

THE FREUD-FERENCZI CONTROVERSY IN LIGHT OF EMMA ECKSTEIN'S CIRCUMCISION.



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INTRODUCTION

On 2 September 1932, while on his way to the Wiesbaden, conference, Sándor Ferenczi decided to stop in Vienna in order to personally read to Freud the paper that he planned to contribute. This was his famous paper on the “Confusion of tongues between the adults and the child” (Ferenczi, 1933/ 1955), a milestone in the psychoanalytic theory and treatment of trauma. Ferenczi’s important ideas and profound reformulation of trauma theory were, however, met by Freud with an icy reception.

The consequences of this last encounter between Freud and Ferenczi were dramatic: Ferenczi, who passed away just seven months later, at the age of 59, lost Freud’s protection, and this acted as a prompt and releasing factor for a collective reaction, by which Ferenczi and his work was banished from the psychoanalytic community (Bonomi, 1998).

Starting with the publication of his Clinical diary in 1985, the work of Ferenczi has begun to be rediscovered, marking a new phase in the history of psychoanalysis. After three decades, this process is still going on and is far from being concluded. The aim of this paper is to add a further element, which might shed a new light into Ferenczi’s attempt to resume Freud’s initial idea that traumatic memories were the building blocks on which the entire edifice of psychoanalysis rested. I am referring to the trauma of Emma Eckstein’s circumcision.

There are no elements that suggest that Ferenczi had a conscious knowledge of the role played by Emma in the triangle with Freud and Fliess in the years of the foundation of psychoanalysis. Yet, Emma’s second analysis with Freud took place in 1910, and Freud was very much troubled by its abrupt termination. Freud attempted to master his emotional reaction by analyzing Schreber’s delusional system and, by this, to dissolve his old transference to Fliess. Ferenczi was a witness of this process. In September 1910, Freud and Ferenczi travelled together in Italy, and after the “Palermo incident,” on 6 October, Freud wrote to Ferenczi:

Not only have you noticed that I no longer have any need for that full opening of my personality, but you have also understood it and correctly returned to its traumatic cause. Why did you thus make a point of it? This need has been extinguished in me since Fliess’s case, with the overcoming of which you just saw me occupied. A piece of homosexual investment has been withdrawn and utilized for the enlargement of my own ego. I have succeeded where the paranoiac fails....My dreams at the time were, as I indicated to you, entirely concerned with the Fliess matter

Commenting on the “Palermo incident,” Aron and Starr (2015) have recently written:

Freud and Ferenczi inhabited the flip sides of positive and negative Oedipal wishes and defences. Freud’s paranoia -his castration anxiety and paternal fear that his sons would band together to kill him- met Ferenczi’s hysteria -his excessive “feminine” need to be loved and engaged in direct emotional exchange- even as each unconsciously and ambivalently identified with the other, his uncanny double. (p. 160)

My thesis is that Ferenczi, in his role of an “uncanny double” of Freud, became the recipient of what the founder of psychoanalysis failed to integrate in his own mind, included the childhood trauma of Emma Eckstein, to wit, her circumcision.

It should be noted that Freud’s posthumous dialogue with Ferenczi informed “Analysis terminable and interminable,” and that the two examples selected by Freud (1937a) to discuss the question of what analysis was capable and incapable of achieving were precisely Emma Eckstein and Sándor Ferenczi. This alone would be sufficient to establish a link between the two. Jointly with the ghosts of Fliess and Emma, the figure of Ferenczi resurfaced in the final page of Freud’s meditation, where the “repudiation of femininity” was presented as a “bedrock” on which analysis rested, an ultimate biological factor that could not be penetrated further (p. 252). Since “bedrock” (*gewachsene Fels*) in German literally means “growing or living rock” and Freud considered circumcision as a key-fossil (Leitfossil; Freud, 1939, p. 39), Jay Geller (2007) found that this image presents us with the inverse figuration of “petrified life, the fossil that emerges in Freud’s discussion of fetishism, circumcision, and Judentum” (p. 212). My thesis is that Ferenczi succeeded to restore to life a psychic area that in Freud had remained sequestered and unplumbable.

FREUD AND CIRCUMCISION

At the time of his last encounter with Ferenczi, Freud had just terminated his *New Introductory Lectures on Psycho-analysis*. In this important work, Freud (1933a) attempted to explain once again why castration was the severest trauma. He did so by appealing to the fact that boys are frequently threatened by a parent with having their penis cut off once they begin to masturbate, and that this punishment “must regularly find a phylogenetic reinforcement.” Freud then repeated his founding myth, namely that in primeval times castration used actually to be carried out by a jealous and cruel father upon growing boys, and that “circumcision, which so frequently plays a part in puberty rites among primitive peoples, is a clearly recognizable relic of it” (pp. 86–87). Freud’s argument was based on an articulated interpretative system in which every single element supports the other. Still, to make his argument stronger, Freud appealed this time to a further evidence: he called upon investigations concerning the effects of suppression of masturbation in children. He wrote:

The analysis of cases in which circumcision, though not, it is true, castration, has been carried out on boys as a cure or punishment for masturbation (a far from rare occurrence in Anglo-American society) has given our conviction a last degree of certainty. (p. 87)

This is the only passage to be found in his entire work in which the founder of psychoanalysis makes an explicit reference to a shocking medical practice that he first met in 1886, during his paediatric training in Berlin (Bonomi, 1994b). Freud’s opposition to this practice was one of the strongest motives of his rebellion to the medical establishment in the years 1886–1896, when, while working in a children hospital, he laid the foundation of psychoanalysis. Nearly 50 years later, the psychic effects of the same shocking medical practice were presented by Freud as ultimate evidence, indeed as the elements that gave to his conviction “a last degree of certainty.” It was the closure of a circle.

Yet, one also has the impression that Freud didn’t want to be involved in personal reminiscences. For instance, by relegating the “cure or punishment for masturbation,” a she called it, to the Anglo-American society, he was keeping the entire matter at a great distance. Moreover, he concluded his argument by saying that women “cannot have a fear of being castrated” (Freud, 1933a, p. 87; emphasis added). Freud, we know, had a very strong theory about the castration complex in women. Yet, in this context, this assertion is a troubling one, since circumcision applied to both genders. Indeed, the methods to “cure” masturbation in girls were much more sadistic than those applied to boys. They included the cutting of the labia, the extirpation of the clitoris, the cauterization of the entrance of the vagina, infibulation, and similar methods. Why did Freud lay such a tremendous emphasis on circumcision in boys, but neglect and deny the psychic consequences of circumcision in girls? Why did Freud not consider also female genital mutilation a “relic” of the irrational, archaic, and traumatic past?

FERENCZI AND CIRCUMCISION

Sándor Ferenczi was not only Freud's closest followers but also the only one who totally embraced the views of the master, plunged himself in his phallogocentric system, and further developed it. Ferenczi (1924/1989) attempted to provide a foundation for the genital theory of Freud in *Thalassa*, proposing that the erect penis was the living memorial of a catastrophe of cosmic proportions that acted in the same manner as does the unresolved trauma in the case of the traumatic neurosis, that is by compelling to "a perpetual repetition of the painful situation" (p. 66) that is uninterruptedly transmitted from one generation to the other to the purpose of a progressive abreaction. The model that more or less consciously informed Ferenczi's "meta-biological" speculation was, evidently, circumcision.

Thalassa was very highly evaluated by Freud, who recognized in it the climax of their intellectual vicinity, after which Ferenczi's drifting away began (Freud, 1933b). Ferenczi's scientific fairy tale was in fact the starting point of a progressive deconstruction from within of the pillar of the Freudian system, the Phallus. Suffice to say that Ferenczi (1930–1932/ 1955, 1931/1955) replaced castration with a metapsychology of the fragmentation of mental life, thus formulating a new language to explain the effects of trauma on the human psyche (Bonomi, 2015b).

More in general, during the final years of his life, Ferenczi expressed his dissatisfaction with the direction in which psychoanalysis had been developing and attempted to reorganize the entire field on the basis of a less defensive and more open attitude by analysts towards their patients. His revision featured, among other elements, a revision of the castration theory of femininity. In his Clinical diary, in a page that he penned on 4 August 1932, about in the same period when Freud wrote that women "cannot have a fear of being castrated," Ferenczi expressed contempt for the ease with which Freud had sacrificed the "interests of women in favor of male patients," criticizing Freud for "the unilaterally androphile orientation of his theory of sexuality." At the same time, Ferenczi also came to wonder about the ease with which Freud's own pupils, including Ferenczi himself, had followed Freud in this direction and doctrine so unquestioningly (Dupont, 1985/1988, p. 187).

Ferenczi was particularly struck by Freud's "castration theory of femininity," namely, Freud's view that girls were born with the feeling that they had a penis and that a girl necessarily had to accept castration in order to mature into a healthy woman. Ferenczi wrote, in this regard, that Freud neglected the alternative possibility "that masculinity only takes its place for traumatic reasons (primal scene), as a hysteric symptom" (p. 188).

In what follows, I will attempt to argue that Ferenczi's hypothesis on Freud and the origins of psychoanalysis are validated if only we focus on the circumcision trauma that Emma Eckstein had suffered during her childhood and Freud's reaction to it. In this context, I will treat only a few of the elements that are involved in this affair. We can now turn to Emma Eckstein.

EMMA ECKSTEIN

Emma Eckstein became widely known in psychoanalytic circles around the time of the publication of the complete edition of Freud's letters to Fliess in 1985. A century earlier, in February 1895, Ms. Eckstein underwent a surgical operation on her nose performed by Wilhelm Fliess, which led to near fatal consequences for her. The dramatic character of this event, the fact that Emma was surgically worked on by Fliess because of her habitual masturbation and with the compliance of her analyst, as well as Freud's all-out defence of Fliess, all contributed to the sudden popularity of Emma Eckstein. This much discussed and examined event has, however, overshadowed the real significance of Emma's case history for the birth of psychoanalysis.

During the period when Freud worked to father psychoanalysis, he had only three patients who remained in analysis with him for an extended period of time. Emma Eckstein, who was about 30 years old at the time, was the only female member of this small group and the patient who most influenced Freud's theorization. She led Freud to formulate his wish-fulfillment theory of the psyche in early 1895 (Appignanesi & Forrester, 1992, p. 135) and played an important role in Freud's dream of Irma's injection on July of that same year, the dream being usually associated with the birth of psychoanalysis itself. Emma was also the patient who most came to influence Freud's development of his so-called seduction theory, formulated by him not long after. This basic information regarding Emma's influence on Freud can be found everywhere.

Emma's influence on Freud went deeper, however. Jones (1955, p. 469) described Emma as a woman

who was endowed with a “masculine cast.” Jones had perhaps derived the idea that Emma was a masculine woman from the fact that she experienced recurrent dreams of gigantic snakes. As a matter of fact, Fliess based the dreams of Emma on his theory of bisexuality and repression (see Fliess’s letter to Freud of 26 July 1904; Masson, 1985, p. 465). Under the spell of Fliess’s theory, Freud himself formulated the extinction theory of the “male genital zone” in the development of female sexuality (letter to Fliess of 14 November 1897), thus providing a psycho-biological explanation for the hallucinatory sensation of having a penis (Freud, 1905, pp. 220–221), which he found in the course of his analysis of Emma.

It seems, however, that in the case of Emma, her fantasy of having a penis was a hysterical symptom that had occurred for traumatic reasons insofar as she had endured a genital mutilation while a child. Since this conclusion has not been consensually validated and accepted within the psychoanalytic community, I will return to the documentary evidence available that supports it. It should be immediately noted, however, that such a possibility fits with Ferenczi’s criticism of Freud’s “castration theory of femininity” in his Clinical diary.

Another element that has not been assimilated by the psychoanalytic community is the severity of Emma’s early trauma and the reason for her reenactments. Emma, Freud wrote to Fliess on 4 May 1896, had “always been a bleeder.” Indeed, even as a girl, she was in the habit of regularly cutting herself, the depth of her traumatophilia being supported by multiple elements in her personal case history.

Emma’s main hysterical symptom featured somatic hallucinations of pain that prevented her from walking smoothly and from even from being able to stand up on her own at times. Her analysis came to an end around spring time of 1897 and was apparently successful. She experienced a severe relapse, however, and began a second period of analysis with Freud 13 years later, in 1910. That second slice of analysis terminated abruptly after just a few months, apparently because Emma allowed herself to be surgically operated on her abdomen. Freud reportedly became very angry with the young colleague (Dora Telecky) who had advised Emma to undergo the surgery. Freud reportedly responded to her advice to Emma by saying something in the order of: “Do you believe that hysterical pain can be cured by [way of] the knife?” (Ludwig, 1957, p. 115). Freud reacted to Emma’s reenactment by dropping his patient and declaring that she would now never improve, which indeed turned out to be the case. It was at that point that Freud replaced Emma with President Schreber and plunged himself in the interpretation of Schreber’s delusional system. Freud (1937a) discussed this event in Emma’s life without mentioning her name in “Analysis Terminable and Interminable,” one of his last texts. To quote Freud and his text:

She [Emma] fell in love with her surgeon, wallowed in masochistic phantasies about the fearful changes in her inside... and proved inaccessible to a further attempt at analysis. She remained abnormal to the end of her life. (p. 222)

These words help illustrate the depth of Emma’s traumatophilia. Freud’s replacement of Emma with Schreber in the summer of 1910 is also especially telling, since the “putrefaction of the abdomen” (cf. Freud, 1911, p. 17) and the destruction of the internal organs were the starting point of Schreber’s transformation into a sexually abused female who, like Christ, willingly accepted her martyrdom in order to save mankind.

EMMA’S CIRCUMCISION SCENE

Let us now examine the documentary evidence supporting Emma’s mutilation of her genitals. In his letter to Fliess of 24 January 1897 (Masson, 1985, p. 227), Freud reported the following:

... Imagine, I obtained a scene about the circumcision of a girl. The cutting off of a piece of the labium minor (which is even shorter today), sucking up the blood, after which the child was given a piece of the skin to eat....

[Denk dir, dass ich eine Szene von Mädchenbescheidung bekommen habe. Abschneiden eines Stückes von einem Kleinem Labium (das heute noch kürzer ist), Aufsaugen des Blutes, wonach das Kind das Stückchen Hut zu essen bekommen.]

Fifty years ago, the patient that Freud mentioned in his letter to Fliess was identified as Emma Eckstein by Max Schur (1966/1979). The scene was likely presented by Emma to Freud in analysis while in a state of deep regression.¹ The scene had obviously been fashioned on the model of the Jewish ceremony of circumcision (*brit milah*; Bonomi, 1994c, 2013). I won't discuss the symbolic structure of Emma's fantasy in any detail in this context but wish merely to focus on the actual cut that she had suffered and endured, as Freud's own words and description on the asymmetry of Emma's labia lips clearly hint and suggest -at least for me. There is not, in fact, a consensual agreement on the meaning and value of this passage. When, a few years ago, I submitted a paper about Emma's circumcision to the *International Journal of Psychoanalysis*, the editors and most of the peer reviewers firmly rejected the possibility that this passage might be considered evidence. Initially, also the editor of the *Psychoanalytic Quarterly* had the same reaction, but then he changed his mind and accepted to publish the paper, which appeared in 2013 under the title "Withstanding trauma: The significance of Emma Eckstein's circumcision to Freud's Irma Dream."

We lack actual data regarding the real circumstances under which this event occurred. Our understanding of the origins of the psychoanalytic building would obviously benefit greatly from the reconstruction of a trauma that Emma appears to have lived again and again, either by cutting herself or with the compliance of surgeons. What is beyond doubt is the fact that the reality of Emma's genital mutilation has not been acknowledged or consensually validated. On the contrary, it has been powerfully suppressed, denied, and dissociated, written out, as it were, from the history of the foundation of psychoanalysis by psychoanalytic scholars, including present and past directors of the Freud Archives, and by historians of psychoanalysis (with the only exception of Elisabeth Roudinesco, 2014). How could this happen?

When Freud's letters to Fliess were first published (Bonaparte, Freud, & Kris, 1950/1954), the passage that hinted at Emma having been circumcised was suppressed along with other vital material. Princess Marie Bonaparte purchased Freud's letters to Fliess from a book dealer in Vienna in 1936. After resisting Freud's suggestion that she destroy the letters, she also challenged Anna Freud's censorship of the material. Before her death (in 1962), the Princess passed a copy of all the letters to Max Schur, entrusting him with the mandate of rescuing the passages that had been cut from the initially published version of the letters. The princess, it turns out, had herself undergone several similar operations in the period when he was in analysis with Freud.² On one occasion, in 1930, when Marie underwent both a resection of the nerves on her external genitals and a complete hysterectomy, she was assisted by Max Schur. This allows us to better grasp the meaning behind her mandate to Schur.

Bonaparte's mandate failed to come to fruition, however. In 1966, Schur published the excerpts in an important article on the dream of Irma's injection, the starting point of Freud's long journey into the unknown. In this well-known dream, Freud peers down the mouth of a female patient of his in order to localize and determine the cause of the pains that she felt in her body. Instead, Freud is shocked and recoils back by what he finds.

According to Erikson (1954) and Lacan (1954–1955/1988), the act of looking into Irma's mouth involved a moment of horrible discovery, a moment that marked and informed the birth of psychoanalysis of psychoanalysis itself. According to Schur, the Irma in Freud's dream was none other than Emma Eckstein. We know today that he was mistaken, of course, and that Irma was Anna Hammerschlag, the recently widowed daughter of Freud's Hebrew teacher from his childhood. In the dream, however, Irma also functioned as a collective figure, with Irma's troubled and rotting mouth functioning not only as a displacement of the vagina but as a symbol of Emma's mutilated labia lips in particular. Schur was able to establish the connection between Irma and Emma because Emma's nasal operation had been botched up by Fliess just five months earlier. Schur, however, failed to understand that Fliess's surgical intervention on Emma involved a reenactment of her circumcision trauma, a trauma that Emma was to repeat over and over again, either as a result of her own actions or as a product of the ministrations of her own doctors. More precisely, in his article, Schur (1966/1979) described Emma's cut as being a product of her "fantasy" life (p. 114), thereby expunging from his mind what Freud himself had reported to Fliess by displacing the entire emotional drama of the events in the direction of the faulty operation that had been performed by Fliess on Emma's nose.

This same displacement was to later guide and inform the content of Jeffrey Masson's (1984) *The Assault on Truth*. Masson had been designated as Kurt Eissler's successor, as the next director of the Freud Archives.

He also served as the main and principle editor of Freud's complete letters to Fliess in 1985. Just before the complete letters were published, Masson wrote a sensationalist and controversial reconstruction of why Freud had abandoned his theory of seduction in 1897. Masson in large part based his argument on Freud's failure to stand up in defence of Emma as a victim of Fliess's surgical malpractice when Fliess operated on Emma's nose. The result was that the passage where Freud referred to Emma's circumcision had now been published and was available for all to see. It was pushed out of sight, however, as everyone was now busy pondering the meaning and impact of the nasal surgery on Emma that Fliess had botched up.

During the following three decades, the genital cut that Emma suffered was completely overlooked, bypassed, and neglected by the psychoanalytic community. Not a single psychoanalyst has dared to question or otherwise challenge Schur's conclusion that the scene that Freud described to Fliess in his letter regarding Emma had been a product of her fantasy life. As far as I know, not a single psychoanalytic scholar or analyst has wondered about the repercussions of Emma's trauma and the unconscious impact that it exercised on her analyst. Historians of psychoanalysis and academics have not fared any better. Freud's passage regarding the genital cut on Emma's labia was first suppressed then denied and, finally, successfully dissociated from the history of our discipline.

This scotomization, impressive because of its collective character, is not the only blind spot. Another element crucial to our capacity to reconstruct and understand the origins of psychoanalysis has been dissociated in a similar fashion. I am referring to the medical practice of real or actual castration performed on girls and women during the years when Emma Eckstein was a girl and Freud a young physician in Vienna.

FROM GENITAL MUTILATION TO THE PHALLUS CULT

The existence of this practice was not completely ignored. In her article "Female mutilation among primitive peoples and their psychical parallels in civilization" Marie Bonaparte (1948/1953) recalled that, until recently, clitoridectomy was practised also in Europe to remedy excessive masturbation in girls. "We know that," she wrote, "for fifty years, European surgeons did not hesitate to resort to it at times" (p. 156). According to her, there was no difference between this brutal method to repress feminine sexuality and the tribal mutilations of female genitals in girls that "seemed to Freud a way of seeking to further 'feminize' the female" (p. 153). Immediately after, René Spitz directed a vast bibliographic research on this sadistic practice that he made public because, Spitz (1952) explained, the knowledge of this practice was greatly resisted in psychoanalytic circles. William Niederland (1984) and Gerd Busse (1989) later found that the famous Schreber case discussed by Freud in 1911 was illuminated by these sadistic practices that were sometimes called "Black Pedagogic." Not only did President Schreber's father feature as a top dog in this black world, but also his psychiatrist and persecutor, Professor Flechsig, made use of castration (the extirpation of ovaries) in the cure for hysteric women -something that Emma herself perhaps experienced on her body before landing on the couch of Freud.

The pervasive presence of these dark practices remained totally disconnected from the narration of the origins of psychoanalysis, however, and especially from Freud's cardinal discovery of childhood sexuality. Revisionists did not fare better than orthodox, in this regard. Frank Sulloway (1979), for instance, was able to show that Freud's ideas had been laboured before him under the new evolutionistic paradigm. Yet Sulloway missed the fact that the abstract and scientific interest on childhood sexuality was itself a reaction to the increasingly sadistic character of the repression of masturbation in boys and girls. Masson (1986), in his turn, two years after having published his version of the origins of psychoanalysis in 1984, collected, translated, and published a series of original psychiatric works on the surgical repression of sexuality in women and children, without being able to establish a connection between this "Dark Science" and the origins of psychoanalysis. This was the situation in the 1980s, when I began to become interested in the history of the origins psychoanalysis.

It was only in 1992, when the first volume of the Freud-Ferenczi correspondence appeared, that, under the influence of a dream of Ferenczi, I began to experience the fantasy that the entire psychoanalytic edifice rested on a single catastrophic event that tapped on a real or actual event of castration. Such a fantasy was so at odds with all that was known and consensually accepted that I experienced it as bizarre, if not frankly crazy. I decided, however, to discuss my thoughts with Professor Gerhard Fichtner, director of the Institute of History of Medicine at the University of Tübingen and a respected authority on Freud. Professor Fichtner

was at first very perplexed by my question but soon invited me to “follow” him to the institute’s library. Within a short period of time, and to my amazement, he was presenting me with various medical books and articles, all in German, on the subject of the castration of women and the circumcision of children during the second half of the 19th century. A totally new medical scenario that had been strikingly neglected by historians of psychoanalysis surfaced before me at that point.

I also undertook archival research here in Berlin and found that Freud’s paediatric studies in this city in 1886 had been misrepresented in various ways. One year later, I presented my findings before a highly qualified audience in a paper that I entitled “Why have we ignored Freud the ‘paediatrician’?” (Bonomi, 1994a). My thesis was that Freud must have been deeply impacted by the medical practice of attempting to cure masturbation in children and hysteria in women through surgical interventions on their genital organs, a practice that prevailed at that time. Since Emma herself had been likely circumcised in an attempt to liberate her from the habit of masturbation, one can immediately grasp the relevance of the question. My aim, as the title of my paper suggested, was not to challenge the psychoanalytic system but to invite scholars to integrate a portion of the history of medicine that had been neglected into our knowledge of the origins of psychoanalysis. More than this, I felt it was of vital importance to mark this gap in our collective memory.

Before focusing further on this gap, I wish to comment on the reception that my arguments have received. During the ensuing two decades, I have delivered several lectures and published a number of articles on the connection between actual and real castration and the birth of psychoanalysis. The thesis I have advanced has never been challenged, and the emotional and intellectual responses that my presentations have received have always been positive. Despite this, the contents of my arguments could not be retained and were easy to evaporate. Why? Why is it so difficult, if not impossible, for analysts to acknowledge that Emma Eckstein was indeed circumcised during her early years? Why does this trauma glide away from the mind, and why can it not be integrated into the knowledge that currently exists concerning the origins of psychoanalysis?

Adopting a formula that Freud (1924) himself proposed, we might say that Emma’s circumcision trauma became a lost piece of reality that was replaced by a psychotic delusion. Freud (1937b) himself, we know, compared psychoanalytic constructions to psychotic delusions, and on one occasion he defined psychoanalysis as “a product of delusion” that succeeded to “become a valuable part of reality” (Freud, 1925, p. 52). From this point of view, the Freudian system appears to involve an autoplasmic attempt at recreating a piece of reality that has been disavowed. Indeed, the reverberation of Emma’s trauma manages to resonate throughout the entirety of Freud’s work, and especially in the transcendental significance that the notion of Phallus has come to occupy within the Freudian conceptual system. In short, in the perspective that I am advocating, the (transcendental) Phallus itself is a hallucinatory replacement of a rejected piece of traumatic reality. We might find a validation of this hypothesis in the fact that the very first reference to the Phallus that we find in the work of Freud appears in the very same letter he wrote to Fliess to report to him on Emma’s circumcision scene. In it, we find Freud introducing the image of “the great Lord Penis [*der große Herr Penis*]” (Masson, 1985, p. 227). The sharp contrast and deep continuity that exists between these two elements once inspired me to give the following title to my deconstruction and reconstruction of the Freudian system: “From genital mutilation to the Phallus cult” (Bonomi, 2006). In other words Emma’s trauma was not only disavowed but remodelled and fashioned into the object of a secret veneration by both analysand and analyst.

We might also say that Emma’s hallucination and dream to have a penis were incorporated in the Freudian system as a relic, that is, as an object of worship reminiscent of the devotion to anatomical body parts in ancient healing cults or the veneration of saints who were horribly mutilated during the Middle Ages. In all these cases, a violent amputation and dismemberment usually stood at the origin of the cult (Morehouse, 2012). A relic is of course a shared or collective fetish. We might therefore say of the Phallus as pillar of the Freudian system what Freud (1927) himself said about the fetish, namely that it represents a memorial and a substitute of a very concrete “horror of castration”(p. 154). It secures a protection, but only at the cost of a petrification of the horror and a split in the ego that “never heals” (Freud, 1938).

CONCLUSION

Freud did not categorize Emma’s circumcision as a trauma. We should, however, also consider that nobody else did: during those early days, this kind of mutilating procedure was presented and represented as

a “cure.” The fact has many implications. The most important is that Emma’s circumcision and its traumatic aspects could not be voiced or acknowledged either by her or by her analyst. From this point of view, the miracle of a long-term psychotherapy characterized by an intense vicinity and a regressive therapeutic setting is that an unnamed and unnamable trauma arrived to impact the founder of psychoanalysis to the point of reawakening in him deep-seated memories that stretched far back to his early childhood years, including memories of the ceremony of his younger brother’s (Alexander) circumcision, to inform his dreams and to be displaced in his theoretical fantasizing. In *The cut and the building of psychoanalysis* (Bonomi, 2015a), I have indeed tried to show how the assumption that the trauma of Emma was incorporated by Freud enables us to decode the “riddle” embedded in the founding dream of psychoanalysis, Freud’s Irma dream, and to clarify many important aspects of his self-analysis and of his theoretical speculations.

In my tentative reconstruction, psychoanalysis was an epiphany of the Unconscious, which was greatly resisted by Freud, even though his undeniable merit was to let it happen, to record it, and to try to assimilate it into a rational framework. Here, I disagree with the recent tendency to describe the birth of psychoanalysis as an “invention” or “creation” and an intellectual “synthesis” by Freud, and to explain it without even referring to Freud’s dreams and other expressions of his unconscious (cf. Makari, 2008; Roudinesco, 2014). Obviously, my way of reading Freud’s self-analysis is very different from the traditional and self-centred one, but has in common with Erikson and Lacan the idea that Freud transformed a nightmare into a new kind of knowledge.

The greatness of Freud also was to imagine this knowledge on the wake of science, that is as a universal knowledge, which in principle was liable to be transmitted, discussed, and modified. Freud’s recurrent conflicts with his most innovative followers show the intrinsic difficulties of this plan but do not contradict it. The fact that, in the founding dream of psychoanalysis, this new universal knowledge was symbolized by the formula of the trimethylamin is also very challenging because it suggests an infiltration of the Hebrew word *brit milah* (circumcision) into a Tri-Amen formula. Obviously, there would be much to say about this formula in which so many patterns of Freud’s self-analysis as well as of the world history are conflated and subsumed under the wish to father a science of the Unconscious that was as rigorous as any of the physical sciences.

If we circle back to our starting point, namely Freud’s assertion that the analysis of his American patients on which circumcision had been carried out as a “cure or punishment” for masturbation provided his conviction with “a last degree of certainty,” we cannot avoid concluding that Freud was reminded, in this context, of his analysis of Emma Eckstein. Nevertheless Freud maintained once again that women “cannot have a fear of being castrated” (Freud, 1933a, p. 87), and yet Emma’s spectral presence resurfaced in his text just a few pages later, as Freud pondered the intimate relation between masochism and femininity. Noting that masochism and sadism represented “a truly puzzling problem to the libido theory,” Freud wrote, “it is only proper if what was a stumbling-block for the one theory should become the cornerstone [Eckstein] of the theory replacing it” (p. 104). Freud invoked the “cornerstone” or “foundation stone” concept on various occasions. The word that Freud mainly called upon to do so was “*Grundfeiler*.” Freud also invoked the words “*Grundstein*” and “*Angelpunkt*.” This remained the only time in his entire work, however, that he made use of the word “Eckstein,” namely the word that Luther employed in his German translation of the Bible to refer to the cornerstone concept (Ephesians 2:20; 1 Peter 2:6) -“*akrogoniaios lithos*” in the Septuagint translation, “*lapis angularis*” in the Latin. Besides being symbolic of Jesus Christ, “Eckstein” obviously was the family name of his most important patient during the years when he laboured to present psychoanalysis with its foundation.

Despite Freud’s erasure of the trauma that Emma experienced, her cut never ceased to break unconsciously through Freud’s fantasies and discourse, haunting the psychoanalytic building as a veritable ghost. Apparently, the same ghost arrived to affect Ferenczi’s dreams and theoretical fantasies. Indeed, the very starting point of my inquiry and research was a dream that occurred to Ferenczi in a very special situation, during Christmas of 1912. It featured the totemic meal of a small erected penis served on a saucer (Bonomi, 1994a, 1996, 2015a,b). In my imagination, it filled a gap that I slowly tried to reconstruct consulting the archives of history and following the fantasy that Freud had transferred his affection for his younger brother Alexander to another Alexander, Sandór Ferenczi, who then became the recipient of what Freud could not consider in his own mind. Ferenczi, I must recall, also invoked the term “*Bausteine*” (“building block” or “foundation”) to present his collected works with a title. Ferenczi’s use of this word points directly to an issue that deeply bothered him, to wit, the question of the ultimate ground from which psychoanalysis

itself had sprung, the factors that made its birth necessary and informed the “Telos” that its legacy has transmitted. Ferenczi was of the opinion that Freud’s “drive–passion” model required rethinking. As a reading of Ferenczi’s Clinical diary reveals, the starting point of his “Confusion of tongues between the adults and child” traced back to the following lines, penned by him on 30 June 1932: “What are passions? In the Encyclopaedia Britannica: “passion” = (1) suffering of pain, (2) feeling of emotion, (3) suffering of Jesus Christ...and Saints and Martyrs...”

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NOTAS:

1 .- Just a week prior (on 17 January), Freud reported yet another scene to Fliess that featured Emma. This earlier account featured a medieval scene of demonic possession. Appignanesi and Forrester (1992) described these two scenes as “fantastic scenes from [Emma’s] inner life, in the no-man’s land between fantasy and memory, resonating with the sadistic acts and fantasies of a former historical epoch” (p. 137).

2 .- Between 1927 and 1931, Marie Bonaparte submitted herself to several attempts at curing her frigidity by resecting and relocating her clitoris (Bertin, 1982). “In her capacious sack,” say Appignanesi and Forrester (1993, p.329), “Freudian ‘truth’ was transformed into a biological message, anatomy into a castrated destiny. Rather than into a dynamic symbolic structure.” According to Elisabeth Roudinesco (2014): “Since Freud himself was enduring painful interventions, in such transference situation he did not have the possibility to interpret the jouissance experienced by Marie under the scalpel. ... Evidently, Freud was fascinated by these histories of cut off clitoris and he found in Marie’s surgical obstinacy the ‘biological echo’ of his own theses.” (p. 390)