

A Rabbi, a Priest, and a Psychoanalyst: Religion in the Early Psychoanalytic Case History

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Abstract In the early twentieth-century psychoanalytic case history, Jewish psychoanalysts faced discursive challenges in the presentation of Jewish patients. Under the supervision and guidance of Freud, the psychoanalyst Wilhelm Stekel (1868–1940), authored case histories of a rabbi and a priest, both of whom he diagnosed with “occupational neuroses.” In this article, the author compares the case history of the rabbi (Shalom Dovber Schneersohn) with the case history of an anonymous priest. The author argues that Stekel wrote and Freud edited the case of the priest in such a way as to create a proxy for the case of the rabbi, not primarily to augment scientific claims, but because of Stekel’s and Freud’s self-conscious presentation of male Jewish hysteria to the Viennese medical establishment in the early years of psychoanalysis.

Keywords Psychoanalysis · Stekel · Freud

In 1903, the 42 year-old Hasidic rebbe Shalom Dovber Schneersohn (1860–1920), known by his devotees as RaSHaB, set out to central Europe to seek treatment for an idiopathic condition in his left hand. In a letter to his cousin Yishaya Berlin of Riga, Latvia from RaSHaB’s home in the Belarusian townlet of Lyubavichi on January 13, 1903, RaSHaB weighed his treatment options: “I will, G-d willing, travel to Vienna to inquire in regards to my health. I see the advantages of Berlin over Vienna. I have not yet decided [where to go], but this is my current thinking. The blessed Lord should give me a complete recovery soon among [the ill of Israel]”

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(Schneersohn 1903a).¹ Upon his arrival in Vienna later that month, RaSHaB wrote again to his cousin regarding the tedious process of obtaining a diagnosis: “I was by Professor [Sigmund] Freud the neurologist whereupon he referred me to Professor [Carl] Nothnagel.”² They both agreed that the suffering of my hand is neurological.”³ In other letters, RaSHaB reported frequently on his electromagnetic treatment sessions,⁴ as well as his continued search for other potential cures. Nearly a month later, RaSHaB wrote from Vienna, “I am currently contemplating [traveling to] Paris after I saw that, thank G-d, it [the hand] got a little better, even if the improvement is still only partial....”⁵ In one letter, written in the middle of his medical tour of Vienna, RaSHaB debated the relative merits of extending his search to Paris or Berlin, concluding that “Their [Freud’s and Nothnagel’s] advice is to do electromagnetic therapy, which is different than what was already done for me in Kharkov....If I will be able, I may travel from here for a few days to Paris to consult with Professor [Édouard] Brissaud.”⁶ My son is with me, but if I go to Paris I will travel alone, return here [Vienna], and we will travel home together in peace.”⁷ RaSHaB’s treatment with Freud was noted by RaSHaB’s son, Rabbi Yosef Yitzchak Schneersohn (1992), and his grandson-in-law, Rabbi Menachem Mendel Schneerson (1997), but references to none of the other medical practitioners on RaSHaB’s assessment team survived in broader Chabad literature. Scholars have tried in vain to corroborate the clinical relationship between Freud and RaSHaB from the corpus of Freud’s prodigious writings, overlooking a short preface to a section in a little-known debut volume *Nervöse Angstzustände und Deren Behandlung* by his early disciple Wilhelm Stekel (1868–1940).

In this book—revolutionary and controversial in its time but largely ignored by history—Stekel includes the case of a 42 year-old *rabbiner* who initially sought treatment from Freud in 1903 for an idiopathic condition in his left hand. Returning to the case of this rabbi throughout his literary career, Stekel repeatedly recounts Freud’s 1903 referral of the case, collaboration in the treatment, and editorial review

¹ Shalom Dov Ber Schneersohn to Yishaya Berlin (January 13, 1903 [14 Tevet 5663]). In a letter first publicly introduced online by AGUCH librarian Shalom Dovber Levine on June 22, 2010 in response to my identification of Stekel’s case history of “der rabbiner” as RaSHaB (Katz 2010a), RaSHaB writes that he went to see Freud who took him to see Professor [Carl] Nothnagel for the pain in his hand (February 5 [18th of Shvat]). For excerpted and transcribed versions of these previously unpublished letters, see: http://bhol-forums.co.il/topic.asp?topic_id=2799147&whichpage=4&forum_id=19616#R_4 (Last accessed June 25, 2010) [Hebrew].

² Presumably internist Carl Nothnagel (1841–1905) at the University of Vienna, a specialist in ocular and upper extremity nerve paralysis.

³ Shalom Dovber Schneersohn to Yishaya Berlin (February 15, 1903 [18 Shvat 5663]).

⁴ Despite censure from the scientific community, Franz Mesmer popularized the medical use of magnetic therapy in Vienna and Paris in the mid-eighteenth century. By the late nineteenth century, the technique became somewhat more mainstream, taking the form of electromagnetic treatments that applied electric current in conjunction with the application of magnets in the hopes of stimulating nerve endings (Macklis 1993). Psychoanalysts also made use of the technique to treat “mental states.”

⁵ Shalom Dov Ber Schneersohn to Yishaya Berlin, (March 11, 1903 [12 Adar 5663]).

⁶ Since RaSHaB refers to this specialist by last name alone, he presumably refers to the famous pathologist Édouard Brissaud (1852–1909), who specialized in motor dysfunction.

⁷ Shalom Dov Ber Schneersohn to Yishaya Berlin (February 15 1903 [18 Shvat 5663]).

of the published case history. Comparing the descriptions of the course of treatment as described by RaSHaB and Stekel, it appears that Freud not only referred RaSHaB to Nothnagel, his senior advisor at the University of Vienna, but also to Stekel, a junior colleague who had just opened his psychoanalytic practice. RaSHaB's visits to Freud, Nothnagel, and Stekel for his non-specified symptoms coincided with the beginning of a diagnostic revolution taking place in Vienna that would lead to one of the most significant modern medical developments: the acknowledgement that mental states played a role in physical effects. In coming to Freud, RaSHaB found himself between the established neurological community at the University of Vienna and the younger psychoanalytic movement that was gaining momentum around Freud. Implicit in Freud's referral of RaSHaB to Stekel and the subsequent analysis was the conviction that psychoanalysis could cure a disorder that the professors at the University of Vienna pronounced neurological. Success in treating a seemingly neurological disorder with the new "talking cure" would undoubtedly be a coup for Freud and Stekel. At least in its time, the publication of RaSHaB's case history in 1908 was an important milestone for the burgeoning discipline.

A brief review of the case history demonstrates Stekel's confidence in his clinical judgment that RaSHaB's seemingly neurological disorder stemmed from psychic factors. Stekel reported that the rabbi suffered from a variety of physical symptoms such as stuttering, but the case history primarily revolves around a loss of sensation in the patient's left hand and arm, which Stekel proudly announces no other doctor had succeeded in curing and that could be alleviated with a "psychic cure." Stekel submitted the rabbi to a full physical examination in which "needles could be stuck deeply into it [left arm] without the slightest feeling in the patient," and noting that "the sensation of the thermal stimuli in the left limb was completely null" (Stekel, *Nervöse Angstzustände*, p. 161). Stekel diagnosed RaSHaB with a conversion disorder triggered by an "occupational neurosis" (*Berufsneurose*) brought about by the pressures of his sacerdotal calling and a "traveling neurosis" (*Reiseneurose*) that manifested itself in the rabbi's persistent search for treatment. Stekel notes that every 3 months or so, the rabbi "contracts an oppressive restlessness; he cannot work any longer, and decides to go somewhere to consult some professor or visit some famous seaside health-resort." In Stekel's opinion, the numbness in the rabbi's arm stemmed from his obsessive desire for and guilt over forbidden sexual experiences and fantasies, which he repressed into the unconscious "masked by various more tenable desires, such as consultations with professors, visits to friends, trips to resorts, etc. The primary motive, in fact, the only motive to these wishes, is the journey." In details that also appear in the memoir accounts of RaSHaB's son, Stekel reports that the rabbi was seized by a desire to travel by train at night and walk in forests by day.⁸ The rabbi "could not tolerate the spas for long, losing

⁸ According to Stekel, a fantasy of sin-compelling robbers drove the rabbi "to circle the forests for days while staying at a health-resort, always in the hope that circumstances might induce a sublime end to his innocence." RaSHaB's son, the future sixth rebbe of Chabad, Rabbi Yosef Yitzchak Schneersohn wrote that while they stayed in Vienna, he took long walks with his father through the forest "as per doctor's orders" (1992, p. 82).

patience, and traveling further and as far as possible, always at night, and always in a sleeping-compartment.”⁹

Stekel not only dismisses the neurological diagnosis RaSHaB attained from other doctors, but Stekel also rejects RaSHaB’s attempts to account for his physical suffering with religious explanations. In the opening of the case history, the rabbi initially attributes the unspecified symptoms in his hand to a violent sibling quarrel over his grandfather’s handwritten books and manuscripts during which the rabbi stepped in front of the bookcase and offered the following challenge to his brother: “I will not allow the books to part from my hands, *rather would I be taken from the books myself* [emphasis in original]” (1908, p. 162).¹⁰ An identical sibling feud is amply documented in Chabad literature, but Stekel finds the rabbi’s pinning his suffering on a constellation of religious factors unconvincing. Stekel limits the discussion of further socio-cultural material by organizing the rest of the case history around three dreams the rabbi brings to analysis, Stekel’s subsequent dream interpretations, and the memories that these interpretations evoke in the patient.

The rabbi’s first dream took the form of a vivid military scene. Stekel opined that the central soldier in the dream formed a “condensation” figure, in which a single dream symbol expressed the emotional content of several repressed memories: a male servant, the rabbi’s brother, and a male friend. According to the case history, the rabbi subsequently revealed that a “man-servant” sexually molested him from his youth, that his brother “paid court to his [the rabbi’s] wife in a shocking manner,” and that this brother habitually took the rabbi into his wife’s bedroom “where he [the brother] displayed her in scant attire, with the idea of arousing him, and to hold his wife’s beauty before his eyes.” These revelations lead into the rabbi’s identification of the third character within his dream’s “condensation” figure—a male friend. The rabbi occasionally wrestled with his friend in his wife’s presence, and after successfully defeating his friend, the rabbi triumphantly took his wife to bed. Stekel’s bold interpretation of the rabbi’s dream is offered as “proof” of the success of analysis because the rest of the case history proceeds to record the rabbi’s identification of his “core trauma” and his confession of a repressed sexual identity.

RaSHaB’s reference to Freud in his letters to his cousin as “the neurologist” and his eliding over his course of psychoanalysis in his letters to relatives make sense whether stemming from embarrassment over his course of treatment or distrust of Stekel’s clinical judgment. In later Chabad references to RaSHaB’s trip to Vienna, the details of the diagnosis and course of treatment are also understandably absent. But just as RaSHaB and his heirs narrated his symptoms as neurological to conform to expectations of what was becoming of a Hasidic rebbe, Stekel and Freud also

⁹ The Hasidic and psychoanalytic accounts confirm each other on this point. RaSHaB writes to his cousin that he will leave Vienna and then changes his mind and decides to remain for further treatment, which Stekel confirms when he marvels that the rabbi wanted to travel to see another doctor midway through their psychoanalytic course of treatment, but then changed his mind and returned to Stekel for analysis. As in many of the overlapping Hasidic narratives, the details in Stekel’s case history are confirmed, while the larger context (i.e. psychological treatment) is not discussed.

¹⁰ The pronouncement reads archaically, suggesting a sort of ancient curse: “Ich werde die Bücher nicht aus geben, *eher wird man mich von den Büchern wegnehmen.*”

imprinted their sensitivities to their Jewishness onto their public descriptions of the treatment of RaSHaB. The availability of both Hasidic and psychoanalytic accounts of RaSHaB's illness, trauma, and treatment presents a unique opportunity to apply an intertextual *reading* strategy to the psychoanalytic case history and the Hasidic historiography, which I employed in an earlier article (2010a). Yet, as I noted throughout that essay, while the vast majority of biographical facts in the case history and Hasidic biography confirm each other, they are both epistemological treatises whose interpretations present a host of analytic complications. In this paper, I explore Stekel's *writing* strategy in the psychoanalytic case history of the rabbi, in which I believe Stekel's and Freud's Jewish identities played a vital discursive role. The written case history can be read both as a work of science that employs formalist technique, and as a work of literature that embeds the author's richly layered cultural sensitivities. By focusing on the cultural elements inherent to the writing of the case history, we prioritize the experience of the analyst over that of the analysand. Thus, while RaSHaB's experience with psychoanalysis reveals much about the history of Chabad, the emphasis on Freud's and Stekel's writing also reveals much about the history of psychoanalysis and the critical analysis of its texts.¹¹

The Doctored Narrative

The rabbi was Stekel's "first real case" and marked Stekel's professional transformation from a University-of-Vienna-trained general practitioner into a psychoanalyst whose credentials would rest predominantly on his clinical reputation (Stekel 1926, p. 133). With his analysis of the rabbi, the young Stekel found himself in Freud's inner circle, with the published case history contributing to Stekel's recognition within the psychoanalytic field as a bona fide Freud acolyte. Freud intervened with RaSHaB well beyond the initial referral, acting as Stekel's supervisor, and taking an unusually heavy hand in the clinical process. Every fortnight, Stekel trekked, together with the rabbi, to Freud's home office at 'Bergasse 19' where all three were present in the room for sessions. With an uncharacteristic admission of clinical weakness, Stekel admitted that the case of the rabbi "was in fact a risky enterprise. I could have seriously messed up the case (Stekel 1926, p. 133)."¹² By the end of his career, however, Stekel recounted the analysis in triumphant tones: "After overcoming various resistances, the analysis made good progress and ended with a clear success. I began to feel more confident in the field of psychotherapy—a new world was opened to me. I visited Freud

¹¹ For my analysis of how RaSHaB was influenced by his experience with and thinking about psychoanalysis in his own post-1903 writings, see Katz (2010a, pp. 26–31). In short, RaSHaB posits that if one could accept irrational sin based on repressed desire, one must counter with irrational acts of goodness.

¹² In writing his defensive history of the psychoanalytic movement in 1926 in light of his own disenfranchisement from the movement, Stekel used the case history of the rabbi to establish himself as a disciple of Freud as well as to cast his differences with Freud in stark relief (Stekel 1926, p. 133).

frequently, reported on my observations, and received innumerable stimulations from him" (1950, p. 115).¹³

While the case of the rabbi propelled Stekel into Freud's inner circle, the publication of *Nervöse Angstzustände und deren Behandlung* in 1908—in which the case history of the rabbi appears—marked the beginning of Stekel's falling out with Freud.¹⁴ According to Stekel's most recent biographers, Jaap Bos and Leendert Groenendijk, the dispute over the publication of *Nervöse Angstzustände* resulted from Stekel's departure from his master's tautologies (2007, pp. 17–48)¹⁵; Stekel claimed anxiety neuroses were caused by psychic conflict, whereas Freud maintained they were purely sexual in origin. While the break-up has largely been attributed to a disagreement over psychoanalytic classifications, Freud personalized the dispute, questioning Stekel's integrity and scrupulousness. From the outset, Stekel posed a problem for the Viennese psychoanalytic community that formed around Freud. Along with practitioner Rudolf Reitler, Stekel was one of the few clinicians in the Psychoanalytic Society and, thus, his case histories took on the weight of scientific "evidence," which challenged the singular authority of Freud (Borch-Jacobsen 1999, pp. 56–59). Freud's other acolytes in the Society began to wonder if Stekel's case material sprang from his imagination rather than his couch, coining spiteful references to Stekel's "proverbial patients." Stekel reacted to such accusations with wounded pride, maintaining throughout his career that such charges were baseless: "If I had invented my cases I should undoubtedly be a greater poet than Shakespeare" (1950, p. 142).

A certain amount of creative writing is, of course, unavoidable for any medical professional who writes about his patients. In "Fragment of an Analysis of a Case of Hysteria," Freud discusses the literary device of "disguise" as the most basic of the creative stratagems in the writing of the case history. The narrative process of disguising the analysand's private life, what Freud critic Mikkel Borch-Jacobsen calls "the doctored narrative," requires the analyst to distinguish between data essential to the identification of neurosis and its treatment and the "non-essential"

¹³ Although Stekel takes pride in his success, RaSHaB wrote his cousin after his return from Vienna that his hand returned to its original debilitation (Schneersohn, May 4, 1903).

¹⁴ The Freud-Stekel debates fueled Jewish intellectual gossip into the 1920s. Noam Chomsky takes pride in the intellectual environment in his parents' home by noting that they debated the Freud-Stekel controversies (Chomsky 2010).

¹⁵ George Makari specifically pinpointed the conflict over the publication of *Nervöse Angstzustände* to Stekel's challenging of Freud's theory of the etiology of anxiety neuroses (2008, pp. 155–160). Stekel also parted with Freud in his belief—not yet articulated in the 1908 edition—that anxiety states (including, for instance, homosexuality) were curable through psychoanalysis. For example, when Stekel explains the psychoanalytic process and its underlying suppositions, he writes in the 1908 edition that he suggested to the rabbi "the view of the famous theory of Breuer and Freud, that severe infantile trauma were pushed out of his consciousness." When he removed this conceptual suggestion from subsequent editions (which Stekel shared with his patient and no doubt relied on in his analysis), the case history inadvertently categorizes that infantile trauma into a history of repressed sexual experiences, causing a new set of interpretive problems. The 1908 case study, titled "An Occupational Neurosis (*Berufsneurose*)" and subtitled "Anxiety and Conversion Hysteria," characterized the rabbi's symptoms as a disorder in which anxiety resulted in the conversion of psychological conflict into a physical symptom. Stekel considered Freud's labeling of this phenomenon as "hysteria" erroneous and dropped the subtitle altogether in 1921.

biographical facts that can be harmlessly masked (1999, p. 58). While disguise is consciously applied to protect the privacy of the analysand, the careful crafting of “non-essential” fictions creates interpretive difficulties for historians interested in the facts surrounding the analysand and his disorder. However, the analyst’s crafting of disguise provides the historian with a lens through which to read the analysts’ social and cultural sensibilities. For while the analyst excludes or changes facts to protect the confidentiality of his sources or in order to direct the reader to the essential elements of the illness and treatment, he necessarily narrates his omissions through his own cultural biases and emotional predilections. It is in this consciously fictionalized space in the medical narrative that I suggest we revisit Stekel’s and Freud’s shaping of the published case history of “der rabbiner,” as it reveals another layer of the break between Freud and Stekel, one that points primarily to the tensions around the representation of Jewishness in early psychoanalytic literature. There are few overt references to religious Jewish identity in early psychoanalytic literature, as Sigmund Freud and his disciples typically avoided autobiographical religious accounts other than through negative identification, culminating in Freud’s often cited 1918 reference to himself as a “godless Jew” (Meng and Freud 1963, p. 63).¹⁶ The dearth of overtly religious Jewish references invites inquiry into the early twentieth-century psychoanalytic treatment of religious Jewish patients, and how religious Judaism is presented in psychoanalytic literature. While Freud developed some clinical experience with observant Jewish female patients, such as the well-known case of Bertha Pappenheim, no religious Jewish male patients appear among Freud’s published case histories. Scholars have achieved a sophisticated understanding of the psychoanalytic shaping of case histories in the service of the categorization of neuroses, but the identification of Stekel’s *rabbiner* as RaSHaB provides insight into how an overtly religious Jew is described and masked in the psychoanalytic case history.

Stekel played both a prolific and formative role in the genre of the psychoanalytic case history, helping to establish an epistemological foundation for the new science, as well as setting a standard—though a controversial one—for the element of disguise in psychoanalytic case histories.¹⁷ When Stekel published the case history of the rabbi in 1908, the analysis of the rabbi was immediately followed and cross-referenced with a case history of another cleric, an uncannily similar case of a Romanian priest who suffered, according to Stekel, from an occupational neurosis identical to that of the rabbi. The 43 year-old priest regretted the mental energy he devoted to his less educated parish that focused more on the brevity of the service than its content. The priest resorted to various mental images of beautiful women to

¹⁶ On the birth of Freudian psychoanalysis and its relationship to Jewish identity, see Peter Gay (1987), Jay Geller (2004), Sander Gilman (1993, 1995), and Yosef Haim Yerushalmi (1991).

¹⁷ In Freud’s and Josef Breuer’s seminal *Studies on Hysteria*, Freud lamented that his case histories “read like short stories and that, as one might say, they lack the serious stamp of science” (Freud and Breuer 1895, pp. 19–305). Over a decade later in a letter to Jung, Freud again bemoaned the writing of the case history: “How bungled our reproductions are, how wretchedly we dissect the great art works of psychic nature!...A wretched business” (Freud 1974, p. 238). Freud referred to Stekel as “that writer,” a pejorative description suggesting that Stekel’s appeal was not his scientific claims, but rather his graphic writing style (1901, p. 350). Freud’s biographer Ernst Jones followed suit, describing Stekel as “a fluent if careless writer, a born journalist in a pejorative sense” (1955, p. 135).

enable his public performance and complete his priestly functions in less time. He dreamed, obsessively, of a childhood sweetheart and these desires, too, affected his public addresses. When the Orthodox Jewish writer Chaim Bloch (1881–1973) visited Stekel after the First World War to discuss his own work on dream material, Stekel showed him “notes” on two cases of a “Polish Hasidic rebbe of great repute” and a “Protestant preacher from the University of Vienna” (1948, pp. 55–56).¹⁸ Stekel’s conversation with Bloch may well have referred to notes from Stekel’s work with RaSHaB despite his reference to a “Polish” rebbe, and the reference to a Protestant preacher from the University of Vienna may well have been the Romanian priest. Bloch claims to have been privy to clinical “notes” and not shaped case histories, but even so Stekel conflated biographical details of the two patients, placing the urbane rabbi presented in the published case history in Poland and the provincial priest of the published case history in the cosmopolitan University of Vienna.

Stekel’s consistent cross-referencing between the rabbi and the priest clearly signals that Stekel carefully organized and shaped the two case histories to be read together. In the beginning of the case history of the priest, Stekel tags the case as “one of those profession-neuroses that I analyzed in the previous case” (p. 169). On the next page, Stekel once again informs his readers that the “present priest suffered from a similar form of anxiety” to one Freud described elsewhere. In Stekel’s 1921 edition, Stekel inserts a more precise antecedent to the priest’s case in this same passage, adding that “the present priest suffered from a similar form of anxiety as the one suffered by the rabbi in the preceding chapter” (p. 350). In some instances, Stekel not only cross-references, but crosses key facts, such as writing in two independent accounts that Freud referred the rabbi to him (1926, p. 133; 1950, pp. 114–115), but only noting Freud’s referral of the priest in the published case histories. While Stekel consistently returns to the rabbi’s case in subsequent publications, Stekel curiously neglects the case of the priest in the rest of his oeuvre.¹⁹ Of further interest is Bloch’s claim that according to Stekel’s “notes,” the rabbi, rather than the priest, suffered from an obsessive fantasy regarding a married woman. While the existence of two nearly identical clinical cases undoubtedly supported the theoretical models Freud and Stekel sought to establish in the early twentieth-century, I believe that the case history of the priest, whose sexual exploits render the rabbi’s tame in comparison, served to disguise the identity of “der rabbiner,” as well as to present the rabbi as a relatively chaste sinner, who merely comes to terms with his psychological repressions in analysis rather than engaging in explicit sexual acting out in the real world. If Stekel indeed treated a Protestant cleric from the University of Vienna, such a patient may have provided some of the basic material for the case history of the Romanian priest; however, in disguising the priest as a provincial dynastic leader, Stekel borrowed liberally from the rabbi’s biography. Stekel took liberties with the biographical information within the two

¹⁸ Bloch was a writer notorious for his own exaggerations and imprecision.

¹⁹ Within the case history, Stekel mentions that Freud referred the priest to him and Freud’s referrals began only after Stekel’s “first big case” of the rabbi. Stekel ends the case history of the priest by citing a letter the priest sent to Stekel 4 years after his treatment, and given the publication date of 1908, the window of treatment dates appears quite narrow.

case histories, allowing information to bleed from one case history to another in order to preserve the essential medical information while respecting confidences. However, the interplay between the emotionally tormented rabbi and the actively defiant priest, speak also to Stekel's Jewish sensitivities, as well as to those of Freud, who reviewed the case history and wrote prefatory remarks.

Fragmented Analysis

Freud diligently enumerated the precautions he took in publishing the case history of "Dora": choosing a patient from "a remote provincial town," waiting 5 years to publish the material, and providing pseudonyms (Freud 1905, p. 8). After "Dora" was identified as Ida Bauer, the daughter of a prominent Jewish industrialist from Vienna, historian Jay Geller interpreted the "remote provincial town" and omissions of Dora's Jewish identity not only as a disguise to insure patient confidentiality, but also as a disguise for Freud's own Viennese bourgeois milieu and his insecurities toward the presentation of pathologized Jews in the psychoanalytic case history (Geller 2004, pp. 1209–1223). In the late nineteenth-century, physicians—Jews among them—identified Eastern European Jews as particularly susceptible to a host of diseases, nervous system deficiencies, and mental maladies (Efron 1994). Geller and other historians make the observation that in the early psychoanalytic field, the discourse on "sex" touched uncomfortably upon the discourse on "Jews" (Decker 1991; Rozenblit 1984; Schorske 1980). Medical historian Sander Gilman, who has done the most to explicate the late nineteenth and early twentieth-century characterization of hysteria as a disease prevalent among Jewish males, argues that while Freud contextualized his research in the contemporaneous corpus of sexology literature, he "was also careful to position himself in terms of the other great charge...of the special associations of the racial definition of the Jew and the Jew's deviant sexuality" (1995, p. 48). Stekel, a less inhibited psychoanalyst, habitually complained of the proliferation of such stereotypes in medical literature. Writing to Freud in 1910, Stekel railed against a German medical publication that treated Freudian psychoanalysis as a "Jewish treatment" with sardonic wit: "Hysteria is [cured] by way of crudest association work!! The best for last. The Freudian method is inappropriate (sic) for 'German women'. Meaning: it is a specifically Jewish treatment. Must one only (sic) leave something like that unanswered? I could show this gentleman [the German writer of the article] some primal German female specimens...." (Bos et al. 2007, p. 166). In his autobiography written in England after the annexation of Vienna by Germany in 1938, Stekel bitterly identified the mistreatment of Jews in academic circles as a formative aspect of his career (1950, pp. 70–71).

In *Nervöse Angstzustände*, Stekel and Freud describe the general writing strategy of the case history as the isolation of the origin of trauma in the private lives of patients. However, a comparative analysis of the case histories of the rabbi and the priest demonstrates the radically different ways that this writing strategy animated the two clerics. Stekel provides little biographical detail for "der rabbiner," for whom Stekel provides no pseudonym or any details regarding the vocation that

apparently brought about so much anxiety and unhappiness, while providing detailed ethnic and cultural descriptions for the priest, whom Stekel refers to as “Herr I.B.” Stekel claims that a complete log of the treatment sessions with the rabbi “would fill many volumes,” but dismisses the rabbi’s life story by saying that it contained “little of interest” (1908, p. 161). Stekel treads lightly on the subject of the rabbi’s religious background, describing his rabbinic post as a matter of “calling,” rather than Hasidic dynastic obligation. Stekel provides no local color or regional characteristics for the rabbi except to say that he spoke in “a gibberish of German and Hebrew words,” suggesting a German background, rather than identifying him as one of the *Ostjuden*, those Jews from the eastern portions of the Empire and whose native language was more precisely Yiddish, or “Jewish.” Viennese Jews insisted on the distinction between themselves and *Ostjuden*, whom they chastised as “too Jewish” with their odd speech and mannerisms (Decker 1991, pp. 29–34, 154–155; Ascheim 1982). What scant detail Stekel provides of the rabbi conforms to literary descriptions of a scion of a scholarly family. The rabbi’s formal education begins at the precocious age of five and he marries at the respectable age of eighteen, although in actuality RaSHaB married at the age of fourteen. Stekel divulges no information regarding what traditional religious garb the rabbi wore, such as a head covering or a distinctive coat, stating in general terms that the rabbi was a “tall, powerful, robust looking man” (p. 161). Stekel leaves no description of the rabbi’s youth spent in a small, provincial Belarusian town where social, cultural, and economic forces may have painted a wholly different portrait than the impression Stekel gives of a rabbi hailing from a Germanic cosmopolitan urban center. Just as Freud set the Viennese “Dora” in a small, provincial town and elided over any reference to her Jewishness, Stekel sets his Eastern European Hasidic patient among “Western” Jews and disguises his background as a leader among Eastern European Jewry.

While Stekel does not tie the rabbi to a particular setting, he notes that the priest hailed from “a small Romanian community” (p. 168) with a strong musical tradition. Although music looms large in the case history of the priest, who draws out the musical aspects of the liturgical service in exacting detail, this description would have equally applied to RaSHaB, who was well-known for his musical talents and liturgical precision. Stekel described the priest’s fastidious attitude toward the functions of a Greek-Oriental second priest by way of a letter of introduction written by the priest to either Stekel or Freud [salutation omitted]:

When I assumed my post 23 years ago, I was fascinated by the teachings of my first master, who strongly preached that even the smallest function should be uplifting, dignified, sacred, and thus, must be performed slowly. Soon, however, I found that the audience did not receive this kind of delivery with solemn religious understanding, and was not comfortable with this type of religious service on weekdays or in places in which little emphasis is placed [in the service], but only on holidays (p. 170).

In RaSHaB’s son’s memoirs, music in the liturgical Chabad service is described in near identical fashion to those presented as the complaints of the priest:

Singing is so imbued in the ways [of Chabad] that they very much desired that the Reader [of the service] should have a pleasant voice, but they also did not especially pay attention to this requirement. They were very strict that the sound of the cantilations be rendered exactly to the tradition.... They also distinguished between the tunes for all the times of the year and those on Rosh HaShanah [Jewish New Year] and Yom Kippur [Day of Atonement]. The Alter Rebbe [the first master of the Chabad dynasty] taught his children and grandchildren the cantilations of the Reading with great precision, in all the distinctive melodies of the Reading of the Tanach and the Five Megillot. He was very strict concerning the sound of the tune of all the cantilations (Schneersohn 1988, vols. 1–2, pp. 141–142).

RaSHaB's son's description conforms to the descriptions of the occupational duties that so tormented the priest: the distinction between regular services and those of the festivals; the technical importance of the musical notations taught by the first master; and the admission that the congregation paid no great attention to the Reader's voice. This level of parallelism between the known biography of RaSHaB and Stekel's description of the priest invites readers to see the case histories of the rabbi and the priest as compositionally intertwined if not fragmented histories of a single cleric.²⁰

The same biographical conflation occurs in Stekel's profile of the rabbi's and priest's sexual personae. Stekel reports that the rabbi was deeply unsatisfied with his wife and his marriage, but does not provide a portrait of the familial, cultural, and religious context in which the rabbi forged his marriage. Rather, Stekel broadly addresses the institution of marriage to provide a context for the rabbi's relationship with his wife, stating that a volume on "Marriage and Neurosis" would make good reading material, but that the topic was too broad for this particular case (1908, p. 167). In glossing over the rabbi's marital dissatisfaction, Stekel avoids conjecture regarding the rabbi's practical sexual experience. In contrast, the unhappy marriage of the priest bears directly on his neuroses and Stekel treats the subject in detail: "He is not satisfied with his wife. She is haughty, proud, does not willingly associate with strangers, and that injures his calling. And then she jests at his calling and his piety. Also he tried, solely at the insistence of his wife, to doff the clerical robe and for 2 years to earn his living as an author" (p. 167). If Stekel indeed imported the rabbi's biographical details into the case of the priest, then the detail about the 2

²⁰ The priest exhibits regret at the great expense of "the cure" and endures only a short 6-week analysis because of the strain of being away from his family and community; the same—albeit unrecorded by Stekel—concerns and treatment duration apply to RaSHaB. RaSHaB stayed in Vienna for only 3 months (January 6 to April 5, 1903) and taking into account the time between the initial consultation with Freud and the first appointment with Stekel after the referral, the consequent analysis with Stekel lasted for approximately 6 weeks. In one correspondence with his colleague Shneur Zalman on March 15, 1903, RaSHaB writes that he'd been receiving medical treatment from "the professor" for more than "3 weeks" and that "God-willing I will stay another 2 or 3 weeks" and then take care of the outstanding business matters. Indeed, RaSHaB left 3 weeks after penning this letter. Stekel writes that the rabbi planned on staying "for months" and "suddenly remembered" his clerical and familial obligations. In light of this timeline, although the details of the duration of the analysis appear only in the case of the priest, it is quite likely that the rabbi endured only a 6-week analysis for the same reasons the priest saw fit to return home.

years abroad certainly conform to what we know about RaSHaB, who left the seat of his movement in Lyubavichi for 2 years with his wife in 1887–1889 (Schneersohn 1988, vol. 3–4, p. 908). Yet, in Stekel's narrative, the rabbi's sexual persona is wholly cerebral and non-threatening; he constructs elaborate intellectual scenarios to feed sweetly innocent illusions. In the case history of the rabbi, Stekel reports that he limited his trespasses against his wife to his fantasy world, but the priest kept "another girl in every town and whenever he fancies he possesses a girl, a woman, sometimes several" (1908, p. 176). While the rabbi fantasizes about women falling on top of him from railroad sleeping compartments in a way that might simulate sex without breaking the letter of the Jewish law, the priest only abstains from women that may become pregnant because "of the possibility that one of his children might develop a close relationship with that child and unwittingly commit incest" (1908, p. 177). The rabbi's and the priest's complicated justifications both reveal a moral obscurantism that Stekel triumphantly ferrets out as psychological defenses, but whereas the rabbi piously remains an existentially-longing celibate, the priest preys willingly on infertile women.

In describing the social aspects of the rabbi's occupation, Stekel strikes a cautious and deferential tone and presents the rabbi almost as a fellow psychoanalyst. "All kinds of people" traveled from far and wide to seek the rabbi's counsel on the human condition and the rabbi was accustomed to "mental work" (*geistige Arbeit*), referring to the rabbi's understanding of his disciples' psychological lives (1908, p. 161). When initially determining the diagnosis, Stekel hesitates on account of the "natural shyness of such a pious man," the language barriers, and his own ignorance of "the mental sphere of rabbis" (p. 161). Stekel displays no such reticence in describing and analyzing the congregational, ritual, and communal life of the Romanian priest. Stekel describes the elders in the priest's parishioners in vivid detail (demanding, superficial, impatient, and spiritually void), the hierarchies of church organization, the little indignities of parish life, the differences between weekdays and festival days, the distinctions between various services, and so on. When forced to account for the rabbi's ritual duties, Stekel only writes that the rabbi delivered an "intricate, spontaneous sermon" to the "public," a detail with a certain Protestant flair. In the spirit of Vienna's late nineteenth-century chief rabbi Adolf Jellinek's preference for the title "preacher," for its intimation of a more universal role (Altmann 1964, pp. 114–115), Stekel characterizes RaSHaB as something of a Jewish preacher by profession. Due to the rabbi's psychic illness, the sermon, which used to be "the source of his greatest pleasure and pride," became the source of his greatest anxiety (p. 160). In no way does Stekel suggest any of the ways in which a Hasidic rebbe might differ from a conventional preacher, and certainly not the ways that a rebbe might be unique even in the Orthodox Jewish rabbinate. While Chabad historiography confirms most of the "life narratives" Stekel records in his case history of the rabbi, Stekel's selective use of his patient's biographical details serves to sublimate the meta-fact concerning the patient's inherited Hasidic post. The case study of the priest, which includes descriptions of his parish that seem quite similar to Lyubavitchi court life, leaves the reader wondering why this information is essential in the case of a Romanian priest, but not relevant to the analysis of a Hasidic rebbe. Indeed, reading the case histories together leads inexorably to the

question of why Stekel omitted information about a coreligionist, while including detailed sociological descriptions of a priest. Specifically, what do the divergent approaches in these case histories tell us about Stekel's cultural sensitivities in formulating the requisite disguise in writing about patients?

The omitted Hasidic background of the rabbi would have colored much of the case material, especially in relation to the patient's clerical position and his *Berufsneurose*. Unlike the case history of the priest, in which the father and grandfather consistently appear as essential to the understanding of the priest's occupational neurosis, the rabbi's paternal line is not integral to his life story, and only extemporaneously mentioned in connection with the competition for books. The violent episode between the rabbi and his elder brother over the inheritance of their father's religious books takes on a whole different meaning in light of the fact that RaSHaB and his older brother Rabbi Zalman Aaron Schneersohn shared rebbe duties after the death of their father for a decade.²¹ Stekel muses that undoubtedly more lies at stake in the rabbi's story than simply a dispute over religious books, and dream analysis uncovered that the rivalry over the books extended to a rivalry—if only in the rabbi's imagination—over the brothers' respective wives.²² Stekel initially interpreted the holy book as a fetishized object on which the rabbi displaced his desire for his sister-in-law, while by the end of the case history, Stekel interpreted the rabbi's real attachment to the book as stemming from the rabbi's hermeneutical analysis of the psycho-sexual symbolism of the Divine Name. Stekel concludes that “in his great-grandfather's book there was an expression for the Jewish word ‘God’ (Adonai) in which the letters stood for sexual symbols. The first letter represented a phase of the sexual act, the second another, the third and fourth for a man and woman” (1908, p. 169). Stekel thus uses the Jewish mystical tradition to confirm the fundamental tenets of Freudian psychoanalysis, but ignores a more obvious reason for the dispute over the father's books. If the rabbi's status as a dynastic Hasidic leader had been revealed, rivalry over dynastic succession would have been the initial—if not the primary—explanation for the dispute over the books.²³ Significantly, the fulsome socio-biographical information in the case history of the “Orientalist Orthodox Priest” provides an example of a non-Jewish patient struggling with the particular pressures of an inherited ecclesiastical post.

²¹ On aspects of Chabad visual culture that led to RaSHaB's becoming the single leader of Lyubavichi, see Katz (2010b, pp. 19–48).

²² Stekel presents this rivalry for each brother's respective wife as illicit desire but never states that any adulterous liaison occurred in the case history of the rabbi.

²³ In contrast to Stekel's account, RaSHaB's son, Yosef Yitzchak, goes to great lengths in his memoirs to demonstrate that RaSHaB's father and grandfather singled out RaSHaB for the post of rebbe. On the most basic level, in Yosef Yitzchak's telling, the books function as the passing of the dynastic torch from father to rightful son. At the time of the actual debates over the books, RaSHaB wrote a letter to a colleague claiming that just as his father inherited the manuscripts from his grandfather at the age of twenty-two, despite being the youngest of five brothers, he was likewise entitled to the books. RaSHaB argued that he alone should inherit the books because “I am no different from my father” (Ehrlich 2000, p. 79). On RaSHaB's deathbed, the manuscripts remained on his mind, and he reportedly told his only son: “I am going to heaven; the manuscripts I leave for you” (Ehrlich 2000, p. 79). For further discussion on how the argument over books and manuscripts has historically been intertwined with the post of rebbe, see Heilman and Friedman (2010, pp. 53–55, 216–218). On the hereditary nature of Orthodox priests, see Heard (1887, p. 170).

Stekel may have known a thing or two about the “mental sphere” of the Romanian priest, but it is highly likely that Stekel understood something about the dynastic nature of Hasidic leadership as well. At the very least, Stekel must have had some inkling how the world and life of the Belarusian Hasidic rebbe was not that of the liberal public preacher in Vienna. To get some sense of Stekel’s understanding of the religious Jewish sensibilities of his time, Stekel’s own religious background is worth briefly sketching out despite the risk of oversimplification. Stekel was born in the town of Boyan (then part of Austrian Bukovina), a little village of Romanian character that became part of Romania in 1918. Even though his immediate family moved to Czernowitz [Chernivtsi] in his childhood, Stekel’s maternal relatives continued to live in Boyan, where Stekel visited. In his autobiography Stekel identifies a visit to Boyan as one of his earliest formative memories (1950, pp. 31–33). Interestingly, while Boyan may have provided Stekel with some familiarity with its Greek Orthodox populace, the small Jewish population of Boyan was nearly exclusively Hasidic, bolstered by a son of the Rhuziner dynasty who moved from Sadigura to Boyan to become rebbe during Stekel’s adolescence. In Jerome Mintz’s ethnographic book *Hasidic People*, the Boyaner Rebbe’s grandson describes Boyan as a “*hoyf* [Hasidic court] town.” Mintz writes that the “entire Jewish community existed by the people coming to see the Rebbe....” The town more or less lived from the Hasidic community, which arrived “by the hundreds and by the thousands, especially during the times of the Jewish holidays” (1992, p. 14).

Stekel was the youngest child of his father’s second marriage to a woman who facilitated the family’s “liberation,” though she herself came from “a plain, narrowly-educated family.” Stekel describes his mother as having transcended her religious upbringing in her adolescence when she was forced to hide in the garret to read Friedrich Schiller because “it was forbidden to read anything except Holy Scriptures” (1950, p. 40).²⁴ Although Jewish Czernowitz was predominantly marked by the Jewish enlightenment and cultural Yiddishists, given Stekel’s recollection of his mother’s own reminiscences of Boyan, it is quite possible she herself came from a Hasidic household that paid homage to a dynastic rebbe. Stekel described his sister, with whom he maintained close ties throughout his life, as “fanatically religious” and who “went into a corner of the room to say her prayers” with “her tattered prayer book” three times a day (1950, p. 45). Given Stekel’s family background and exposure to religious sensibilities, the rabbi’s “mental sphere” must not have been as foreign to Stekel as he professed. Given his background, Stekel may have even been sensitive to opposition from the Viennese Jewish community to the publication of a psycho-sexual profile of a rabbi and as a result downplayed the rabbi’s biographical details. Yet, key to our analysis here is how a detailed description of the cultural and religious milieu of RaSHaB might have exposed Stekel and his case to the theories on Jewish male sexual deviancy and hysteria popular in the Viennese medical establishment at the time. It was to avoid

²⁴ It is a telling comment, one that should be understood as a popular conceit among Viennese Jews, who saw German culture as superior and particularly suited to the Jewish soul. See, for example, composer Karl Goldmark’s memoir describing his mother’s taste for German books, which he remembered her reading in secret (1922, p. 15).

such speculation as to the causes of the rabbi's ailments that Stekel feigned ignorance of the Hasidic world and elided over the cultural components of RaSHaB's rabbinic post. By so doing, Stekel could focus on the essential illness and cure without distracting readers with non-essential facts that might lead them down incorrect diagnostic paths (i.e., that the rabbi's neurosis was related to his Jewish Eastern European ancestry).

Following the implications of Stekel's suppression of the rabbi's Hasidic background, it is possible that Stekel disguised RaSHaB's actual age of marriage from the age of fourteen to the more respectable age of eighteen in order to avoid speculation that the rabbi belonged to the demographic of *Ostjuden* that formed a sizeable immigrant community in Vienna and from which Stekel hailed despite the acculturation that accompanied his family's emigration. Stekel chose not to disclose that his client married a first cousin and was a child of another endogamous marriage (uncle and niece), a grandchild of yet another one (first cousins) and so on. Stekel makes no note of his patient's lineage despite the medical understanding of "in-breeding" as a major cause of "degeneracy."²⁵ Stekel's circumvention of the rabbi's dynastic Hasidic lineage is certainly indicative of his professional desire to locate the disorder within the purview of the family drama (rather than genetics), but this motive alone would not explain Stekel's willingness to identify the priest as a scion of such a dynasty. This selective accounting of family history illustrates Stekel's own sensitivities to presenting a "rabbi" to the Viennese medical establishment that identified hysteria as a disease prevalent among *Ostjuden*. In this vein, Stekel does not contextualize the case of the rabbi within medical literature on "Jewish diseases" or "Jewish pathologies." Stekel does, however, begin the case of the priest by drawing on a study of the morbid anxiety priests experience while carrying the sacrament, which one Russian psychoanalyst "frequently observed in priests in Russia" (1908, p. 169). In characterizing the priest's neurosis, Stekel calls upon Freud's theory on "hysterical symptoms," which are caused by the preoccupation and suppression of sexual content in the psyche (pp. 169–170). While Stekel liberally uses terminology associated with hysteria to describe the neurosis of the priest, Stekel studiously avoids the language of hysteria in his analysis of the rabbi.

The resonances between the two case histories and the subtext of their departures suggest Stekel's conscious effort to counter contemporary discourse on "Jewish" pathologies. Both the rabbi and the priest are introduced to sexual experiences as very young children by a servant within the household. The priest's "grandfather's young servant girl" introduces her charge to his first sexual experience at the age of four in a way that makes the grandfather who barred his grandson from his desired vocation culpable for the priest's precocious entry into sexuality (p. 175). In the case of the rabbi, Stekel describes the man who molested the rabbi when he was "five or 6 years old" simply as an independent "man-servant" (p. 164). The term "man-servant" suggests a stranger, most likely a non-Jew given the task of watching over the household, without making any additional inferences regarding a father who was

²⁵ Sexologist Richard von Krafft-Ebing (1840–1902), for whom Stekel worked for several years after graduating from medical school, observed that "statistics have been collected with great care to show the percentage of insanity in the various religious sects, and it has been shown that among the Jews of certain sects the percentage is decidedly higher" (quoted in Gilman 1993, p. 143).

responsible for the well-being of his son. In Stekel's autobiography, written while Stekel was in exile in England in 1940 without his notes or extensive library, Stekel refers to the so-called "man-servant" as "the sexton in his father's house," a slip that connects this figure to a Jewish domestic whose access to children shifts the blame to the father (p. 214).²⁶ While contemporary readers cannot possibly know the one true version of events, especially given the analytic complications of the psychoanalytic case history, reading across Stekel's case history and relevant Hasidic texts, RaSHaB's sexual experiences with the "man-servant" (if they indeed occurred) would have coincided with the death of his grandfather and the ascension of his father to the post of rebbe in 1866. Notably, all such familial reverberations appear only in the case of the priest.²⁷

While we cannot assess with any level of certainty the veracity of this childhood narrative or even what was said in session, we do know that Stekel painted an image of the rabbi's congenial Jewish parish and put the face of the rabbi's tormentor into a gentile servant class. In so doing, Stekel protected the social world from which RaSHaB hailed. No doubt, those obfuscations were committed partially for the sake of developing theoretical models for psychoanalysis, but also for more personal reasons, given Stekel's status as an enlightened Viennese Jew raised in a family intimately connected with the world of the rabbi. These same sensitivities may have led Stekel to claim at the end of the case history that the rabbi sent his daughter for analysis 5 years after his own treatment, despite the fact that RaSHaB only had a son. While there is evidence that RaSHaB's son maintained a relationship with Stekel's family for decades (Katz 2010b, pp. 49–72), a son would have exacerbated anxieties over the perpetuation of Jewish male hysteria and the continuation of the alleged sexual abuse with a "man-servant" who remained in the rabbi's employ into old age. The relatively thin and at times inaccurate descriptions of the rabbi's background, as compared to the far more detailed accounts of the social and religious background of the priest—many of whose details comport with RaSHaB's biography—avoid the medical and personal attacks that the presentation of a Belarusian Hasidic rebbe would have instigated. Whether or not Stekel in fact describes one patient or two independent clerics, the priest's *Berufsneurose* universalizes the occupational neuroses of the rabbi, and the priest's unsavory character deflects from the rabbi's relatively minor moral lapses.

Publishing the Proverbial Patient

After Stekel finished writing the second part of his book, which contained the cases of the rabbi and the priest, he "received a severe shock from Freud" who advised

²⁶ See my discussion on the figure of the household servant in Chabad literature (Katz 2010b, pp. 20–26).

²⁷ Stekel's further revision of the sexual predator from "man-servant" in 1908 to the more precise "a sexton in his father's house" in 1940 may indicate Stekel's refinement of his patient's predicament in light of Freud's work on the Oedipus complex, which only became a mainstay of psychoanalysis in the 1920s (Simon et al. 1992). The revision to "a sexton in his father's house" also speaks to Stekel's personal sensitivity in his early career to exposing this strain of Jewish communal life to professional critique.

Stekel “to publish only the first part and to withhold the second part.” Freud exhibited great enthusiasm toward the presentation on anxiety neuroses in the first part of the book, but “a certain reserve” in regard to the second part on anxiety hysteria (Stekel 1926, p. 142). Stekel expressed astonishment at Freud’s distancing himself from the project in light of Freud’s collaboration at the time, one that went so far as Freud’s stipulation that Stekel submit the work to him for editorial input. Stekel agreed, but the task proved “tiresome” (Stekel 1926, p. 141). After participating in the analysis of the rabbi in three-way sessions and providing oversight to Stekel, Freud read and edited the presentation of the case history as well. In 1926, Stekel bitterly noted how “strange” Freud’s denial of influence appears in light of “at least twenty Sundays working together” on the manuscript; “I had read every single sentence in that book to him, crossed out passages and added new ones” (p. 144). In 1940, Stekel again recalled: “I worked on one chapter all week, read it to the master on Sunday, and he would cross out whatever he considered to be unsuitable, change other parts, and occasionally make a few minor suggestions.... Naturally everything was now painted in a Freudian manner” (1950, p. 141). According to Stekel, Freud offered only the cryptic prediction that the second part of the book “will arouse too much opposition, and the effect of the excellent first part will be spoiled” (1950, p. 118). After Stekel cajoled his publisher to inform Freud that the manuscript was already irretrievably in press, Stekel proceeded to publish the second part, forcing Freud’s apprehensive consent: “It’s your book. You will have to bear the consequences. There will be a storm of opposition against you” (1950, p. 119). Freud’s preface to the second part of the book was so “noncommittal and indifferent” that Stekel sent it back to Freud twice for revision, finally publishing the book along with Freud’s thrice-drafted preface. Yet, even in the final copy, Freud hedged his support: “...it appears fair to state expressly that my direct influence upon the book on the nervous anxiety states has been very small. The observations and all the details of concept and interpretation are his own; only the name ‘Anxiety Hysteria’ refers to my own suggestion” (1950, p. 119).

While it would appear that Freud’s apprehension about the second part of the book lies squarely in his disapproval of Stekel’s etiology of neurosis, Freud’s reluctance may also have been connected to the presentation of the psycho-sexual lives of clerics. Before the publication of his *Nervöse Angstzustände*, Stekel presented case histories he considered representative of psychic neuroses to the Wednesday meetings of the Vienna Psychoanalytic Society (Nunberg et al. 1962, pp. 242–247, 248–253, 276–280, 392–396). The first case Stekel presented to the Vienna Psychoanalytic Society from his soon-to-be-published book was that of an “occupational neurosis” of the priest, but to whom Stekel referred to only as a “cantor” (pp. 242–247). This cantor/priest is “unable to continue his prayer” and “must stop at certain points and omit certain passages,” (pp. 242–243) which are symptoms that would later appear in the published case history of the rabbi. After Stekel finished his presentation of the case to the Society, Freud praised Stekel as an analyst: “Stekel really knows [how to present] the essential relationships of a case [*Stekel verstehe das Elementarmachen*]. His view of the occupational neuroses is irreproachable” (p. 243). After Stekel offered an example of an occupational

neurosis found in stage actors, Freud concludes that “listening to the account of such an analysis, one is struck by the monotony of all these matters. The same conditions almost invariably produce the same psychic material” (p. 244).

The proof of Freud’s statement on the “monotony of all these matters” can certainly be drawn out from the tedious repetition of seemingly idiosyncratic details in both the case histories of the rabbi and the priest. In one such example, the rabbi admitted that “even as a child he diligently pursued scriptural passages of an erotic nature and that he pursued these portions of scripture with zeal” (1908, pp. 167–168), followed by the priest who was similarly engrossed in “all erotic passages in the Bible,” citing two specific examples found in the books of the Hebrew Bible (p. 179). By the end of the case histories of both the rabbi and the priest, Stekel determined that their halting during their respective public services was strictly determined. The rabbi “always halted at the word ‘Adonai’ [YHWH] because this word reminded him not only of his illicit thoughts, but of his inhibitions” (p. 169). The priest “experiences resistances at all passages of the prayer which speak of the omniscience of God, because of his consciousness of guilt, because he deems himself such a wicked sinner, one who, by dragging sexuality into prayer, has profaned and desecrated the service of God” (p. 179).

This comparative analysis suggests that Stekel used some of the material from his analysis with the rabbi in his writing of the case history of the priest in such a way that would substantiate the *Berufsneurose* as a universal pattern of behavior and in a way that would negate claims that the rabbi’s disorder was particular to Jewish males. But, while Stekel strives to create a polyphonous presentation out of a single analysis, the priest is not simply the disguised rabbi. While we cannot know the facts of RaSHaB’s sexual life or even what was presented as facts in analysis given the complexities of disguise inherent to the case history, the matter of the priest’s infidelity likely does not reflect any biographical reality of the rabbi’s. When Stekel wrote about the rabbi in later years, Stekel maintained that “the patient was unquestionably faithful to his wife but he was exposed to many sexual wish fantasies” (1950, p. 115). After speaking to Stekel during the interwar years, Chaim Block similarly reported that Stekel’s “Polish rebbe” limited his sexual exploits to his dreams. It would be more correct to characterize the priest as a caricature, or as the rabbi’s alter-ego. Stekel may have argued both to himself and to Freud that the case histories needed to preserve “the essentials,” and irrelevant details could be parsed and “disguised.” Thus, the social and cultural aspect of RaSHaB’s actual biography could be displaced onto the priest, along with the small, provincial village and the traditional dynastic religious life.

During their time in Vienna, RaSHaB and his son went to great lengths to protect their reputations from any association with psychoanalysts and sexologists, posing as businessmen on a prolonged business trip.²⁸ In his correspondences back home, RaSHaB referred to the “neurologist” Freud, and his electromagnetic treatment, but did not disclose his association with Stekel the sexologist or his psychoanalytic

²⁸ RaSHaB’s “auto-disguise” brings forth another layer to the construction of “der rabbiner’s” identity. Compare the reference to “Jungmann” in Stekel’s interpretation of a dream the priest brings to analysis to Yosef Yitzchak’s recollection of the appellation “Jungermann” given to his father by elders in Vienna (Schneersohn 1992, p. 23).

treatment. Yet, the same could be said for Stekel and Freud who also went to great lengths to protect their personal and professional reputations from their association with *Ostjuden*. The case of the Hasidic rebbe must have convinced the two psychoanalysts of the theoretical foundations of their views on sexuality and neuroses, but the presentation of the case history posed innumerable challenges to Stekel and Freud within the Viennese medical community because of their personal discomfort with Hasidic life and because of the possibility that the medical establishment would reject the universalization of “Jewish” disorders. Despite Freud’s objections, Stekel very much wanted to publish his first “real case” and elucidate his theories on neurosis. To deflect criticism that the real cause of the rabbi’s dysfunction related to the rabbi’s ethnicity and cultural milieu, I am suggesting that Stekel, with Freud’s reluctant complicity, exported elements of the rabbi’s biography into the case of a priest. If Freud begrudgingly went along with this “doctored narrative” and the “non-essential” inclusion of the rebbe’s biography in the priest’s case study, he later regretted this decision. Stekel’s and Freud’s relationship cooled considerably after the 1908 publication of the case history in *Nervöse Angzustände*. Yet, Freud could not simply “out” Stekel for the liberties he took in his published case histories because in writing a preface, Freud implicated himself in any potential breaches of scientific integrity. At first, Freud half-heartedly defended Stekel, writing to Jung that while Stekel possessed an “incorrigible tendency to content himself with approximations” he nonetheless captured “all the essentials.”²⁹ After 1912, when Stekel officially refused to yield to Freud’s editorial decisions for their journal *Zentralblatt* and Stekel left the Vienna Society for good, Freud minced no words when he confessed two “crimes” in his career: “I called attention to cocaine and I introduced Stekel to psychoanalysis” (Wittels 1995, p. 123).

For his part, Stekel adjusted the texts of the two case histories in every subsequent printing to mark his growing distance from Freud. The expanded 1921 edition of *Nervöse Angzustände* appeared without Freud’s preface, and reflected many of Stekel’s differences with his mentor. Bos and Groenendijk convincingly argue that Stekel occasionally disguised autobiographical narratives within his case histories, particularly in regard to his rivalry with Freud (pp. 92–100). If Stekel indeed embedded narratives that referenced his differences with Freud, it is interesting to note that in the 1921 edition of *Nervöse Angzustände*, Stekel adds an additional case history in the chapter that directly follows the case of the rabbi and the priest. This addendum specifically responds to the theme of presentation of “Jewish cases” to a sometimes hostile public. A 32 year-old woman suffers from an uncontrollable fear of blushing (Erythrophobia), which Stekel presents as “shame at being defeated,” but in an analysis that meets with “great resistance,” Stekel identifies Mrs. I. L.’s “Jew-complex” (1923, pp. 238–240). Mrs. I. L. is a “Jewess,” but “lives in a Christian town where she mixes only with the Christian families,” and subscribes to the social imperative that “one cannot associate with the Jews” (p. 238). She blushes whenever she speaks to Zionists “because she had continually denied her Jewish descent” and looked at “her co-religionists with

²⁹ Freud to Jung, Aug 13 (1908).

contempt.” Her Christian husband spares no expense on account of her physical health, but she nonetheless feels that “he has destroyed her self-respect” by insisting “that any little peculiarity of hers is Jewish.” The blushing woman “has not forgotten these humiliations and would like to be revenged.” In a particularly relevant passage in regard to Stekel’s relationship with Freud, the Jewess with the “Jew complex” prematurely dismisses Stekel before he attains clinical success (although he remains confident of his theory). Whatever Stekel’s scientific considerations may have been in adding the case of Mrs. I. L. to his republication of *Nervöse Angstzustände*, his observation regarding the self-consuming Jewess who “wishes to keep this secret [her Jewish identity] even from herself and betrays it to all the world” aptly captures Stekel’s view that his marginalization by Freud was connected to Freud’s Jew complex. While the case histories of the rabbi and the priest may provide the reader with insight into the occupational neuroses of clerics, they also provide a window onto the literary challenges of Jewish psychoanalysts in early twentieth-century Vienna. Freud’s embrace and eventual rejection of Stekel and his literary “approximations” points to the occupational neuroses of Germanized Jewish doctors writing about their Eastern European coreligionists.

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