility? Might the confessions not be the result of his own

preconceived views as to the role of sexuality in nervous disorders? Freud resolved this difficulty by obliterating from his consciousness the fact that he had any preconceived views as to the influence of sexuality.

It is an established part of psychoanalytic folklore that Freud came slowly and reluctantly to an acknowledgement of the role of sexuality in the production of neurotic illness. And like most psychoanalytic folklore it derives directly from Freud's repeated assertions of it. But it is completely untrue. Freud was searching for the sources of neurotic disorders in the sexual life of his patients before he began practicing psychoanalysis even in its most primitive and rudimentary forms. And by the mid-nineties when he put forward the seduction theory he was already subjecting his patients to an aggressive cross-examination as to their sexual habits.

We are all familiar with the way in which legends grow imperceptibly more and more remote from the historical facts. The striking thing about the legend of Freud's progression from real seduction to oedipal fantasies is that it did not grow. It sprang fully armed from the brow of Freud. And so it confronts us with the embarrassing but unavoidable question—was Freud a liar? In attempting to account for the grossness of the discrepancy between Freud's accounts of the seduction episode and what really happened I did not overlook the possibility that Freud simply lied. I finally rejected it because it is more plausible to assume that Freud suffered a massive amnesia than that he foolishly gave accounts which are so blatantly incompatible with the published evidence.

And what makes it even more likely that in Freud's case we have, not lies, but memory errors is that we know Freud to have been particularly prone to such memory errors. There was, for example, the cocaine episode. Freud had been an uncritical advocate of the medical value of cocaine when it was first introduced in the early eighties. He defended himself from the criticism which followed the

discovery of its danger by arguing that these dangers were conditional on its being administered by injection. When administered by mouth, as Freud himself had advocated, it was harmless. In fact Freud had advocated the administration of cocaine by injection. Not only did Freud overlook this in his reply to criticism, but he seems to have become permanently amnesic with respect to it. The topic of cocaine comes up again in Freud's associations to the dream which inaugurated the psychoanalytic study of dreams—the dream of Irma's injection. One of the themes of this dream was the injurious effects of cocaine. In his associations Freud repeated that he had never advocated its use by injection. It seems that dream analysis, which is capable of plumbing the depths of the unconscious, is nevertheless not able to uncover common or garden self-deception.<sup>2</sup>

So far I have merely shown that there is nothing extravagant in putting down Freud's grossly distorted account of the seduction episode to a failure of memory. But I have not yet shown that Freud's account was grossly distorted.

My first thesis is this—that the seduction stories were related by Freud to his patients, and not to Freud by his patients. First let me show that it is untrue to hold, as Freud later insisted, . . . that his patients told him imaginary seduction stories. In the course of attempting to allay suspicions that his patients may have wilfully deceived him, Freud said of their attitude towards the seductions that "whilst calling these infantile experiences into consciousness . . . they still try to withhold belief by emphasizing the fact that they had no feeling of recollecting these scenes."

So before Freud discovered that the seductions were imaginary he was describing them as experiences which his patients had no feeling of recollecting.

**2 It is incorrect to say, as I did, that in his report of the Irma dream Freud denies having ever recommended the administration of cocaine by injection. What is striking about it, rather, is that Freud fails to produce any associations to the theme of injection reminding him of this painful fact. I assumed that he had none rather than that he deliberately suppressed mention of them—**

**perhaps too charitably.**

After he had discovered that the seductions had not occurred, he described them as "the deceptive memories of hysterics concerning their childhood." How can these two accounts be reconciled?

In the next sentence Freud went on to urge against the view that the seduction stories were fabrications the fact that "patients assure me . . . emphatically of their unbelief." This implies that not only were his patients not recollecting the seductions, but that they were not even convinced that the seductions happened. And how is this to be reconciled with the active role Freud later assigned to his patients in phrases like: "hysterics trace back their symptoms to fictitious traumas"—or patients "ascribe their symptoms to passive sexual experiences in early childhood." Was it not Freud himself who did the tracing and the ascribing?

Just so you won't think I am making too much of a fuss about this let me quote as evidence of the pervasiveness of the view that Freud's patients related seduction episodes to him some remarks by a distinguished critic, Lionel Trilling: "We recall that dramatic moment in the development of psychoanalysis when Freud accepted as literally true the stories told him by so many of his early patients of having been, as children, sexually assaulted or seduced by adults, often by their own parents . . . We know how his patients rewarded his credulity, scarcely any of them were telling the truth. They had betrayed- Freud into constructing a hypothesis on the basis of their stories . . . And so Freud had reason to think very harshly of his patients if he wished to . . ."

This brings us to another reason for holding that Freud unconsciously fabricated the patients' confessions. In his retrospective accounts Freud tells us that the patients' delusions of seduction usually pertained to parents. But in the original seduction papers themselves the cast list includes nursemaids, governesses, domestic servants, teachers, tutors, older children, and even brothers, but no parents. The claim that it is the parents who are

the seducers is not only not made in the original seduction papers, it is inconsistent with them. Freud there says that in seven of the cases it was brothers who were the seducers, and since brothers are as identifiable as parents the motive for this discrepancy can hardly be discretion.

By the way, even if the seduction beliefs of Freud's patients had uniformly pertained to the cross-sex parent it is not obvious why this is a natural transformation of infantile fantasies about seducing the cross-sex parents. Freud is very unforthcoming as to why this should be so. He merely asserts that the seduction memories are less wounding to the patient than the acknowledgement of his own incestuous infantile inclinations. But is the thought that you were sexually used by your mother really less disagreeable than the thought that you once desired her? I have not found anyone who felt so, but I am struck by the way in which people who gabble happily about the Oedipus Complex are mildly affronted if you attempt to introduce a degree of particularity into the discussion.

And since the imputed fantasies are unconscious in any case, why isn't that sufficient protection against self-reproach? Why the additional precaution of inverting them and giving the parents the active role actually taken by the child? You mustn't even ask.

Still, so far I have merely shown that Freud's patients did not relate stories of seduction and not that Freud did. My reasons for maintaining this are largely circumstantial. First there is the matter of Freud's tremendous confidence in his diagnostic powers combined with a most unpsychological reluctance to credit the power of suggestibility. This is what he said in his book on hysteria, published in 1895, a year before the three seduction theory papers: "We need not be afraid of telling the patient what we think his next . . . thought is going to be. It will do no harm." Within a year of this remark he had stumbled into the seduction blunder.

One bit of evidence that it was Freud's practice to communicate his seduction suspicions to his patients comes from the analysis of one of his own

dreams. In the dream Freud reproaches a patient for not accepting his explanation as to why she was ill and blames the persistence of her illness on this refusal. In his associations to this item Freud says that the reproach in the dream was probably just a repetition of a reproach he had made his patient in waking life. Freud goes on to add: "It was my view at this time . . . that my task was fulfilled when I had informed the patient of the hidden meaning of his symptoms." But this dream was the dream of Irma's injection, and since we know the exact date of that dream we can state that Irma was one of Freud's original batch of presumably seduced patients. Is it rash to infer that the "hidden meaning of the symptoms" about which Freud made it a practice to inform his patients at that time was a sexual seduction in infancy? You may think this a bit thin. So let me see if I can do better.

During the period when Freud thought he was receiving daily confirmation of his seduction hypothesis, a patient confessed to him that when a young girl she had been the victim of a sexual assault by her father. "Naturally," Freud wrote to the correspondent to whom he related the incident, "she did not find it incredible when I told her that similar and worse things must have happened to her in infancy."

This was from a letter to his friend Fliess—and you can see why Freud wanted this correspondence destroyed!

One of the questions that the seduction story presents us with is this: How did Freud come "by the discovery that the seduction theory was false? Once again Freud has a ready answer, and once again it is completely untrue. When Freud first publicly admitted the seduction error, nine years later, he explained it as follows: "I did not then know that persons who remain normal may have had the same experiences in their childhood . . ." But he did know. In the original papers he wrote: "We have heard and acknowledged that there are many people who have a very clear recollection of infantile sexual experiences and yet do not suffer from hysteria." Why this

discrepancy?

In this account Freud is explaining his discovery of the seduction error in terms of his realization that—as he put it— "persons who remain normal may have had the same experiences in childhood." This makes it sound as if the seduction error consisted only in the rashness of Freud's extrapolating to hysterics in general and not in attributing false histories of seductions to his own patients. The measure of Freud's inability to come to terms with the seduction error is to be found in the earlier portion of the sentence I quoted which says, astonishingly, of the seductions, "I cannot admit that I exaggerated their frequency or their importance . . ." It had taken Freud nine years to bring himself to publicly admit the seduction error, and when it came to the point he faked it. Why? From the same motive which led him to make the false assertion that his confidence in the reality of the seductions was based on his patients' confidence in them. This flatly contradicts what he said at the time which was, "We adhere to the principle of not adopting the patients' belief without a thorough critical examination."

How then did Freud convince himself of the reality of the seductions? In his own words "by letting the symptoms tell the tale." Far from basing his conviction on the patients' testimony Freud argued that, just as a physician can explain how a physical injury has been caused without any information from the injured person, so in hysteria the analyst can penetrate from the symptoms to their causes—without the testimony of the patient.

Why should Freud have gone to such lengths to conceal from himself the real basis of his confidence in the reality of the infantile seductions? For a perfectly understandable reason. Freud could not bring himself to recognize the reasoning by which he had persuaded himself of the authenticity of the seductions because it was the same sort of reasoning which for the rest of his career he was to employ in his reconstruction of infantile fantasy life and of the content of the unconscious in general. This emerges

clearly in one of the original seduction papers in which Freud urges against skepticism concerning the seductions the fact that "patients appeared to live through it with all the appropriate emotions."

Let me sum up. Freud did not fall into the seduction error through believing his patients' stories; he did not fall into it through ignorance of the fact that persons sexually molested in infancy may, nevertheless, not succumb to neurosis; he did not fall into it through underestimating the frequency of seduction in the general population. Freud fell into the seduction error through the use of a procedure which to this day remains the basis of the psychoanalytic reconstruction of infantile life: the attribution to patients of certain infantile experiences because they appear to the analyst to be living "through them with all the appropriate emotions."

The lesson Freud ought to have learned from the discovery that the infantile seductions which he believed to be the specific cause of the psychoneurosis were often fictitious was not that infantile fantasy life is as important in the genesis of neurotic illness as actual infantile events, but that Freud's method of eliciting from patients their infantile histories, and more important still, his method of interpreting these elicitations, was an unreliable one which leads to mistaken reconstructions that deceive not only the physician but the patient himself.

But instead of modifying his procedure so as to lessen the risk of mistaken inferences Freud merely made the inferences themselves so indeterminate that the validity of his methods could never again be placed in jeopardy. Freud, like the Emperor in the story, dealt with bad news by having the bearer executed. Before you mechanically reject the blasphemous suggestion ask yourself the following question: What could overthrow Freud's later theories of the infantile sources of neurotic illness as the fictitious character of the seductions overthrew the seduction theory? The history of psychoanalytic disputes over the nature of infantile mental life is

largely a history of mutual recrimination. What else could an orthodox Freudian say to Kleinian revisionists but that their nonsense didn't suit his nonsense?

The history of psychoanalysis is full of ironies. It seems that Freud, the apostle of self-knowledge, the relentless seeker after truth, was no better at detecting his own essays in self-deception than the rest of us. There is an aphorism of Nietzsche's which Freud quoted on several occasions to illustrate the affinity between Nietzsche's thought and his own: "I did this says my Memory, I cannot have done this says my Pride, and remains inexorable. In the end Memory yields." On several occasions in after years Freud attempted to reconstruct the considerations which had led him to assert first that a sexual seduction and then that incestuous fantasy lay at the root of every psychoneurosis. In this talk I have tried to show that whenever he made this attempt Freud's pride would not yield and it was memory that lost.