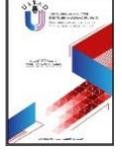




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FREUD'S ENCOUNTER WITH CHARCOT AND HIS EPISTEMOLOGICAL BREAK

FREUD'UN CHARCOT İLE KARŞILAŞMASI VE EPİSTEMOLOJİK KOPUŞ

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Abstract: Jean-Martin Charcot was one of the most influential figures in Sigmund Freud's life and works. Freud studied under Charcot for five months while he was twenty-nine years old. Charcot's influence helped Freud to change his conception of science and it paved the way for the foundation of psychoanalysis. In this article, we will discuss the paradigm shift of Freud with the influence of Charcot. We will demarcate the epistemological differences between Charcot's ideas and Viennese medical school. In this way, we will show what was fundamentally different in Freud's thinking from his earlier paradigm. We aim to show what is the kernel of psychoanalysis and why it could have been founded only after importing Charcot's ideas to the Viennese medical paradigm.

Key Words: History of Psychoanalysis, Sigmund Freud, Charcot, Hysteria, Hypnosis

Özet: Jean-Martin Charcot, Sigmund Freud'un hayatı ve eserleri üzerindeki en tesirli isimlerden biriydi. Freud, yirmi dokuz yaşındayken beş ay boyunca Charcot ile çalıştı. Charcot'nun etkisi, Freud'un bilim anlayışını değiştirmesine yardımcı oldu ve psikanalizin temellerini attı. Bu makalede, Freud'un paradigma değişimini Charcot'un etkisi üzerinden tartışacağız. Charcot'un fikirleri ile Viyana tıp fakültesi arasındaki epistemolojik farklılıklarının altını çizeceğiz. Bu şekilde, Freud'un düşüncesinde önceki paradigmasından temelde neyin farklı olduğunu göstereceğiz. Psikanalizin çekirdeğinin ne olduğunu ve neden ancak Charcot'un fikirlerini Viyana tıp paradigmasına aktardıktan sonra kurulabildiğini göstermeyi amaçlıyoruz.

Anahtar Kelimeler: Psikanaliz Tarihi, Sigmund Freud, Charcot, Histeri, Hipnoz

1. Introduction

Sigmund Freud's visit to Paris in 1885 marks an important epistemological break in his career. Freud was trained to be a neurologist in Vienna medical school and trained by important scientists of the time including Ernst Brücke, Sigmund Exner, Theodor Meynert, and Hermann Nothnagel. In 1885, he obtained a bursary for a sojourn to Paris and found a chance to study with Jean-Martin Charcot. This event has changed Freud's conception of neurology and it was his first step to study psychology. In this study we will focus on the importance of this visit, the events upon Freud's arrival to Vienna from Paris, and how his encounter with Charcot started Freud's psychological studies.

In *Immortality*, Milan Kundera depicts Hemingway and Goethe in a chat after death. Hemingway complains about all the rumors on the details of his life and people's disinterestedness in his books. He thinks his books are all that matters, not his love towards his wives or how many wounds he got during wars. Goethe explains to him that is immortality and adds: "*Immortality means eternal trial*" (Kundera, 1999: 81). Freud's afterlife is surely one of the great examples of an eternal trial. He even expected this

unavoidable end and burned almost all his letters to make biographers' jobs harder (Gay, 1988: xv). Despite Goethe's very late advice to Hemingway of being more careful while he was still alive, we know from Freud's example that being careful is not a way out from the eternal trail. Freud has been judged for a good number of matters from hiding the sexual assaults against children to be recognized by his peers (Masson, 2003: xx-xxi) to being unfaithful to his wife with various women that he knew of, including his sister-in-law (Gay, 1988: xviii). Yet, most of these controversies are focusing on the period of the birth of psychoanalysis. Any Freud scholar would feel themselves reading detective stories when they dive into the period between 1885 to 1899. It is the period that anyone can lose focus from theory immediately and find themselves into various discussions on the validity of historical accounts, Freud's trustfulness, how his famous speech "On Male Hysteria" took place, and so on. It is even hard to find a study that shows the influence of Charcot, Bernheim, and Breuer on the psychoanalytical writings of Freud as a whole.

We will go through the historical account, also, since it is inescapable. Yet, we aim to focus on Charcot's influence on Freud for a better understanding of Freud's theory, not the man. Hysteria and hypnosis gave Freud the direction to follow and opened the gates of psychology. In the end, Freud did not become a true follower of Charcot but the interaction with him inspired Freud to discover his own path: psychoanalysis.

2. Path to Paris

Jean-Martin Charcot was one of Freud's most influential masters. He was also one of the most influential neurologists of all time. He was known as "the Napoleon of the neuroses" in his days (Ellenberger, 1994: 95). Freud spent around five months in Paris starting from October of 1885 until February of 1886 (Freud, 1991b: 9-10). Despite the short length of this visit, the impact of Charcot's personality and theory captivated Freud. First, we will explore how Freud ended up in Paris and how this sojourn paved the way for psychoanalysis.

After graduating from medical school Freud spent one more year in Brücke's laboratory. After meeting with Martha Bernays and starting to dream about marrying her, he realized he had to fill his pockets for his future. Freud took Brücke's advice and leave the laboratory (Jones, 1964: 75) and wandered around various clinics of the Vienna General Hospital:

"[T]hree months in Billroth's Department of Surgery; six months in Nothnagel's Clinic for Internal Medicine; five months (at the elevated rank of Sekundararzt) in Meynert's Psychiatric Clinic; three months in

Zeissl's Department of Dermatology; fourteen months in Scholz's Department of Nervous Diseases; and finally, beginning in March 1885, three months in the Department of Ophthalmology" (Sulloway, 1979: 23-24).

These years were not formative per se; however, they show Freud's conception of science, his career plans, and his final decision to go and study under Charcot. After his graduation, Freud actively continued his scientific studies. However, he was contributing to science in his free hours (Freud E. L., 1975: 52). This suggests that in Freud's mind, science was belonging to laboratories, not to clinics. His gold chloride method of staining nervous tissue and cocaine studies are the products of these years and clearly, they took place in his free time (Thornton, 1986: 39-40). His idols such as Brücke and Helmholtz were also physicians, yet, they had never practiced their profession (Bernfeld, 1944: 355). Therefore, for Freud, medicine was the field where he can earn money. He did not think of medical practice as a place to contribute to science. This idea was changed only after he visited Paris under the influence of Charcot (Levin, 1974: 390).

The second important thing about these years is Freud's experience with psychiatry. Even though Freudian ideas find a place in psychiatry today, psychoanalysis was not the result of it (Pérez-Rincón, 2011: 115). On the contrary, psychoanalysis was influenced by neurology more than psychiatry. The dichotomy between neurology and psychiatry may not be so distinct today, yet, in Freud's days, they were two different ends (Baker etc., 2002: 1468). Especially, Viennese psychiatry and Parisian neuropathology were very distinct from each other. Freud's experience in Meynert's Psychiatric Clinic must have been contributed to his understanding of the field of nervous diseases. Even before meeting with Charcot, Freud was dissatisfied with psychiatry. Meynert at the time suggested to Freud to stay with him and offered to hand down his teaching duties, yet, Freud passed the offer (Dalzell, 2011: 70). Freud had great respect for Meynert in the field of brain anatomy, yet, not as a psychiatrist (Jones, 1964: 79). If Freud gained anything from working with Meynert that influenced his theory, that must be his critical attitude towards heredity as a cause of hysteria (Dalzell, 2011: 70). When Freud criticized his esteemed teacher Charcot on his theory of heredity, he did not mention Meynert as an influence, but he used the Fournier-Erb model (Barker, 2015: 11). He was indeed influenced by this model more than Meynert's model, yet, critical attitude towards heredity was planted by Meynert early on.

The most important encounter of Freud from these years was Breuer. Freud met with Breuer in Brücke's institute for the first time probably around 1876 (Schur, 1972: 28). Their friendship grew in the later years into a point where they started to share intimate details of their lives (Freud E. L., 1975: 41). In 1882, Breuer mentioned Anna O. for the first time to Freud (Jones, 1964: 204). This case must have been interesting to Freud since we know he mentioned the case to Charcot while he was in Paris (Freud S., 1991a: 19-20). Through the agency of Breuer's case, Freud was familiar with hypnosis and hysteria when he arrived in Paris. Yet, before studying under Charcot, he did not think of these phenomena as a career choice.

Through his histological and clinical papers, Freud became *Privatdozent* in Neuropathology in 1885 (Thornton, 1986: 40). Before this assignment, he came to realize he was not competent enough in neuroses and he needed to improve himself. He explains in his autobiography why he needed to go to Paris:

"The fame of my diagnoses and of their post-mortem confirmation brought me an influx of American physicians, to whom I lectured upon the patients in my department in a sort of pidgin-English. About the neuroses I understood nothing. On one occasion I introduced to my audience a neurotic suffering from a persistent headache as a case of chronic localized meningitis; they all quite rightly rose in revolt and deserted me, and my premature activities as a teacher came to an end. By way of excuse I may add that this happened at a time when greater authorities than myself in Vienna were in the habit of diagnosing neurasthenia as cerebral tumour" (Freud S., 1991a: 12).

Freud, from afar, sensed that Charcot could have offered him something new. In his motivation letter for his application for a travel grant, he praised his Viennese teachers such as Meynert and Nothnagel. He said since he studied with them already, there is nothing new to be learned in German Universities (Freud S., 1991b: 5). This must be his way of indicating that Vienna is superior to German Universities in the field of neuroanatomy and creating sympathy for himself. In this way he could have justified, he cannot learn neuroanatomy better anywhere else, but neuropathology in Paris could have contributed to his knowledge. We cannot know how much his flattering words contributed to the final decision, yet, he obtained the scholarship and move to Paris soon after. When he returned to Vienna, his ideas were far from flattering to his old masters, especially to Meynert.

3. Studying under Charcot

In October of 1885, Freud arrived in Paris. He struggled to fit into the medical community at first due to his inadequate French and his introverted character according to his account (Freud E. L., 1975: 202). Soon after he met with Charcot. Then, he learned that Charcot was looking for a German translator for his *Leçons sur les maladies du système nerveux* [Lectures on the Diseases of the Nervous System] and Freud offered himself to the role (Freud S., 1991a: 12). Charcot gladly accepted the offer, and this became the turning point in Freud's life in Paris. He had been invited to parties in Charcot's house and after Charcot started to enjoy Freud's company, he encouraged his colleagues to get along with him as well (Freud E. L., 1975: 198-199). More importantly, with the duty of translation, Freud started to learn the ideas of Charcot line by line and he sharpened his knowledge of neuropathology, hysteria, and hypnosis.

Jean-Martin Charcot was born in 1825 in Paris. He graduated in Medicine from the University of Paris in 1853 and he worked in Salpêtrière Hospital for thirty-three years (Kumar etc., 2011: 46). He became Professor of Pathological Anatomy in 1872 and Professor of Neurology in 1882 at the University of Paris (Waraich and Shah, 2018: 48). He has achieved an international reputation through his clinical studies and classification of many diseases before even he started to study hysteria and his use of hypnosis including amyotrophic lateral sclerosis, tabes dorsalis, and multiple sclerosis (Erwin, 2002: 75). Around the 1880s, he started to use hypnosis as a clinical technique, not a therapeutic one (Brown, 2008: 525). His interest in hypnosis and hysteria and nervous diseases was not only important for neurology but government policies, also. Charcot was an anti-clerical man as the government and his studies on hysteria were the scientific explanation of old religious practices on so-called demonic possession. According to him demonic possession and related applications such as exorcism or witch-hunting was really a cruel practice over a material neurological disease (Goldstein, 1987: 369-370). It is not hard to see how Charcot was so captivating personality for Freud. Charcot's endeavor was supported by the government and chair in the diseases of the nervous system created for him in this regard (Goldstein, 1987: 368-369).

Charcot's main influence on Freud comes from his studies on nervous diseases and especially from his studies on hysteria. His usage of hypnosis and his understanding of clinical observation as concomitants are our focus to demonstrate their relationship. When Freud arrived in Paris, Charcot was already famous for his almost theatrical lectures where he demonstrated

his hysterical patients (Ferguson, 1996: 35-36). These lectures were open to the public and they were visited by many important figures of the time including international students, physicians, and artists (Ellenberger, 1994: 94). In these lectures, Charcot would present a case to his audience. He would usually summarize the symptoms and give details about their family trees to show a possible hereditary cause of the disease. Then, he would hypnotize the patient and under hypnosis, he would suggest the symptoms to the patient. Patients would animate the symptoms and again with hypnosis, Charcot would annihilate those symptoms (Robertson, 1892: 506). According to him, only hysteric patients would be open to suggestions (Decker, 1977: 116) and what happens under hypnosis was only a demonstration of what really happens to these patients earlier. These lectures were so captivating for Freud that he compared the effect of it in him to Notre-Dame (Freud E. L., 1975: 184-185).

One of the most important features of these lectures for Freud was their emphasis on clinical facts. On a very famous occasion, Freud objected to Charcot by saying "*It contradicts the Young-Helmholtz Theory*" (Freud S., 1986c: 13). Charcot's answer resonated with Freud and he loved to repeat whenever he can: "*Theory is good; but it doesn't prevent things from existing*" (Freud S., 1986c: 13). This occasion was very decisive for Freud to choose between the famous dichotomy of the time: clinical-descriptive medicine versus anatomical-explanatory medicine (Solms, 2002: 31-32). Freud was trained to be in the second paradigm where the real working area of medicine is not the subject but the objective part of any subject: soma. The objective way to study the subject was to understand its soma by anatomical methods. Hysteria represented a crisis of this paradigm since it did not leave any changes in the soma (Freud S., 1991d: 169). Even though there were clear clinical signs of hysteria, anatomical studies of these patients did not show any sign of lesion in the brain in post-mortem examinations (Micale, 1990, p. 382). Both paradigms used anatomy and clinical methods, yet, they were emphasizing one over another. Charcot and the Paris School put their emphasis on clinical material (Faber, 1923: 28). Charcot was practicing nosography. Faber describes nosography as follows: "*The object of clinical science is the study of morbid phenomena as displayed by patients, and, within this domain, nosography -that is, the description of diseases- forms a special discipline*" (Faber, 1923: v). For explaining the practice of Charcot, Freud used the myth of Adam where he put every animal in front of him and gave them their names (Freud S., 1986c: 13). Charcot's practice was collecting every possible clinical data and classify them by underlying their differences. He was a visual man

(Freud S., 1986c: 12). Even in his daily practice, he was seeing patients and without uttering a word, he was watching them for a very long time before deciding on their diagnosis (de Marneffe, 1991: 78). Salpêtrière was famous for their usage of photography where they took photographs of every stage of their patients' diseases (de Marneffe, 1991: 78-79).

It is a long way for Freud to "hear" his patients after learning to "see" under Charcot. This is one of their differences when they approach the same pathology. Freud had a long way to come to hear the patients instead of seeing them especially with the influence of Breuer. However, it is important to realize Freud's real transition is his move to the clinical-descriptive paradigm (neuropathology) from the anatomical-explanatory paradigm of Vienna (neuroanatomy) (Solms, 2002: 28; Levin, 1974: 390). Charcot surely removed Freud's bias against the clinics. Before arriving in Paris, Freud was practicing in clinics, yet, he was spending his free time in laboratories since that was the place where he could conduct his scientific studies. Charcot convinced him that clinics can be the place for science.

Charcot redefined what is science and scientist, for Freud (Phillips, 2014: 87). Charcot stated a great difference between clinic and nosography. He wanted to see in clinics as open-mindedly as possible. He did not see the physician as a technician whose job is applying what is theoretical to the practical. He wanted to see in the clinic and gather all he can collect for his nosography (Lepoutre and Villa, 2015: 9). Charcot was choosing the most typical cases through observation of any given pathology. After excluding coincidental personal symptoms, he was describing the type as the representative of the pathology in his clinical work (Lepoutre and Villa, 2015: 9-10). This method of classification deeply influenced Freud. Freud's studies during the 1890s mainly used this method and he focused his energy to classify different types of neuroses along with their aetiology. Freud greatly differentiated himself from Charcot when he decided to explain what is normal in relation to the pathologies, including the psychopathologies of everyday life.

Freud's move of his scientific studies to clinics from laboratories is Charcot's influence in a wider sense. More importantly, Charcot introduced the dynamic approach to Freud. As it is well known, Freud's approach is called psychodynamic, today. It appears as it is long forgotten what dynamic really means. Here, Freud's dual-aspect monism played a role with the help of Charcot. The anatomical-explanatory approach of the Vienna School is also known as localization or cerebral localization (Thornton, 1986: 62). This approach has its own history that we will not discuss here. Yet,

we can briefly say that localization was closing doors to any metaphysical approach to medicine (Thornton, 1986: 70-71). If you can show the cause of clinical manifestations through local diagnosis, you would dismiss every speculation. The localization approach helped to establish medical science to a thoroughly materialistic ground. Even though localization was a great success in its own right, it was not explaining every disease since not every disease left a trace behind. Especially, hysteria was the turning point for Freud. Later, Freud explained his paradigm shift as it follows:

"The special characteristics of cortical paralysis are determined by the peculiarities of cerebral structure, and allow us to infer back to the anatomy of the brain. Hysterical paralysis on the contrary behaves as though there were no such thing as cerebral anatomy. Hysteria knows nothing of the anatomy of the brain. The alteration which underlies hysterical paralysis can have no resemblance to organic lesions but must be looked for in the conditions governing the accessibility of some particular circle of ideas." (Freud S., 1986a: 248).

In this respect, dynamic means functional. Even though you cannot localize any anatomical changes, if you see the pathology through clinical observation, you can assume there must be some changes in anatomy, also (Micale, 1990: 382-383). The dynamic approach opens the door to speculation that the localization method had already closed. It is important to understand the fundamental challenge to the Vienna Medical School is coming from theorization upon solely clinical material. The usage of hypnosis or male hysteria is only of secondary importance in this respect. Freud's quarrel with the Viennese medical establishment is commonly attributed to his usage of hypnosis and his conception of male hysteria after he returned from Paris and they surely played a part. Yet, it is important to keep in mind that the door he was opening was the door that charlatans used before (Pace, 1968: 79). Therefore, his strict materialism and anti-religious attitude did not save him from the backlash that he received.

4. Back to Vienna as a Pupil of Charcot

Freud's newly learned dynamic approach was carried to Viennese turf by his speech called "*On Male Hysteria*". On 15 October 1886, Freud read a paper in front of the Vienna Society of Medicine (Jones, 1964: 206). All the polemic on Viennese conservative attitude toward male hysteria versus psychoanalytic myth-creation of lonely genius revolves around this long-lost paper. While one side defends that Freud received hostile reactions upon his paper, the other side says Freud did not present anything new

since male hysteria was well-known in Vienna.* Therefore, the reaction he received was the reaction against his underestimation of his colleagues' expertise on the topic. We do not possess the original paper; therefore, every account must be flawed when it comes to historical accuracy. Yet, we know the reports of the occasion and more importantly, we know what Freud learned in Paris. Therefore, it is not impossible to reconstruct the scene. Levin's construction of the speech seems accurate and it demonstrates how the reactions against Freud have missed the points of Freud:

"The text of the paper delivered by Freud before the Medical Society has not survived, but there are several reviews of it in the medical journals. All concur that Freud emphasized three points made by Charcot: that hysteria is a well-defined disease with predictable symptoms, that simulation plays no significant role, and that hysteria in males has the same clinical manifestations as in females. None of the reviews suggests that either Freud or Charcot was presenting male hysteria as a new concept. The paper appears to have been mostly concerned with establishing the standard clinical picture of hysteria, with considerably less space devoted to the third point, that male hysteria presents the same picture as female hysteria. That Freud, through his title, chose to emphasize this last point, can be attributed to his sharing Charcot's belief that cases of male hysteria provided some of the strongest support for the argument that hysteria is a clinically uniform disease" (Levin, 1974: 390).

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Hysteria in men was not unknown to Vienna. However, Freud's emphasis was not on the reality of the phenomenon. What Charcot demonstrated in his lecture was the features of male hysteria. For a long time, hysteria (the word itself is coming from the uterus (Gilman, 2020: 42) was thought to be a female disease. Yet, some man diagnosed as hysteric in modern times. The male hysteria was always characterized by some female behavior in men. For instance, male hysterics were either homosexual or emotionally weak as women (Micale, 1990: 376). In the lectures of Charcot, we often see an emphasis upon male characteristics of male hysterics. Charcot often used descriptions such as emotionally strong, being a working-class, or being a father as male features against usual misconceptions. All we need to know about the controversy concealed in one paragraph by Charcot:

* Both sides of the discussion listed by Sulloway (1979: 489).

"Hence we may conclude that male hysteria is far from being a rare disease. Well then, gentlemen, if I may judge from what I daily see around me, these cases are often unrecognised, even by very distinguished physicians. One can conceive that it may be possible for a young effeminate man, after excesses, disappointments, profound emotions, to present hysterical phenomena, but that a vigorous artisan, well built, not enervated by high culture, the stoker of an engine for example, not previously emotional, at least to all appearance, should, after an accident to the train, by a collision or running off the rails, become hysterical for the same reason as a woman, is what surpasses our imagination" (Charcot, 2014: 222).

As it is shown by Charcot, the main ideas over male hysteria were revolving around three points: patients' male characteristics, the commonality of the phenomenon, and the trauma as the main cause. Only one point is not mentioned in this paragraph which is hereditary. We will mention that later. These three topics might have been the central issues of Freud's paper since he just returned from Paris and this paper was served as a report more than an original study. We should understand why these topics were so important in the paradigm shift of Freud.

Charcot was very exact when it comes to the demarcation of the borders of neurology (Gelfand, 2000: 217). He was trying to prove that nervous diseases were the topic of neurology, not psychiatry or gynecology (Ellenberger, 1994: 143). He was keen to underline the relationship of hysteria with the nervous system. This is why focusing on psychological characteristics of hysteria was later explained by Janet and Freud, instead of Charcot (Ellenberger, 1994: 102). Charcot did not reject the psychological features of hysteria, yet, he did not focus on them. For Charcot, the most important aspect was the neurological aspect of hysteria. Clearly, the nervous system was not different in men and women. Therefore, there was no great difference in susceptibility to becoming hysteric. Hysteria before Charcot was known as the wandering womb since it was not following an exact pattern of its symptoms (Thornton, 1986: 73-74). One day it could have caused tremors and the other day it could have paralyzed the arm (Schwartz, 2003: 35-36). Charcot rejected the womb as a cause (Micale, 1990: 402) and associated characteristics with being a woman as a result of his neurological understanding. Everyone with a nervous system, thus everyone, was susceptible to hysteria (Micale, 1990: 373). This was a great disagreement between the Vienna Medical School and the Parisian medical establishment. Charcot was not able to

demonstrate any anatomical basis for his theory since there was no difference between hysteric and normal nervous systems.

Charcot thought that if there is no difference in the nervous system of hysterics from the nervous system of normal people, then the difference must have been in their existence. If you cannot demonstrate any lesion in the body, they must have been born in this way. Therefore, he put hereditary as the main cause of hysteria (de Marneffe, 1991: 75). According to Charcot, people were born with a disposition to hysteria. The difference was not in the gender, but it was in family history (Brown, 2008: 525). He put a great emphasis on family trees in his lectures (Gelfand, 1988: 574). If some members of the family are hysterics or suffering from some nervous disease and other members are perfectly normal, which is always the case, then there must be some additional causes to become hysteric. Charcot called these causes as *agents provocateurs* (triggering factors) (Libbrecht, 2002: 137). There were various *agents provocateurs* such as alcoholism, infectious diseases, and all sort of physical illnesses (Gelfand, 1989: 300). Amongst these factors, one was the most visible in the cases of male hysteria: physical trauma (Levin, 1974: 381).

At the time, a diagnosis called railway spine was very popular. In 1866, John Eric Erichsen published a study where he described post-traumatic effects of train accidents where "*concussions to the brain and spinal cord during railway accidents caused organic lesions responsible for a variety of symptoms, many of which occurred long after the actual accident*" (Charcot, 2014: xxvii). His study and increasing numbers of these cases created a lively debate. Charcot recognized the clinical picture as hysteria. The cases he presented could have been explained by aftereffects of trauma. Even though the traumatic event did not leave any visible trace in anatomy, clinical manifestations were similar to the other cases of trauma. Therefore, physical trauma as one of the *agents provocateurs* was proving his points: men are susceptible to hysteria as much as women (Charcot, 2014: xxxii), hysteria has nothing do to with womb or female characteristics, and male hysteria is not rare as it has been thought. In any case, he was also able to trace nervous diseases in the family history, therefore, the sole cause of hysteria was heredity (Freud S., 1986d: 143).

Charcot's insistence on the nervous system as a unifying aspect of humanity was surpassing the usual gender-based biases of the medical world (Micale, 2008, p. 251). A similar attitude of Freud could be found in his various psychoanalytical works but one of them is the most striking: *Three Essays on the Theory of Sexuality*. The common understanding of

healthy individuals by the medical world did not differ for men and women. The difference was most visible in their pathology. When women were suffering from hysteria it was understandable since they tend to be emotionally weak. Men could have been hysteric, also, if they were carrying female weaknesses. Charcot's claim of men has no difference from women in their susceptibility to hysteria was damaging the stereotypical conception of a healthy male. How much Charcot was aware of the implication of his study is controversial. Yet, Freud did not fail to see this aspect and explored it more in his later studies. First, in his trilogy (*The Interpretation of Dreams, The Psychopathology of Everyday Life, and Jokes and Their Relationship to the Unconscious*) he demonstrated the deviances of normal and healthy individuals to grasp the picture of what is normal. Then, in *Three Essays on the Theory of Sexuality*, he showed that normal and abnormal were only a matter of gradation and everyone was susceptible to various abnormalities (Davidson, 1987: 264-265). This character of psychoanalysis is one of the most shocking and even repelling elements for some and Freud was deeply influenced by Charcot while he was constituting this element of his theory.

We do not possess the original document of "On Male Hysteria". Thus, every reconstruction would be flawed. How many elements that Freud learned from Charcot was in this paper cannot be known in full account. Freud's account in his autobiography seems misleading. He pictures his senior colleagues as totally ignorant about the existence of male hysteria.[†] This is wrong without a doubt. Rosenthal and Bamberger accepted the existence of male hysteria, yet, they were against the commonality and traumatic aetiology of it (Ellenberger, 1994: 440). Leidesdorf dismissed the classification of male hysteria to the presented cases (Jones, 1964: 207) and Meynert challenged Freud to present a male hysteria with the symptomology as Charcot described (Freud S., 1991a: 15). They also misunderstood some points of Freud. Bamberger's reaction included some differences he observed in his male hysterics. Yet, this is a misunderstanding of Charcot's type where you exclude incidental differences from the common characteristics (Lepoutre and Villa, 2015: 9-10). Also, post-traumatic cases of male hysteria were an example of undetected cases, not a sole cause of it. This aspect misunderstood by his colleagues, also.

[†] Freud chooses his words very carefully. He does not say Bamberger or Meynert was against the idea of male hysteria. He is putting that word to the mouth of some old physician after the event. Yet, this paragraph gives an impression that Viennese medical community was fully unaware of male hysteria (Freud S., 1991a: 15-16).

In addition to the aspects of male hysteria, some national biases might have played a role in this event. Freud, in his application for the bursary, justified his visit to Paris by praising his Viennese colleagues' superiority over German universities (Freud S., 1991b: 5). Yet, in his return, he was demonstrating French science as greater than the Viennese school. This must have been offensive, especially to Meynert who was ready to leave his teaching duties to Freud very recently (Dalzell, 2011: 70). Meynert attacked Freud soon after in his book by saying "*Freud is now active in Vienna as a trained practitioner in hypnosis*" (Eissler, 1971: 354). According to Meynert Freud was pursuing suggestion-therapy "*despite his excellent Viennese training*" (Levin, 1974: 394). Thus, contempt against Freud was not an invention of Freud's imagination despite his misleading account in his autobiography. Freud was aware of national biases at play and he used the allegiances of Krafft-Ebing and Obersteiner to hypnosis in his review of Forel's article and he blamed Meynert for using his authority without conducting a serious criticism against hypnosis. Freud added the following sentences to the reader who had been seduced by the unscientific dimension of the discussion:

"It will be seen that these names can satisfy, too, those who are so lacking in judgement that their confidence requires of a scientific authority that it shall fulfil certain conditions as to nationality, race and geographical latitude, and whose faith comes to a stop at the frontier-posts of their fatherland." (Freud S., 1991c: 95).

The reciprocal misunderstandings seem to suggest something deeper. When Freud arrived in Vienna, he was not in the Viennese paradigm anymore. He perceived himself as a pupil of Charcot (Freud S., 1986b: 325) and he was thinking in clinical-descriptive propensities. Freud's paper and subsequent discussions seem to indicate more than interpersonal communication. This event suggests a dialogue between two paradigms that cannot understand each other anymore. It is a case that Kuhn called the "*incommensurability of competing paradigms*" (Kuhn, 1996: 150). Charcot's nervous system was not the same static anatomical entity as Viennese men have been understood for a long time. The nervous system was a dynamic current in itself that surpasses known distinctions. Charcot's science was the biology of morbid state in opposition to Viennese anatomy of post-mortem soma. The Viennese lens was microscope that can exhibit the pieces where Charcot's lens was photography machine that can capture the whole in motion. Therefore, 15 October 1886 was the day that miscommunication was inescapable because of the incommensurability of

two different paradigms. Even their basic concepts did not bear the same meaning for the participants.

5. Conclusion

Even if we accept that Freud was fully wrong to interpret the reactions he received, Freud interpreted them as hostile and his understanding determined how he will react back. He perceived himself lonely and most probably a genius who was not understood in his own time. He saw this meeting and later quarrel of his as a challenge and he wanted to go further. He sharpened his theory and when he wrote *Three Essays on the Theory of Sexuality*, he was still in the same battle in his own mind. He perceived his colleagues as either ignorant or conservative. Historical accuracy is inescapable to be fair to all parts of the event. However, misinterpretations or biases of that historical event by its participants could also say a lot to us. Therefore, Freud's account of these events should not be overlooked since it shows us an epistemological break.

In a debate that took place in Charcot's house, he reacted to Giles de la Tourette's prediction of war by saying: "*I am a Jew, adhering neither to Germany nor Austria*" (Freud E. L., 1975: 203). That was true for his scientific approach, also. He was neither German nor Austrian scientist, at that moment. He was a Jew and his Jewish identity might have helped him to distance himself from his Viennese paradigm.[‡] Additionally, we should keep in mind that national biases are not a one-way street. As much as Viennese scientists did not want to give credit to Charcot for his theories, French scientists wanted that credit for their nation, also. They perceived Charcot's achievements as a part of French superiority (Charcot, 2014: xviii). Freud, as an outsider in his land, did not share the nationalist urge against this French man (Brunner, 1995: 96). Yet, he felt discontent against his fellow Viennese men. As Bourdieu indicated, importing an idea cannot be explained by intellectual concerns, only (Bourdieu, 2000: 223-224). Freud's love for scientific truth without any national characteristic cannot be his only motivation, either. He wanted to fight against his countrymen and Charcot's ideas played a role for him to fight against the Viennese establishment. Although, we should keep in mind national bias is not strict as it could be in other fields. It is only one of the components of the evaluation of any scientific idea (Collins, 1985: 87).

[‡] The same Jewish identity might have helped him to distant himself from Charcot, later. Although, there is no convincing evidence if his Jewish identity influenced his criticism of Charcot's hereditary aetiology (Brunner, 1995: 22-23).

We can conclude that Freud's visit to Charcot was not only a professional trip to gain experience in his field. It was almost an "existential encounter" (Ellenberger, 1994: 436). Charcot's influence helped Freud to dismiss his Viennese training in the name of his newly acquired paradigm. After a few years of more study in the field and meeting with Bernheim and working with Breuer, Freud invented his own paradigm called psychoanalysis. We can say that without this short visit of five months taking place, psychoanalysis may have never emerged. Therefore, Freud's encounter with Charcot should not be understood as an acquiring of a few controversial ideas, but as an epistemological break that eventually has formed one of the most influential social theories of the twentieth century.

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EXTENDED ABSTRACT: Jean-Martin Charcot was one of the most influential figures in Sigmund Freud's life and works. Freud studied under Charcot for five months while he was twenty-nine years old. Charcot's influence helped Freud to change his conception of science and it paved the way for the foundation of psychoanalysis. In this article, we have discussed the paradigm shift of Freud with the influence of Charcot. Freud was trained in Vienna Medical to be a physician and neurologist. He had studied under prominent names such as Brücke and Meynert. Viennese medical paradigm at the time of Freud's studies was anatomical-explanatory medicine. This paradigm had suggested that diagnostic and classificatory duties of medicine should be conducted in an objective way. The objective way to conduct medicine was anatomically explaining the diseases. This approach was also known as cerebral localization and it was accepted by Freud in his early career. In 1885, Freud visited Paris to improve his skills as a neurologist. Jean-Martin Charcot was offering a clinical method of medicine known as clinical-descriptive medicine. Parisian method of conducting the medicine emphasized clinical observations over the anatomical investigation. Even though anatomical data was not sufficient to explain the given nervous disease, Charcot was able to describe the typical cases of the given diseases through clinical observation. Freud, after he visited Paris, started to align with the Charcotian way of medical approach. In this article, we have demarcated the epistemological differences between Charcot's ideas and Viennese medical school. In this way, we have shown what was fundamentally different in Freud's thinking from his earlier paradigm. Freud, with the influence of Charcot, changed his perspective on what is medical science and his conception of a scientist. Before studying under Charcot, Freud never took clinical medicine as a serious branch of science. Even though Freud was practicing medicine, he was using his free time in laboratories to conduct his scientific studies. After 1886, Freud started to use his clinical works as data for his scientific inquiries. This paradigm shift paved the way for founding his method later: psychoanalysis. In addition to Freud's epistemological break concerning the methodology of medicine, he had learned two important topics while he was in Paris. The first of these was hysteria. Hysteria was a nervous disease that had been indicating incapability of the Viennese medical paradigm. Hysteria was not causing any changes in the brain such as lesions, therefore, it was hard for the Viennese medical establishment to classify and understand this nervous disease. Charcot's approach, on the other hand, did not require any anatomical changes since the clinical picture of the disease was unmistakable. Freud had realized only if would he change his paradigm, he would be able to understand what hysteria really means. The second important thing Freud learned in Paris was hypnosis. In Vienna, hypnosis only practiced by a few physicians, and most of the Viennese medical men were against its usage and they have labeled the practice as

unscientific. Charcot through his studies gave a scientific status to hypnosis during the 1880s. When Freud visited Paris, he had realized that the phenomenon of hypnosis was real and effective. Its application could have helped hysteric patients. More importantly, the realm of psychology that hypnosis and hysteria suggested became visible for Freud for the first time. What Freud learned in Paris came back to Vienna with him and it has been demonstrated to his colleagues in his famous speech called "On Male Hysteria". In this article, we have analyzed this lost paper and the reactions it received. The miscommunication between Freud and his critics seems to suggest an epistemological break. Their misunderstanding of each other was not an interpersonal error but it was "incommensurability of competing paradigms" as Kuhn would have called. In this article, we aimed to show what is the kernel of psychoanalysis and why it could have been founded only after importing Charcot's ideas to the Viennese medical paradigm. We have shown that without the influence of Charcot, psychoanalysis would not have been founded. Charcot's influence was not the only force behind Freud's momentous discovery, yet, it was the first push that has started the change in Freud's ideas and its influence stayed in Freud's psychoanalytical work all his life.

GENİŞLETİLMİŞ ÖZET: Jean-Martin Charcot, Sigmund Freud'un hayatında ve eserlerinde en etkili isimlerden biriydi. Freud, yirmi dokuz yaşındayken beş ay boyunca Charcot ile çalıştı. Charcot'un etkisi, Freud'un bilim anlayışını değiştirmesine yardımcı oldu ve psikanalizin temelini oluşturdu. Bu makalede, Freud'un paradigma değişimindeki Charcot etkisini tartıştık. Freud, doktor ve nörolog olmak üzere Viyana Tıp Fakültesinde eğitim aldı. Brücke ve Meynert gibi önde gelen isimler altında eğitim gördü. Freud'un çalışmaları sırasında Viyana tıbbi paradigması anatomik-açıklayıcıtı. Bu paradigma, tıbbın teşhis ve sınıflandırma görevlerinin objektif bir şekilde yürütülmesi gerektiğini savunuyordu. Tıp çalışmalarının nesnel yolu, hastalıkları anatomik olarak açıklamaktı. Bu yaklaşım aynı zamanda serebral lokalizasyon olarak da biliniyordu ve Freud kariyerinin ilk yıllarında bu anlayışı benimsemişti. 1885'te Freud, nörolog olarak becerilerini geliştirmek için Paris'i ziyaret etti. Jean-Martin Charcot, klinik-betimsel tıp olarak bilinen bir klinik tıp yöntemini sunuyordu. Paris'teki tıbbi çalışma metodu, anatomik araştırma yerine klinik gözlemlere vurgu yapıyordu. Anatomik veriler, verilen sinir hastalığını açıklamak için yeterli olmasa da, Charcot, klinik gözlem yoluyla belirli hastalıkların tipik vakalarını tanımlayabiliyordu. Freud, Paris ziyaretinden sonra, Charcotcu tıbbi yaklaşım tarzını benimsemeye başladı. Bu makalede, Charcot'un fikirleri ile Viyana tıp fakültesi arasındaki epistemolojik farklılıkları belirledik. Bu şekilde, Freud'un düşüncesinde, önceki paradigmasından temelde farklı olanı göstermiş olduk. Freud, Charcot'un etkisiyle, tıp biliminin ne olduğuna ve bir bilim insanı anlayışına bakış açısını değiştirdi. Charcot'nun yanında çalışmadan önce Freud, klinik tıbbı hiçbir zaman ciddi bir bilim dalı olarak görmedi. Freud kliniklerde doktor olarak çalışmasına karşın boş zamanlarını bilimsel çalışmalarını yürütmek için laboratuvarlarda geçiriyordu. 1886'dan sonra Freud, klinik çalışmalarını da bilimsel araştırmaları için veri olarak kullanmaya başladı. Bu paradigma değişimi, onun psikanaliz olarak bilinen yöntemini bulmasının önünü açtı. Freud, tıp

metodolojisine ilişkin epistemolojik kopuşuna ek olarak, Paris'teyken iki önemli konuyu öğrenmişti. Bunlardan ilki histeriydi. Histeri, Viyana tıp paradigmasının yetersizliğini gösteren sinirsel bir hastalıktı. Histeri beyinde lezyon vb. herhangi bir değişikliğe neden olmuyordu, bu nedenle Viyana tıp kurumunun bu sinir hastalığını sınıflandırmasını ve anlamasını zorlaştırıyordu. Charcot'un yaklaşımı için ise, hastalığın klinik görünümü şüphe götürmez olduğu için herhangi bir anatomik değişiklik gerektirmiyordu. Freud, ancak paradigmasını değiştirirse histerinin gerçekte ne anlama geldiğini anlayabileceğini fark etmişti. Freud'un Paris'te öğrendiği ikinci önemli şey hipnozdu. Viyana'da hipnoz yalnızca birkaç hekim tarafından uygulanıyordu ve Viyanalı tıp adamlarının çoğu hipnozun kullanımına karşıydı. Hipnoz uygulamasını bilim dışı olarak nitelendiriyorlardı. Charcot, çalışmaları sayesinde 1880'lerde hipnoza bilimsel bir statü kazandırdı. Freud Paris'i ziyaret ettiğinde hipnoz olgusunun gerçek ve etkili olduğunu fark etmişti. Uygulaması histerik hastalara yardımcı olabilirdi. Daha da önemlisi, hipnoz ve histerinin önerdiği psikoloji alanı, Freud için ilk kez görünür hale geldi. Freud'un Paris'te öğrendikleri, onunla birlikte Viyana'ya geri döndü ve meslektaşlarına "*Erkek Histerisi Üzerine*" adlı ünlü konuşmasında gösterildi. Makalemizde, bu kayıp makaleyi ve aldığı tepkileri analiz ettik. Freud ve eleştirmenleri arasındaki iletişimsizliği, bir epistemolojik bir kopuşu olarak değerlendirdik. Birbirlerini yanlış anlamaları kişiler arası bir hatanın değil, ancak Kuhn'un dediği gibi "*rakip paradigmaların ölçülemezliği*"nin sonucuydu. Bu makalede, psikanalizin çekirdeğinin ne olduğunu ve neden ancak Charcot'un fikirlerini Viyana tıp paradigmasına aktardıktan sonra kurulabileceğini göstermeyi amaçladık. Charcot'un etkisi olmasaydı psikanalizin kurulamayacağını gösterdik. Charcot'un etkisi, Freud'un önemli keşfinin arkasındaki tek güç değildi, yine de Freud'un fikirlerinde değişimi başlatan ilk itici güçtü ve etkisi, tüm hayatı boyunca Freud'un psikanalitik çalışmasında kaldı.