

Letter to the Editor

Drugs, Dreams, and Psychosomatics

TO THE EDITOR: Did Freud's guilt-ridden experiences with cocaine contribute to his turning to a drugless, talking treatment? Perhaps the most regrettable experience of Freud's career was the so-called "cocaine episode."¹ Suffering organic ills, it is not surprising that he would seek an effective anodyne. But he was also looking for a way to "make it big" in some medical venture to hasten betrothal to his beloved Martha Bernays. Finding cocaine to be a "miraculous substance," he indulged in it himself and also recommended it to relatives and friends. His article *Über Coca* (1884), promised treatment for the many psychoneurotic patients who populated practice, as they do in primary care today; perhaps the drug-induced talkativeness seemed the therapeutic agent.

Well-read in science as well as philosophy and the arts, it is virtually inconceivable that Freud would not, at some level, be aware of the addictive hazards of cocaine. Yet he failed to comprehend this until his friend Fleischl's death was hastened by well-intentioned prescription of the drug to assist withdrawal from addiction to morphine. If Freud needed further reason to feel guilty, it was his ill-fated invitation to good friend, surgeon Fliess, to treat Freud's patient, Emma, with surgery and cocaine applications for Fliess's bizarre diagnosis of "nasal reflex syndrome."

Emma's near-death from blood loss and shock is amply reflected in Freud's first dream (the "Irma dream") of his self-analysis. Biographers have commented on the profound guilt reflected in Freud's dreams, presumed related to cocaine use and other poor medical decisions.

Freud's extensive letter writing suggests familiarity with the writings of the Romantic Poets, including Samuel Taylor Coleridge, Keats, Shelley, and others. Like Freud, Coleridge² sought understanding of the relation between psyche and soma in his own "organic" ailments, but his anodyne was opium, sometimes referred to as "poppy juice." He experienced results with opium similar to Freud's with cocaine, with its "miraculous" ability to ease depression, facilitate talking, and bring general calm. An opium-induced dream resulted in the classic (but unfinished) poem, *Kubla Khan*, with allusions to opium-related images as "pleasure dome" and "milk of paradise." In attempts to understand mind-body interactions, he referred to his "Psycho-Somatic Ology," considered the first nonclinical use of the expression.

Not long after Coleridge's poem of 1812, the word "psychosomatic" (originally "psychic-somatic") was found in legitimate medical language in 1818. Johann Christian Heinroth, Professor of Psychiatry and Medicine at Leipzig, had written extensively on the psychosomatics of sleep.³ Medicine at the time was in transition from religion

and the supernatural, seeking a new non-Galenic identity. Minimizing but not excluding the use of opium as a medicament, Heinroth invoked sin, guilt, and selfishness as etiologic agents in sleep and dream states. He wrote⁴ "... all the forms we perceive in a dream are only the product of our mental activity" Heinroth also proposed a tripartite schema of mind not unlike Freud's.⁵ As Freud was fluent in German and familiar with the scientific literature, it is of note that neither reference to Heinroth's work appears in Freud's writings nor in that of his major biographers. Perhaps Freud shunned all religious overtones to "scientific" study.

Following his misadventures, Freud abandoned use of cocaine, traveled to Paris to learn hypnotic techniques from Charcot and returned to Vienna to begin explorations in drugless treatment. Freud never used the word "psychosomatic" in his writing, but it is quite clear that he entertained such application to his own illnesses like migraine. According to Max Schur,⁵ his one-time physician and biographer, "... Freud's budding ideas on hysteria and other psychoneuroses converged in that vague region where the mind 'meets' the body, 'including 'the mysterious leap from the mind to the body.'"

Freud was well aware of his addiction to nicotine and his (psychosomatic) hypochondriacal tendencies. In his own way, he probably contributed more to the

Letter to the Editor

anlage of psychosomatic medicine than any other person living or dead, from drugs to dreams to psychosomatics. Organization of psychosomatic medicine as a “movement,” however, would wait on the special genius of Helen Flanders Dunbar.

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