

The Irma's injection dream without disguise: Releasing the self-evident bounty of Freud's foremost demonstration of dream interpretation

Jerry L. Jennings

Independent Researcher

Summary. As Freud's first successful analysis of one of his own dreams, Irma's Injection revealed the purpose and meaning of dreams – disguised wish fulfillment – and provided a doorway to the unconscious mind. The presumption ever since has been that dreams are disguised ways of expressing (and thereby fulfilling) forbidden unconscious desires. By using an established client-centered methodology for dream interpretation, the article reviews the chronological sequence of Freud's seminal dream of Irma's Injection to show how each element can be readily recognized in terms of the most pressing issues in Freud's life at that time and tied to events and situations that largely occurred within the days, even hours, of the Irma dream. Consistent with the continuity hypothesis, the analysis will identify the actual people and biographical events informing Freud's dream, specify the recency of those real-life events, and use Freud's own words to demonstrate the direct "self-evident" meaning of each dream image, while repeatedly rejecting the presumption of disguise. By removing the distortions imposed by the theory of disguise, Freud's dream, like any dream, can be seen as an intrinsically honest expression of the dreamer's life experience and is abundantly valuable and completely sufficient in its so-called "manifest" meaning alone. The self-evident meaning of dream images may, at first impression, appear mysterious and baffling, but it is not because of some unconscious process of active disguise. It is simply because dreams express feelings through a marvelous imagic language, which the dreamer, and only the dreamer, can learn to discern for its highly individualized, self-recognizable wisdom.

Keywords: Dream interpretation, dream analysis, Irma's injection, continuity hypothesis, client-centered, dream phenomenology, Sigmund Freud

As the cornerstone of Freud's *The Interpretation of Dreams* (*The IOD*), the dream of Irma's injection holds a preeminent position in the history and development of psychoanalysis and has fundamentally shaped the conceptualization of dreams to this day. Also known as "the specimen dream", Freud's first successful self-interpretation of his Irma dream in 1895 revealed the value of dreams as a doorway to the unconscious mind. Over the next five years, Freud practiced and honed his pioneering method of dream interpretation, which called for (1) breaking dreams into their component images, (2) free associating to each element, and then (3) analyzing and synthesizing the resulting ideas into a coherent understanding.

Based on the success of his inaugural Irma dream analysis, Freud concluded that the meaning and purpose of every dream was the fulfillment of unconscious wishes. Using the metaphor of "the Censor" over 119 times in *The IOD*, Freud asserted that dreams were creations of the unconscious mind that actively "censor" socially unacceptable desires by "disguising" them (used 35 times), thus allowing expression and vicarious satisfaction of forbidden unconscious wishes. [Notably, neither of the terms "censor" nor "disguise" are used in the pages of *The IOD* dedicated to the Irma dream.]

Corresponding address:

Jerry L. Jennings, Ph.D., c/o Insight Dreaming, 218 Wayne Ave., Narberth, PA 19072 USA.
Email: jerryj100@comcast.net

Submitted for publication: February 2024

Accepted for publication: May 2024

DOI: 10.11588/ijodr.2024.2.102936

Freud's two presumptions of disguise and wish fulfillment became embedded in psychoanalytic theory and have pervaded psychological approaches to dreams ever since.

Starting with a Rogerian client-centered approach to dream analysis in 1986, Jennings developed a radically "dream-centered" methodology and phenomenology that rejects both presumptions (Jennings, 1986, 1995, 2007, 2022a, 2022b). On the contrary, Jennings' "dreams without disguise" theory asserts that dream images are uniquely individualized and *intrinsically honest* expressions of the person's life experience, which have potentially self-evident meaning to the dreamer. Although dreams are created through unconscious mental processes, Jennings rejects the theory that some unconscious agency (i.e., Freud's metaphoric "Censor") is *actively disguising forbidden wishes* from the dreamer's conscious awareness. This paper will use the empirical data of Freud's own seminal dream of Irma's injection to demonstrate that dreams do not trick, deceive, mislead, or disguise their significance from the dreamer. By revisiting the complex details of the Irma dream in the light of Freud's life at that time and his own rich associations about each element in the chronology of the dream, the case will be made for how dreams have self-evident and undisguised meaning.

Contrasting the Freudian Disguised and Self-Evident (Undisguised) Approaches

Undoubtedly, dreams appear to be mysterious, uncanny, baffling and fantastic, but it is *not* because the dream images are generated or shaped by some process of active unconscious *ensorship* that disguises their meaning from the dreamer. The self-evident meaning may not be easily

or readily recognized by the dreamer, but ultimately each dream image has the potential to be recognized by the dreamer as a naturally crafted representation/expression of the individual's feelings, perceptions, and life experience. Jennings (1986) uses the titular phrase "the dream is the dream" to emphasize several phenomenological characteristics of dreams: First, *each dream image is meaningful in itself, having its own imagistic language* that, like a painting or music, does not need to be "translated" into rational understanding to express itself. Thus it is important to respect how the dream images express themselves in their own language – essentially by staying close to the vivid details of their original form of expression. In short, dreams are "distorted" representations of psychological realities, but distortion is due to their unique language, not because of intentional disguise by the dreamer's unconscious mind.

Second, *each dream image has specific individualized meaning that is discernable to the dreamer*. There are no "universal" meanings for particular types of commonly observed dream images, such as flying or appearing naked in public. "The dream is the dream" affirms that a common image like "flying" will have an entirely individualized meaning in the context of each dreamer's life experience and the dream story in which it occurs. There are no universal meanings, such as the Freudian cliché that phallic shaped objects in dreams are disguised expressions of the penis or vagina. Thus, for example, the "dirty syringe" in the Irma dream does not disguise Freud's unconscious wish to inject Irma with his penis. Instead, the syringe really is an unsterilized syringe that infects and causes Irma's illness, expressing Freud's conflicted feelings about his best friend's medical malpractice in infecting his patient.

Third, and most importantly, *dreams are intrinsically honest – without disguise – and have potentially "self-evident" meaning, but only the dreamer can discern the unique personalized meaning of their own dream images*. An outside observer, like a therapist, may suggest interpretations, but only the dreamer can confirm or reject their validity. Dreams may entail distortions, confusion, condensation and displacement, but not because the unconscious mind is disguising or concealing their significance from the dreamer. At the same time, being "self-evident" does not mean that the significance of a dream image is obvious, simplistic, or easy to recognize. Dreamers are typically baffled or tickled by the peculiarities of their dreams – especially at first viewing – and frequently struggle with and get stuck in the concreteness of dream images as they initially explore their significance. The potential self-evident meaning may be hidden or unclear – momentarily – but it is not disguised to prevent its eventual revelation. The self-evident meaning is available to the dreamer and, with patience and focus, can emerge.

The role of the therapist in facilitating this unfolding of self-evident meaning is the fourth characteristic embodied in the phrase, "the dream is the dream." In Jennings' methodology, the therapist's role is to help clients to vividly re-experience their own dream imagery to facilitate the revelation of their uniquely personalized meaning by the dreamer. The therapist must refrain from interpreting the meaning for the client. Moreover, Jennings' method is radically "dream-centered" because it *gives precedence to the dream over the client*, enabling the dream to be the client, so to speak – at least for the duration of the dream discussion in the session.

The Dream-Centered Methodology

This article endeavors to let Freud's Irma dream "speak for itself" by using the same method that Jennings (2022a) applied to enable Freud's (1905) famous hysteric patient, Dora (Ida Bauer) to reclaim her own understanding of the meaning of her two dreams. This article revisits Freud's life situation and the precipitating events of his Irma dream in July 1895 and uses his own words and historical facts to demonstrate its self-evident – *undisguised* – meaning.

The three primary principles of Jennings' dream-centered method call for (1) *reviewing each detail* of the dream from beginning to end in the original (2) *chronological order*, while (3) *always giving authority to the dreamer* for confirming the personal meaning of each respective image (Jennings, 1986, 1995, 2007). Proceeding in chronological order is essential because the opening images of a dream typically "set the stage" of the person's foremost concerns and the evolving "story" expresses whatever issues are currently troubling or important to the dreamer (Jennings, 1986). Dream images are informed by preceding images and shape subsequent ones. The chronology principle and the presumption that every dream image is worthwhile are applied to avoid the common temptation of focusing first on the dream image(s) that are most salient, which tend to be the most bizarre, comical, nonsensical or dramatic ones.

The article will systematically review the chronological sequence of images in the Irma dream to show how each element is readily explained in terms of the most pressing issues in Freud's life at the time. In most instances, the dream images can be tied to events and situations that occurred within days, even hours, of the Irma dream. The analysis will identify the actual individuals and events in Freud's life, specify the recency of those real-life events, and endeavor to show the self-evident – and decidedly *undisguised* – meaning of the dream images for Freud. In accordance with Jennings' third principle of giving all authority to dreamer, this analysis is faithful to Freud's own associations to the details of his dream. [Of note, Freud's dream is described in present tense as originally written by Freud himself because Strachey's translation in the Standard Edition uses the past tense, which diminishes the emotional immediacy of his dream images (see Jennings, 2022a).]

By detailing the predominance and recency of waking-life events in the determination of Freud's Irma dream, this re-analysis is completely congruent with the **continuity hypothesis**, which holds that dreams reflect waking life concerns (Hall & Nordby, 1972), thoughts (Strauch & Meier, 1996) or life experiences (Schredl & Hofmann, 2003). In his "mathematical model" for the continuity hypothesis, Schredl (2003, 2008) posits several factors that increase the probability that waking life experiences are incorporated into dreams: The *recency* of the time period between the waking life experience and the dream; the *emotional intensity* of the waking life experience; and *psychosocial factors* (in this case, Freud's close circle of friends and family). Unlike Schredl (2008), who explicitly refrains from criticizing or defending Freud's dream theory or adding another interpretation, this article uses Freud's own interpretation of his Irma dream to refute his universal presumptions of "disguise" and "wish fulfillment." As shown in the following demonstration of the continuity between Freud's waking life and the Irma dream, Freud's disguise theory actually *misdirects* the dreamer from recognition of the personalized "self-evident"

meaning of one's own dreams and can pervert and negate its true meaning.

Disguise vs. deception vs. self-deception: Clearly, Freud uses plenty of “disguising” in his analysis of the Irma dream. He uses fake names for Irma and real people in his life, withholds personal data, and selectively declines to explore some key elements of the dream. Above all, Freud wants to disguise the central (and very ugly) role of Wilhelm Fliess in the dream from the friend who is entrusted with reviewing, advising, and censoring content in *The IOD – Fliess!* Obviously, Freud's deceptive use of disguise is the opposite of active unconscious disguise, but it raises a thorny new question about *the mechanism of self-deception*: to what degree does Freud consciously recognize the ugly truth about Fliess; to what degree does he look away and distract himself from the truth; to what degree is he genuinely unaware and unconscious of the truth; and to what degree does his unconscious mind disguise the truth?

In accordance with the precept that dreams are intrinsically honest, the author asserts that the images in the Irma dream give voice to Freud's painful realization of the ugly truth of his most prized friendship – in the collective form of one giant expression of self-reproach and self-doubt. In short, Freud's dream is telling himself the futility of his own efforts at self-deception. As noted by one reviewer, however, the question of the degree of Freud's conscious awareness can be a very slippery slope. Still, it is hoped that the cumulative weight of the “empirical evidence” will be convincing in demonstrating the consistent absence of disguise in the dream of Irma's injection.

Item by Item Review of Freud's “Specimen Dream”

A great hall—many guests whom we are receiving—among them Irma.

The opening image of Freud's dream sets the stage for the drama to unfold. Freud affirms that the “**great hall**” is the Bellevue House where he and his family are presently spending their summer vacation. Adjacent to the Bellevue Hotel, Freud explains that the villa has unusually high, **hall**-like rooms because it was once used for entertainment. During the day preceding the dream, Freud's wife Martha reminds him that **many guests** will be arriving for her 34th birthday party, including **Irma**.

In reality, Irma is 33 year old Anna Hammerschlag Lichtstein (1861-1938), who is both a close family friend and a current patient whose analytic treatment is not going well. Commentators are divided into two camps regarding the true identity of Irma: In chronological order, the Anna camp includes Anzieu (1959), Greenberg & Perlman (1978), Kuper & Stone (1982), and Hartman (1983). The second camp asserts that Irma is Emma Eckstein (Schur, 1966; Roazen, 1975; Mahony, 1977; Blumenthal, 1981; Van Velsen, 1984). Although the historic evidence confirms that Irma was Anna, it will be shown that Freud's trauma in the case of Emma Eckstein (1865-1924) contributed greatly to his emotional predicament preceding the dream. Emma belonged to a well-known, wealthy Jewish family in Vienna and was married to Freud's good friend Friedrich Eckstein (1861-1939).

Anna Hammerschlag was part of Freud's most intimate circle of friends and family, many of whom appear in the Irma dream (see Figure 1). Freud maintained a lifelong affection and relationship with Anna's father, Samuel Hammer-

schlag (1826–1904), who was his Hebrew School teacher from age 14 to 17 (Fichtner, 2010). Samuel Hammerschlag gave Freud money during his impoverished university years and continued to do so through the period of the Irma dream as Freud struggled to build his practice to support his large and growing family. Freud was a welcome visitor to the Hammerschlag's home. The four Hammerschlag children were still young when Freud first got to know them in 1873, with Anna, the second oldest, being 12. At that time, the Hammerschlags lived in the same building as Freud's dearest mentor, Josef Breuer (1842-1925) and his family. In fact, Samuel Hammerschlag had taken the teaching position vacated by Breuer's father, Leopold Breuer. As a measure of Freud's closeness with Breuer, he named his first child Mathilda after Breuer's wife in 1887. The bond between the Breuer and Hammerschlag families deepened further in 1893, two years before the Irma dream, when eldest son Paul married Breuer's eldest daughter, Bertha.

Previously, in 1885, Anna Hammerschlag married Rudolph Lichtheim, who died of tuberculous (TB) within the year. Anna inherited a substantial estate, then moved back home to Vienna to care for her aging parents and became close friends with Freud's wife Martha and live-in sister-in-law Minna Bernays. Samuel Hammerschlag's niece, Sophie Schwab (1860-1912), was Anna's best friend and first cousin. She, too, married in 1885 to Freud's good friend, Joseph Paneth (1857-1890) and was similarly widowed by TB a few years later. Sophie Schwab Paneth became the namesake and godmother of Freud's second daughter Sophie (1893-1920).

The Hammerschlag connections continue. Anna's younger brother Albert was intimate friends with Dr. Oskar Rie (1863-1931), who was one of Freud's most devoted friends and served as family physician to Freud's six children and sister-in-law, Minna Bernays. Rie's friendship with Albert was the reason he visited the Hammerschlags at their summer resort in Reichenau an der Rax, where he observed Anna's poor condition – one day before Freud's Irma dream. Further, in 1896, Oskar Rie would marry Melanie Bondy, the sister of the wife of Wilhelm Fliess (1858-1928), who was Freud's closest confidante at this time.

Finally, as reported by Jones (1955, p. 384), Anna Hammerschlag Lichtheim was a frequent Sunday visitor at the Freud's house along with Bertha Breuer Hammerschlag, Dr. Ignaz Rosanes, and the wife of his colleague Dr. Konigstein. Dr. Rosanes (1856-1922) was an old school friend and colleague of Freud's in the surgery department at the First Public Institute for Sick Children (known as the Max Kassowitz Institute) in Vienna. As head of the neurology department, Freud saw patients and conducted consultations in pediatric neurology three times a week from 1886 to 1896. His Kassowitz colleagues also included Doctors Oskar Rie (Freud's assistant for 6 years, then head of internal medicine), Leopold Konigstein (eye diseases, family friend), and Ludwig Rosenberg (medical assistant, married to Rie's sister).

In the first published critique of the Irma dream, Erik Erikson (1954) highlighted the crucial meaning lost in the translation of the two German words for “you.” In contrast to the formal “Sie,” “du” is only used with near relatives and friends. Freud used “du” with Anna in reality and in the Irma dream. Figure 1 shows Freud's enmeshed social circle of family and friends, which comprise his “du circle.” Each of the following will appear as characters in the Irma dream: Anna (as Irma) and doctors Oskar Rie (as Otto), Breuer (as

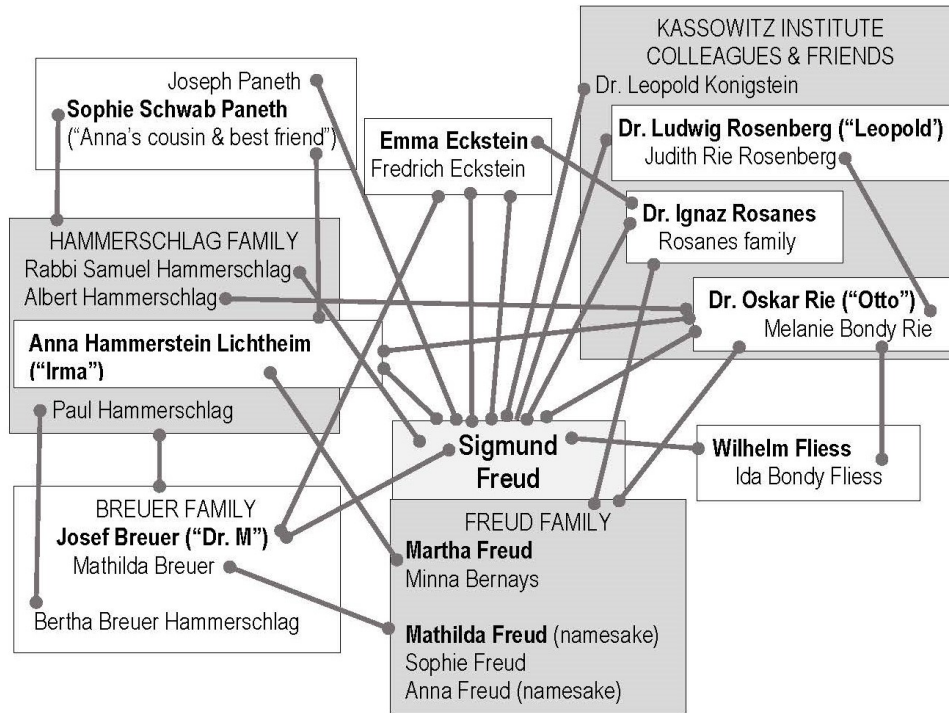


Figure 1. Freud’s “Du Circle” of Friends, Family and Colleagues.

Dr. M.), and Rosenberg (as Leopold). Several others from Freud’s everyday social circle will be explicitly identified and repeatedly referenced in Freud’s associations to the dream: Anna’s best friend Sophie, Dr. Wilhelm Fliess, wife Martha, sister-in-law Minna Bernays, and daughters Mathilda and Sophie.

Thus far, all of the dream elements – the house, the guests and Irma – appear straight from Freud’s everyday life and without disguise. In turn, their actions and role in the Irma dream will replicate their real world actions and role in Freud’s life.

I immediately take Irma aside, as though to answer her letter; to reproach her for not yet accepting the “solution.”

Although Freud does not interpret “immediately”, this dream image clearly conveys his eagerness to confront Anna as soon as she arrives at the party. In the dream (and in reality) Freud knows that Anna is expected as a party guest and he promptly pulls her **aside to reproach her**. Freud’s urgency to confront Anna in the dream will be shown to be a direct **undisguised** expression of the status of their real-life relationship. Historically, Freud appears to have begun psychoanalytic treatment of Anna for hysteria in April or May 1895. By late June/early July, Freud claimed to have achieved a “partial” cure of removing Anna’s hysterical anxiety, but “not all of her *somatic symptoms*” (*The IOD*, p. 106). During the analysis, Freud asserted that he expected Anna to accept an unspecified, but presumably psychological (and likely sexual) “**solution**”, which she rejected. While still in this state of disagreement, Freud “cut short” Anna’s treatment for their respective summer vacations, whereupon Anna joined her Hammerschlag family in Reichenau an der Rax and Freud joined his family at the Bellevue.

Subsequently, on July 22nd, Oskar Rie visited his close friend Albert and the Hammerschlag family in their country

resort, where he observed Anna’s serious physical complaints. From there, Rie traveled to Bellevue to visit the Freuds on July 23rd, the day before Freud’s Irma dream. Here, Rie commits the real-life **reproach** that Freud [*The IOD*, p. 107] considers the foremost precipitant and wish-fulfilling purpose of the Irma dream:

I asked [Dr. Rie] how he found [Anna], and received the answer: “She is better, but not altogether well.” I realize that those words of my friend [Rie], or the tone of voice in which they were spoken, made me angry. I thought I heard a reproach in the words, perhaps to the effect that I had promised the patient too much, and rightly or wrongly I traced [Rie’s] supposed siding against me to the influence of the relatives of the patient [the Hammerschlags], who, I assume, had never approved of my treatment.

Freud acknowledges that he was offended by Dr. Rie’s tone and medical observations of Anna’s continuing physical pain and symptoms. Freud perceives the communication as both a rebuke of his professional competence and a repudiation of his new psychological treatment of hysteria (i.e., “promising too much”). Moreover, he must have felt embarrassed and hurt that his failure was being openly discussed behind his back by Anna, the Hammerschlag family, and Rie. Clearly Rie touched a nerve because Freud felt compelled to immediately justify his treatment and restore the perception of his competency by his close social circle because he stayed up late in physical pain to “write down the history of Irma’s case, in order to hand it, **as though** for my justification, to Dr. M (Josef Breuer)” (*The IOD*, p. 107). This letter to Breuer is the “**as though to answer her letter**” in the Irma’s injection dream.

Freud knows that Breuer is part of the Breuer/Hammerschlag alliance that is “siding against” him and Breuer is the most authoritative doctor who can vouch for Freud’s competency in his treatment of Anna. By explaining why he “cut

short” his treatment of Anna (and left her with continuing physical symptoms!), Freud is counting on Breuer to personally defend him before their shared “du” social circle. The justification **letter** will make it clear to Anna – and to the family and friends now doubting Freud’s treatment of their loved one – that Anna is responsible for her own lasting physical symptoms, not himself. Thus, in the dream, Freud can frankly **reproach** Anna for not yet **accepting the “solution”** and justify his decision to cut treatment short for summer vacation. [The theme of patients becoming seriously ill while **on vacation** (and out of Freud’s treatment) will emerge in self-reproaches by Freud pertaining to Anna, his “Egypt patient,” and the 82 year “old lady.” The subsequent dream image of “propyls” will also remind Freud of precious personal time spent “on vacation” with his best friend Fliess, who was then seriously ill one year before.]

Freud’s associations to this letter image further evince his guilt and self-doubt. Just a few days before the Irma dream, Freud received a “despairing letter” from a male patient who suffered an hysteric attack on a trip to Egypt, which was misdiagnosed there as dysentery. Freud reproaches himself for having been “unwilling to use my psychotherapy on him”, and then, just like Anna, for cutting therapy short and allowing the patient to go on vacation while still quite symptomatic (*The IOD*, p. 115).

By reviewing the real-life events and Freud’s own words, the evidence shows that, contrary to disguise, the dream images are directly expressing his feelings and life situation. Freud is very aware of his feelings of guilt, embarrassment, self-doubt, hurt, and anger over his decision to cut Anna’s treatment short (not to mention his fear that his pioneering new treatment itself may not work). These powerful emotions are not being hidden from Freud by unconscious censorship and disguise. He is consciously aware.

I say to her: “If you still have pains, it is really only your own fault.” She answers: “If you only knew what pains I now have in the neck, stomach, and abdomen – it’s choking me.”

In this dream image, Freud places the **fault** onto Anna for rejecting his psychological solution to her hysteric physical pains. The adjective “**really**” conveys the emotional intensity behind Freud’s exercise of patriarchal authority as Anna’s physician and male elder (Sprenghner, 2003). But the dream gives equal passion to Anna’s defensive plea: “**If you only knew what pains I now have...**” In addition to presenting an extensive list of pains **in the neck, stomach, and abdomen**, Anna emphasizes the severity of her pain, saying “**it’s choking me.**” Anna’s response to Freud’s sharp reproach in the dream is to plead even harder for his sympathy. Based on Freud’s minimization of Anna’s list of pains as common symptoms of hysteria (*The IOD*, p. 110), however, it seems likely that Freud had dismissed Anna’s complaints during their last treatment session before breaking for vacation. Freud further minimizes Anna’s distress by asserting that her stomach pains were “not very prominent”, while her “pains in the **neck and abdomen** and constriction of the throat (i.e., **choking**) hardly played a part in her case” (*The IOD*, p. 110).

Contrary to any disguise, this dialogue in the Irma dream seems to reenact the topic and intensity of their actual disagreement in their last analytic session. Stung by Rie’s assertion that Anna (Irma) is still suffering multiple pains, Freud’s commentary downplays the severity of her various pains as

justification for stopping Anna’s treatment while she was still symptomatic. The dialogue in the dream reasserts Freud’s real-world attribution of blame to Anna’s rejection of his psychological (sexual) solution for her self-imposed hysterical pains. Freud is completely aware of this self-righteous wish for vindication, but the next dream imagery shows a dramatic change of attitude and decisive change in the plot of the evolving dream story.

I am frightened and look at her. She looks pale and bloated; I think that after all I must be overlooking some organic affection.

Face to face with Anna in the dream, Freud is abruptly shocked out of his harsh, reproachful and self-defensive attitude with the **frightened** realization that Anna is genuinely suffering. **She looks pale and bloated.** While this realization makes Freud more sympathetic to Anna, his predominant emotion at this moment is **fright** that he has misdiagnosed Anna as hysteric. “**After all**” of his self-serving justifications for his psychological “solution,” Freud fears that he **must be overlooking some organic affection.**

From this point forward, the Irma dream centers on Freud’s self-reproach and self-doubt. In his associations to the dream, Freud asserts that misdiagnosis is a “constant fear” in his pioneering “specialist” treatment of neurotics. Nonetheless, he minimizes this as “a faint doubt” that Anna’s pains are organic. By confirming his psychological diagnosis through a medical exam of Anna in the dream, Freud acknowledges his conscious “wish” to remove Oskar Rie’s “reproach of being unsuccessful” (*The IOD*, p. 110). As for the dream image of Anna’s **pale and bloated** appearance, Freud offers only one brief, but contradictory, comment: Anna “was always ruddy.” Consequently, he “suspects” that “another person is here being substituted for her” (*The IOD*, p. 110). This is a clear reference to the dream disguise mechanism of “displacement” and it will become clear that that person will be Sophie Schwab Paneth.

To be disguised, however, the supposed unconscious censoring process would prevent Freud from seeing or realizing his true, but deeply shameful, fear of failure and being recognized as fundamentally incompetent by his most cherished “du circle”. He is treating the daughter of a beloved father figure whose positive regard is of immense importance. Anna is also close friends with his wife and sister-in-law and well-known to Breuer! The stakes cannot be any higher and Freud knows it. He can lose the esteem of his loved ones and be humiliated before his physician peers, while his chance for professional greatness can be crushed if his pioneering treatment is shown to be a failure. Freud’s fear is completely conscious and is played out in the honesty of the dream. The only possible “disguise” might be Freud’s assertion that his unconscious has “substituted” ruddy-faced Anna with **pale**-faced Sophie, which is revealed in the next dream images.

I take her to the window and look into her throat. She shows some resistance to this, like a woman who has a false set of teeth. I think anyway she does not need them.

The intensity and urgency of Freud’s **fright** in the dream is conveyed by immediately **taking Anna to the window** where the natural light will enable him to perform a medical examination. Freud forcibly tries to open Anna’s (Irma’s) mouth to **look into her throat.** He does not pause to ask

her permission nor explain the reason for his intrusive action. Anna (Irma) **shows some resistance to this** sudden violent intrusion into her personal space. **Like a woman who has a false set of teeth**, Anna (Irma) is understandably embarrassed to reveal her beauty secret, especially in public view of friends and family at the party.

Standing at the window reminds Freud of the time he saw Josef Breuer (Dr. M) examine Sophie Paneth in the light of a window and make a diagnosis of a diphtheritic membrane (i.e., throat infection, related to tuberculosis). This association leads Freud to observe that Sophie is “also hysterical,” as privately “betrayed” to Freud by her closest friend and cousin, Anna. Freud confesses to harboring hopes that Sophie “might likewise engage me to relieve her of her symptoms” (*The IOD*, p. 111). Like Anna, Freud diagnoses Sophie as “the other young widow with hysterical TB.” In fact, Sophie’s husband was Freud’s close friend, Joseph Paneth, who died of TB. Hartmann (1983, p. 579) suggests that Freud’s live-in sister-in-law Minna Bernays is a third young “widow” whose fiancé died of TB. Minna, too, is close friends with Anna Hammerschlag Lichtheim.

Since Freud knows Sophie well through his Breuer, Hammerschlag and Paneth connections, he observes that the patient “resists, as the dream shows” because “she is of a very shy nature” (*The IOD*, p. 111). Affirming that he “thinks very highly” of Sophie in real life, Freud credits her with being “strong enough to master her [hysterical symptoms] without [his] outside help” (*The IOD*, p. 111). Interestingly, in his conscious fantasy of “taking revenge” by exchanging Anna for Sophie, Freud reveals “strong sympathies” and a “higher opinion of [Sophie’s] intelligence” compared to “foolish” Anna who resists “my solution.”

The dream image of Irma’s (Anna’s) **resistance** is salient to Freud because it leads him to compare Irma (Anna) with three other women: Sophie, Martha, and a governess (*The IOD*, p. 112). First, Sophie’s shyness/resistance reminds Freud of his own wife’s shyness/resistance when he tried to examine Martha for **abdominal pains** during her high risk pregnancy with his second daughter, notably named Sophie. Martha, he notes, is “generally **pale**” and was particularly “**bloated**” at the time. Second, Freud affirms that he had never inspected Anna’s oral cavity in real life, but is reminded of a governess who tried to protect her youthful beauty by concealing her **false teeth**. In contrast, he affirms that Irma (Anna) is beautiful – inside and out, so to speak – because **she does not need them anyway**.

Notably, as soon as Freud formulates this comparison group of Anna, Sophie, Martha, and the governess (all of whom have shown resistance by his “standard of the courageous, docile, female patient” (*The IOD*, p. 123), he abruptly abandons it. He declines further “interpretation of this portion” of the Irma dream at the same time that, paradoxically, he elevates its supreme importance as the “central point” and “the navel of the dream” (*The IOD*, p. 123). His decision to dodge this particular dream imagery suggests that he was aware, at the very least, that further disclosure would expose embarrassing personal information about himself and his marriage. Far from “unfathomable,” Freud knows that the dream could reveal his conscious, unprofessional sexual attraction to three young pretty women, including two patients. Indeed, years later, in 1908, Freud confided this very truth to Karl Abraham: “Sexual megalomania is hidden behind [my Irma dream]... The three women, Mathilda [the governess], Sophie and Anna... I have all of them!

... Freud, in the dream, wants all the women” (Van Velsen, 1984, p. 74).

Contrary to disguise, the dream images express feelings that Freud is consciously experiencing at that time. He fears that his misdiagnosis of Anna could publicly expose his incompetence before his du circle and cast doubt on his new psychological treatment method. He is also consciously angry at Anna, Sophie, Martha and the governess for not being “docile” and obedient to his will (*The IOD*, p. 112). Their shared resistance also threatens to negate the validity of his treatment. Freud’s decision to not pursue the “hidden meaning” of this crucial part of the Irma dream is fully conscious.

Proponents of the Freudian disguise theory could argue that the examination of Irma’s (Anna’s) throat in the dream is a clear example of *condensation* and/or *displacement* of Anna (who was never orally examined), Sophie (who was orally examined by the window by Breuer), and the governess (who was orally examined by Freud). Jennings’ self-evident theory agrees that the unconscious processes in dream creation can condense, blur, *misplace* (rather than displace) and distort in various ways, but in their own unique, natural, and completely *undisguised* fashion. In this instance, the “condensed” image of Irma actually accentuates the similarities of the women and, rather than conceal, helps to reveal an important pattern in Freud’s feelings.

Another possibility for unconscious disguise is Freud’s reluctance to go further in interpreting “the navel” of the Irma dream, which has invited much speculation in the field (e.g., Erikson, 1954; Hartmann, 1983; Lacan, 1955; Morgan, 1995; Sigler, 2010; Sprengnether, 2003). For example, Sprengnether (2003) and Erikson (1954), have asserted that Freud was preoccupied with “masculine” traits of mastery and competence, but his Irma dream reveals his (unconscious and repressed) feminine traits of vulnerability and helplessness and strong identification with his female patient(s). This hypothesis might be valid, but this same dream imagery can be seen as expressing and illuminating this femininity pattern. In short, the dream imagery actually draws Freud’s attention to the pattern rather than disguising it from his awareness!

She then opened her mouth properly and on the right I found a big white patch; at another place I saw extensive whitish grey scabs upon some remarkable curly structures which were evidently modelled on the turbinal bones of the nose.

The dream image of **opening her mouth properly** fulfills Freud wish for a more compliant, docile female patient. Freud (*The IOD*, p. 112) asserts that “the big white spot recalls diphtheria, and thus Irma’s friend” [Sophie Paneth], as well as “the grave illness of my eldest daughter [Mathilda Freud] two years before and all the anxiety of that unfortunate time.” Freud goes on to attribute the **grey scabs** to anxiety about his own health and his practice of prescribing cocaine to suppress “annoying swellings” in the **nose** for both himself and his patients. Just a few days before the dream, Freud learned that his prescription of cocaine caused his “lady patient” to contract “an extensive necrosis” of her **nasal** tissue. This news caused Freud to make “grave reproaches” on himself for recommending cocaine, knowing that his **injections** of cocaine had previously caused his dear friend Ernst Fleischel von Marxow (1846-1891) to become hopelessly addicted and die a slow, painful death less than four years earlier. The **white spot** and **grey scabs** in

the dream are clear expressions of Freud's conscious fear and guilt about the death of patients and loved ones.

In the second systematic critique of the Irma specimen dream in March 1955, Jacques Lacan (1955/1978) divided the Irma dream into two parts. In the first, Freud, driven by his scientific desire to know, stalks Irma and forcibly overcomes her resistance, and peers into her throat to make a horrifying discovery of primordial genital flesh. In the second part, Freud flees from this anxiety-filled encounter with "the real" (Irma's throat, white scabs, the unconscious) into "the symbolic" realm of his medical community (Doctors M, Otto and Leopold).

The next dream image of the **turbinal bones of the nose** is a certain expression of the nose-ologist, Wilhelm Fliess. Fliess was Freud's very best friend and most essential source of emotional and professional encouragement at the time of the Irma dream. Freud wrote 199 letters to Fliess between 1895 and 1900, at a rate of 2.75 letters per month. They had much in common. "Both were young doctors building their medical practices, both Jewish middle class, both newly married and preoccupied with raising children, both viewed themselves as grand theorizers and innovators rejected by the medical establishment, and both focused on sexuality" (Jennings, 2023, pgs. 5-6). Both also suffered migraines and nasal problems that they self-medicated with cocaine.

Unlike Freud's focus on psychological causes of hysteria and the neuroses, however, Fliess was focused on the physical and biological determinants of health and disease. Fliess was obsessed with the mathematically-fixed biorhythms of women and men (and related sexual chemicals) as the driving force in human life. Fliess posited a direct connection between the nose and genitals, which governed sexual behavior and problems, and he was eager to try a new surgical procedure to remove the **turbinate bone** from the nose to cure sexually related illness. Unfortunately, Freud was obliged (but very willing!) to buy into some of Fliess' quackery in exchange for the emotional and professional support he depended upon so desperately.

The tragic maltreatment of Emma Eckstein is the heavy price that Freud would pay to maintain his bond with Fliess. On February 21, 1895, Fliess came from Berlin to Vienna to perform his first-ever **turbinate bone** extraction on Emma. He departs soon after – with neither Freud nor Fliess arranging for any post-surgical aftercare! About 10 days later, Emma has a massive hemorrhage after expelling a turbinate bone chip the size of a coin. Freud calls Dr. Gersuny (1844-1924), a senior surgeon, who inserts a drainage tube, and is "rather reserved" (i.e., reproaches Freud) for allowing Fliess to perform this unnecessary experimental operation. The next evening, March 3rd, Freud visits Breuer to tell him about the Eckstein case and win him over to his sexual theory of hysteria. Instead, Breuer rejects Freud's sexual theory and reproaches Freud and Fliess for not arranging adequate follow-up care.

Two days later, Freud is awakened with a new emergency of renewed profuse bleeding. Since Dr. Gersuny is not available, Freud summons his Kassowitz Institute colleague and friend, surgeon Dr. Rosanes. Freud watches as Dr. Rosanes discovers and removes a huge length of gauze that Fliess had left in Eckstein's **nose** for 14 days, which had prevented healing. There is a horrifying gush of blood. Emma turns **white**, has no pulse and nearly bleeds to death. Freud is so **frightened** and shaken that Dr. Rosanes must revive him with a glass of cognac. Two days later, March 7th, Dr. Rosa-

nes repeats the operation with assistance from Dr. Gersuny. The **turbinate** bone is re-broken, packing removed, and the wound is curetted. Emma is out of danger, but she remains very **pale** and miserable with fresh pain and **swelling**. This time Emma herself reproaches Freud, saying, "So this is the strong sex" (Masson, 1985, p. 117).

There is quietude after this corrective surgery, but on March 20th, Emma has another crisis. Her bleeding is so severe that Dr. Gersuny and Dr. Gussenbauer consider the last resort of ligating her carotid artery. "Within half a minute she would have bled to death." Terrified for the second time that Emma "almost died," Freud tells Fliess that, "I have given up hope for the poor girl and am inconsolable that I involved you" (Masson, 1985, p. 121). Despite Fliess' obvious act of malpractice, Freud remains steadfast in his loyalty to Fliess in this and subsequent letters.

Subsequently, Emma suffers more episodes of serious bleeding in early April, culminating in a third "life-threatening hemorrhage, which [Freud] observed" on April 9th (Masson, 1985, p. 124). Freud informs Fliess that Dr. Moritz Weil, a specialist brought in to assist Dr. Rosanes, has identified Fliess' botched operation as the cause. Outraged by this criticism, Fliess demands an apology from Dr. Weil and/or a testimonial certificate from Dr. Gersuny, but Gersuny has same opinion as Weil. In fact, Freud replies that he, too, is "offended" by Fliess' demand! (Masson, 1985, p. 125). In a spectacular display of cognitive dissonance, however, Freud continues to support Fliess and make excuses for his friend's egregious act of malpractice, even trying to take the blame for getting Fliess "involved." In this first instance of self-deception, Freud goes out of his way to praise Fliess for his "highly remarkable" theory of the connection between **turbinate bones** (the **curious curling formations**) and female sexual organs and says, "I have had Irma examined by him to see whether the pains in her stomach might be of nasal origin" (*The IOD*, p. 118).

Freud was undoubtedly guilt-ridden and traumatized by seeing Emma nearly bleed to death three times because of Fliess's malpractice. Contrary to any censoring disguise, these dream images of the turbinate bones point directly to Fliess. Freud must have consciously recognized the truth of the situation as evidenced in his own (polite) rejection of Fliess' ridiculous demand for "certified" vindication. Over three months of suffering, Freud has been explicitly reproached for his role in the Emma Eckstein fiasco by Emma and Drs. Gersuny, Breuer, and Weis (and probably by his family friend Dr. Rosanes, who appears too polite to say so). It is also not to be forgotten that Emma is married to his friend Fritz Eckstein and she belongs to a prominent wealthy Jewish Vienna family, which could ruin his local reputation and jeopardize his medical career. Nevertheless, Freud sides with Fliess against them all and blames Emma as "my tormentor and yours". Freud must have been exercising every bit of his conscious will to "not reproach [Fliess] with anything. That would have been stupid, unjustified, and in clear contradiction to all my feelings" (Masson, 1985, p. 125). Even with his idealized love of Fliess at this time, it seems inconceivable that Freud was not fully aware of his conflicted anger at Fliess for hurting Emma and exposing him to public humiliation before his friends, family, and medical peers – especially now that he is experiencing a repeat episode of public humiliation over harming Anna Hammerschlag!

Historically, Emma Eckstein was not entirely safe and medically stable until late May – about six weeks before the Irma dream. But the lasting effects of the Eckstein trauma – replete with the themes of reproach and self-reproach – will contribute mightily to Freud's emotional state on the night of the Irma dream, which was triggered by a new reproach from Dr. Oskar Rie (Otto) for currently harming Anna Hammerschlag.

I quickly call Dr. M., who repeats the examination and confirms it.... Dr. M.'s looks are altogether unusual; he is very pale, limps, and has no beard on his chin....

Freud describes the next dream event in which he “**quickly called Dr. M**” (Dr. Breuer) as “striking” and “deserving special explanation” (The IOD, p.112). Freud recalls another medical disaster in which he “turned in great haste to an older, more experienced colleague” for help. It is very likely that this was his mentor, Josef Breuer. Freud admits that he accidentally killed his “Mathilda” patient by continuing to prescribe sulfonal. He notes that this deceased patient bears the same name as his eldest daughter, but he does not say that his daughter is named after Breuer's wife, Mathilda. This naming reflects just how close Freud once was to Breuer, and how much, as a young doctor, he had depended on Breuer's authority for (literally) **confirming** his diagnostic thinking, along with depending on Breuer's generous financial aid.

In real life, Freud had recently struggled with Breuer to complete their conjoint *Studies in Hysteria*, which was published in January 1895. Six months later, at the time of the Irma dream, Freud was disparaging and openly hostile to Breuer in his letters to Fliess. This attitude is expressed in the dream's mockery of Dr. M. (Breuer). At this historical juncture, Freud had rejected Breuer's continuing use of hypnosis in favor of his own free association method, and Freud was increasingly convinced that repressed sexuality was the root cause of hysteria, while Breuer remained dubious. At a personal level, Breuer probably frowned upon the idea of Freud using his unproven and highly “sexual” treatment on a Hammerschlag family member whom he had known since babyhood. At the same time, Freud resented Breuer's rejection of his sexual causation theory and suspected that Breuer was undermining his treatment of Anna Hammerschlag by discussing it behind his back with Dr. Rie, Anna and her family in their summer retreat. Freud's rising anger and resentment will lead to total estrangement from Breuer within the year. Simultaneously, Freud over-idealizes Fliess who fully supports his innovative ideas and feeds Freud's great ambitions.

The dream image is the perfect expression of Freud's current conflictive feelings about Breuer because he **quickly** turns to his former mentor in the dream to **repeat the examination** of Irma (Anna). Paradoxically, Breuer **confirms** Freud's new diagnosis of an **organic** infection rather than a psychological cause. In the very next dream image, Freud realizes that Breuer's **looks are altogether unusual** and sickly. He is alarmed to see that Breuer **is very pale, limps, and has no beard**. [Erikson (1954, p. 25) emphasizes the correct translation of the German “bartlos” is “beardless” (rather than “clean-shaven”) because a beard in Europe at that time was the very insignia of importance. Thus Breuer's prestige and authority are demeaned by the absence of his beard in the dream image.] In the dream, Freud feels sympathy for the elderly, frail and ailing condition of his once-be-

loved father figure. In the few days before the dream, Freud received news that Breuer “was lame on account of an arthritic disease in the hip” (The IOD, p. 113). The dream image expresses the guilt and conflict Freud feels at hating the father figure he once idealized as much as Fliess. The dream image perfectly expresses Freud's conflicted rage with the realization that the hated “enemy” who blocks his highest ambitions is, in truth, a vulnerable and sickly old man.

Freud further asserts that his unconscious mind has condensed Breuer, age 71, with his much older half-brother Emanuel (1833-1914), age 82, who had also developed a **limp** from arthritis. Freud observes that Breuer and Emanuel are both **pale** and resemble each other (if Breuer had no **beard**); that both **limp** because of arthritic hips; and that he is currently “on bad terms with both of them” because both have rejected his recent proposals to them (The IOD, p. 113). Freud does not reveal the rejected proposal to Emanuel, but it is known that Breuer had recently rejected his proposal to commit fully to Freud's sexual theory in their shared book, *Studies on Hysteria*, which Freud was still finishing during the Emma Eckstein disaster.

It is unclear how Freud currently feels about his half-brother Emanuel, who is 43 years older and father to his “inseparable” childhood playmate John – “we loved each other and we fought each other” (The IOD, p. 375). Jakob Freud's trans-generational marriage led to Sigmund's childhood confusion of parental and sibling roles, as well as fantasies about his half-brother Emanuel as his father. It is clear, however, that both Breuer and Emanuel are aging and frail father figures toward whom Freud currently bears strong mixed feelings – as perfectly expressed in the dream image of a **beardless, pale and limping** Dr. M. (Breuer).

The decidedly frail appearance of Dr. M (Breuer) in the dream does not hide or disguise Freud's current intense love/hate feelings toward Breuer. Rather the dream image expresses the conscious guilt and self-reproach he feels over hating a formerly beloved father figure by reminding him of Breuer's aging fragility. Emanuel does not appear in the dream, but Freud's associations certainly align with this theme: both are aged, **lame**, and **pale**, and both recently rejected his proposals, and Freud feels guilt over his anger with both father figures. The psychological process of condensation, and perhaps displacement, is again evident in fusing Breuer and Emanuel, but the dream image is neither censoring nor disguising Freud's true feelings. On the contrary, the dream imagery is honestly expressing his complex, conflictive (and fully conscious) feelings.

My friend Otto is now also standing next to her, and my friend Leopold percusses her small body and says: “She has some dullness on the left below,” and also calls attention to an infiltrated portion of the skin on the left shoulder.

Freud observes that medical consultation scenes in the Irma dream are commonplace in his weekly work at the Kassenwitz children's clinic. Both **my friend Otto** (Dr. Oskar Rie) and **my friend Leopold** (Dr. Ludwig Rosenberg) are pediatricians with whom he often consults about cases. [Reicheneder (2011) believes the pseudonym “Leopold” is an allusion to Leopold von Auenbrugger (1722-1809), the Austrian physician who invented percussion as a diagnostic technique, which reveals Freud's fear that his medical colleagues will reject *The Interpretation of Dreams* and his new treatment method.] Freud describes the pairing of his two

physician friends as “competitors” with contrasting styles. Like the literary characters of Brassig and Charles, Dr. Rie is brilliant and rash, while Dr. Rosenberg is slow, thoughtful and thorough.

The dullness to the left recalls an actual case in which Dr. Rosenberg re-examined a child patient and “astonished” Freud “by his thoroughness” in correctly identifying the critical symptom for an accurate diagnosis. No doubt, as occurs in the dream, Freud **noticed it** [the symptom] **just as [Rosenberg] did** and he likely felt embarrassed at overlooking the correct diagnosis (the “solution”). [Erikson (1954) says that “noticed” is a mistranslation. The accurate meaning is that Freud *felt* it in his own body, which reveals his identification with his female patient. Freud’s feminine passivity in the Irma dream is also discussed by Swan (1974), Strengnether (2003) and Van Velsen (1984).] It is notable that this dual examination by “rash” Dr. Rie and “thorough” Dr. Rosenberg follows immediately after Dr. Freud and Dr. Breuer have dually examined Irma in the dream. This author speculates that this recalls a similar contrast between Freud’s bold and brilliant (but sometimes rash) style with Dr. Breuer’s slow and thorough style. Once again, rather than disguising or concealing recognition of Freud’s own tendency toward impetuous and reckless speculation, the dream images bring honest attention to the psychological similarities/differences of the two physician pairings. In fact, *Freud’s dream sides against his own bold style* because the two “slow and thorough” doctors are correct: Dr. Breuer makes the confirming diagnosis and Dr. Rosenberg notices the key symptom.

Contrary to disguise, the two successive pairings of rash and thorough doctors in the dream – Freud/Breuer and Rie/Rosenberg – emphasizes Freud’s conscious self-reproaches for his repeated “lack of conscientiousness” (i.e., rashness) in misdiagnosing and mistreating seven patients and for causing Martha’s unplanned and medically dangerous sixth pregnancy as follows:

- Stopping treatment of both Anna Hammerschlag and the Egypt patient for summer vacation while each was still symptomatic;
- Killing or nearly killing Emma Eckstein, patient Mathilda, and his friend Ernst Fleischel;
- Causing or contributing to serious illnesses for his 82-year old patient, lady patient, and Egypt patient; and
- Causing another high-risk pregnancy for his wife Martha (as posited by Anderson, 1986; Anzieu, 1959; Eissler, 1985; Erikson, 1954; Hartman, 1983; Van Velsen, 1984).

With regard to the **infiltrated portion of skin on the left shoulder**, Freud states that physicians often use this phrase in reference to the lung and tuberculosis patients. This repeats the theme of TB in the dream: both Anna and Sophie have “hysterical TB”, while Freud’s live-in sister-in-law Minna joins them as a trio of young brides widowed by TB. Moreover, the meaning of the left shoulder image is self-evident to Freud. In the hours just before the dream, Freud remains upset by Dr. Rie’s denigration of his treatment of Anna and fears that he is being perceived by his physician peers as incompetent and “lacking conscientiousness”. He is downright indignant that he must stay up late to write a clinical justification letter to the senior medical authority that all of his peers respect – Dr. Breuer. This act aggravates Freud’s aching rheumatic **shoulder**. This dream image is not disguising anything Freud is not fully aware of.

M. said: “There’s no doubt it’s an infection, but it does not matter; dysentery will supervene and the toxin will be excreted...”

In the next dream image, Dr. Breuer reappears in another conjoint consulting exam. Breuer concludes that (Irma) Anna is **undoubtedly** suffering from **an infection**. It is unclear whether Dr. Breuer has been in the room with doctors Freud, Rie and Rosenberg since he first co-examined (Irma) Anna with Freud in the light of the window, or whether Breuer momentarily disappears from the dream and then reappears after Drs. Rie and Rosenberg co-examine Anna. But it is clear that conjoint examinations have occurred in succession and the diagnosis of an **infection** is now definitively organic, not psychological.

Dr. M’s (Breuer’s) statement that **dysentery will supervene** is medically ridiculous, but reminds Freud of a discussion about diphtheritis and diphtheria when his daughter Mathilda nearly died of diphtheria, which is a serious bacterial **infection** that proceeds from local diphtheritis and produces a **toxin**. **Dysentery** is an **infection** of the intestines. In the dream, Freud finds local diphtheritis in Anna (Irma) that is like his daughter Mathilda once had. In his thorough style, Dr. Rosenberg (Leopold) proves the existence of the infection by **virtue** of the **dullness to the left**, which suggests a metastatic lesion. Freud believes, however, that this kind of “metastasis does not occur in the case of diphtheria. It rather recalls **pyaemia**” (*The IOD*, p. 115).

Freud then interprets the dream image of **it does not matter** as “a consolation” that shifts blame from himself because his psychological treatment cannot be responsible for Anna’s (Irma’s) organic diphtheritic infection (*The IOD*, p. 115). Freud adds that the dream puts the words of consolation into the mouth of Breuer (M). Of note, Freud promptly refutes this idea of consolation as “far-fetched” and reverses blame onto himself for being “unwilling to use my psychotherapy” on his hysteric “Egypt patient.” Freud had learned on the day of the Irma dream that this male hysteric patient had contracted “an organic affection of the intestines” while on vacation, which was misdiagnosed by doctors as **dysentery**. But then, in a third reversal of reproachful associations, Freud mocks Dr. M (Breuer), who in real life had mocked another colleague who mouthed similar words about **dysentery**, saying that “**it does not matter, the albumin will be excreted**” (*The IOD*, p. 116). In a clear expression of his waking life anger at Breuer, Freud harshly criticizes M (Breuer) for having “stupidly ignored” that Irma’s (Anna’s) symptoms are hysterical.

Clearly, the diagnostic battle in the Irma dream between organic and psychological causation (along with Freud’s shifting emotional battle between self-reproach and exoneration/vindication) is the dominant theme repeated in these dream events – and will continue as the dream moves forward. With its inherent lack of awake logical exactitude, Freud’s dreaming mind mixes up the three complicated medical terms starting with “D”. Freud observes that “**dysentery** sounds like diphtheria, a word which does not occur in the dream” (*The IOD*, p. 115). But the debate between organic and psychological causality in the dream is never unclear in expressing its emotional importance to Freud. In short, Freud fears that he is being perceived by his physician peers (and perhaps by himself) as rash, incompetent, and causing serious harm to multiple patients and, by extension, he fears that his new fame-seeking psychological treatment may be a dismal failure.

The organic/psychic debate is further compounded by Freud's current emotional battle of shifting loyalties. On one side, Freud is consciously conflicted about breaking loyalty with his self-named "friendly guard" of elder benefactors like Hammerschlag, Breuer, Schwab, and Fleishel (as cited in Hartmann, 1983, p. 571). He is also worried about the disapproval of his "organic" physician friends and peers (especially Drs. Rie, Rosenberg and Breuer in the dream) who presently doubt Freud's theory of psychological causality for hysteria and his new treatment method. On the other side, Freud has invested total loyalty in his new best friend Wilhelm Fliess (who is expressed as the **turbinate bones, nose, and trimethylamine** in the dream). Fliess upholds Freud's genius and his all-important ambitions in inventing a revolutionary psychological treatment method. But loyalty to Fliess presents a huge problem for Freud, which is the essence of the Irma dream: Fliess is a nose-obsessed crackpot whose unnecessary nasal surgery nearly killed Freud's patient Emma Eckstein and threatened to expose Freud's own incompetence to the public disdain of his closest "du circle" of family, friends and physician peers. (Of course, the Irma dream uses Anna as the most current rendition of his public humiliation over Emma Eckstein).

The dominant presence of Freud's medical community in the Irma dream supports Erikson's (1958, p. 50) claim that the dream reflects the adult developmental stage of Generativity in which "intimate and generative drives, namely wife, children, friends, patients, ideas: they all vie for the maturing man's energy and commitment". Similarly, Van Velsen (1984) identifies Freud's concerns about his "academic reputation" and rivalry among colleagues as one of four main "scripts" or subsystems in the dream.

Freud's parenthetical remark about **pyaemia** re-implies Fliess in the dream as a central character in his current emotional life. He states that **pyaemia** alludes to the fact that Fliess "himself suffers from suppurative rhinitis, which worries him" (*The IOD*, p. 118). Pyaemia is blood poisoning caused by pus-forming bacteria released from an abscess (as in the dream image of "**the toxin will be excreted**"). The dream image sums the many weeks of copious pus and bleeding suffered by Emma Eckstein because Freud had entrusted her life to Fliess. The determination of an organic cause for Irma's symptoms in the dream may absolve Freud, but it also shifts the blame squarely onto Fliess, in whom he has invested his affections and grandest ambitions, and disproves his theory of psychological sexual causation in hysteria.

We also have immediate knowledge of the origin of the infection. My friend Otto has recently given her an injection with a propyl preparation when she felt ill. Propyls... Propionic acid.

At this point in the dream, Drs. Breuer and Rosenberg (Drs. M and Leopold) have verified an organic cause for Anna's (Irma's) symptoms, which gives Freud consolation and freedom from blame. In the next dream image, Freud and the diagnostic team ("we") pinpoint the organic cause as an **injection recently given by my friend Otto** (Dr. Oskar Rie). Now the blame is directed entirely upon Dr. Rie, who had, of course, precipitated the Irma dream by insulting Freud's competency and questioning the effectiveness of his new psychological treatment of Anna Hammerschlag (Irma). In turn, by accusing Rie of a "careless medical operation (the injection)" in the dream, Freud achieves revenge upon Rie

for both "taking part against me" and for potentially poisoning his household with the gift of the toxic cordial earlier that day (*The IOD*, p. 119).

The theme of well-intended actions that can result in death continues with Freud's associations about the cordial bottle labelled "**Ananas**," which "has a remarkable assonance to the family name of my patient" – obviously **Anna** Hammerschlag (*The IOD*, p. 123). Reeking of the smell of fusel oil, the Freuds threw the gift away rather than risk **poisoning** themselves or their servants. Freud associates fusel oil with a series of chemical terms – amyl, **propyl**, and methyl... and then propionic acid and **trimethylamin**.

Freud is well aware of the direct meaning and origin of the injection image in his dream. Freud learned that day that Dr. Oskar Rie (Otto) had administered an **injection** to another patient during his very **recent** visit to Anna (Irma) and her Hammerschlag family and that this other patient **fell suddenly ill**. Freud connects the dream image of injection to his lasting guilt over causing the death of his friend Fleishel through **injections** of cocaine. Just like Dr. Rie's injection in the dream (and in real-life), and like Dr. Fliess's misguided nasal operation of Emma Eckstein, Freud himself had **given injections** of cocaine to Fleishel with the best of intentions, but it had caused great harm. The same occurred when Freud accidentally killed his patient Mathilda with **injections** of sulfonal, and he knows that his continuing use of **injections** of morphine with his 82-year old patient constitutes an ongoing serious risk. The dream image is perfect for expressing how Freud's desired "conscientiousness" (i.e., good intentions) is no protection against professional disaster.

Freud's commentary also reveals his clear awareness of the crucial emotional role of Fliess in his life and in his dream. He explicitly affirms that Otto (Rie) "must feel the force of my anger" and spells out the reasons in a revealing comparison of Rie and "my friend William" (Fliess) as follows: Rie does not understand me; Fliess *does*. Rie thinks I am wrong; Fliess *always* thinks I am right. Rie gives me the cordial smelling of the chemical amyl; Fliess gives me insights about the chemicals of sexual processes, i.e., **trimethylamin** (*The IOD*, p. 317).

Trimethylamine (the formula of which I see printed before me in heavy type)...

Thus far, there are two instances in which the dreaming mind lacks the waking logic to use technical medical terms with precision and mixes up words with similar sounds or spellings. The first instance is dysentery, diphtheria, and diphtheritis. The second is amyl, propyl, and methyl. In sharp contrast, the Irma dream explicitly identifies **trimethylamin** by presenting its chemical formula before Freud's eyes in **heavy printed type**. Freud acknowledges that the dream "forcibly called" the sexual chemical formula to his "attention" and is "so prominent in the dream" that it warrants special emphasis.

Without naming his "friend" who "plays such a large part in my life," Freud credits Fliess with recognizing that "**trimethylamine** is one of the products of sexual metabolism". This chemical leads Freud "to sexuality, to that factor which I credit with the greatest significance for the origin of the nervous affections which I attempt to cure" (*The IOD*, p. 117). Freud notes how "the dream is remarkably fashioned" in focusing his attention on the sexual cure of Anna (Irma) and his hoped-for sexual cure of "another young widow"

(Anna's cousin Sophie). He further credits Fliess with the causal relation between the "**turbinated bones**" of the nose and "female sexual organs" (*The IOD*, p. 118).

There can be no doubt that the dream has, in Freud's words, precisely "fashioned" the dream element of **trimethylamine** to express his idealized loyalty to Fliess. Whereas the previous dream image of **turbinated bones** clearly refers to Fliess, **trimethylamine** appears in **bold letters** to scream the importance of Fliess! Fliess is the center of Freud's precipitating emotional state and Fliess's role in the dream is undeniable. Contrary to a disguise, the **turbinated bones** and **trimethylamine** express Freud's monumental cognitive dissonance about Fliess. The dream is accentuating, even exaggerating Freud's love and loyalty to Fliess – but as a self-deceptive way to suppress his simultaneous rage at Fliess for nearly killing Emma Eckstein with his "rash" and "careless" operation, and for exposing Freud's own incompetence before the embarrassing public scrutiny of his du circle. In a perfect choice of verb, Freud wants to "**hurl reproach**" at Fliess, but cannot because Fliess holds all of Freud's most precious eggs of pride and ambition. As in his waking life, the Irma dream exaggerates Freud's anger at both Rie and Breuer (Otto and Dr. M) to self-deceptively distract himself from and suppress his anger at Fliess. [Gay (1988, p. 86) attributes the Irma dream to Freud's doubts about Fliess and efforts to self-deceive himself about the Emma Eckstein disaster. "The dream of Irma's injection discloses... Freud's anxiety to conceal his doubts about Fliess not just from Fliess but from himself."]

Even though Freud freely shared his dream analyses with Fliess, along with his most intimate confessions, it is notable that *Freud kept the Irma dream totally secret from Fliess for over four years*. Since Fliess was serving as Freud's "red pen" editor of *The IOD*, Freud knew that Fliess would easily recognize himself and his malpractice of Emma Eckstein in the Irma dream. Freud therefore concealed the Irma specimen dream until it was "too late" for Fliess to object and censor it from *The IOD* (as Fliess had previously done in June 1898 to censor Freud's only other completely analyzed dream in the book).

Such injections should not be made so rashly... Probably also the syringe was not clean.

As in his waking hours before the Irma dream, Freud is fuming at Rie for doubting his treatment of Anna, for siding with her family against him, and for giving him a thoughtless gift of poison liqueur. [Freud was also angry that Oskar Rie had recently tattled to Fliess that Freud had resumed smoking against Fliess' strict medical orders (Schur, 1972, p. 86).] At the same time, he was enraged at Breuer for doubting his sexual theory and for being forced to stay up late with an aching shoulder to write a letter to justify his failing treatment of Anna Hammerschlag. Freud's dream images hurl anger onto Otto (Dr. Rie) for **rashly** giving an **injection** of propyl with a **dirty syringe**. But the real offense was actually committed by Dr. Fliess, who **rashly** performed an unnecessary and dangerous medical procedure on Emma Eckstein and then forgot to remove the "**dirty**" (**infected**) gauze, which caused near fatal complications. In a revealing choice of words (*The IOD*, p. 119), Freud says: "I accuse [Otto/Dr. Rie] of a careless medical operation (the injection)". In real life, Dr. Rie made the careless injection, but it was Dr. Fliess who made the "careless medical operation."

It could be argued that Freud's reproach for Fliess is *displaced* onto Rie as an unconscious dream disguise. But is Freud really "unconscious" to his anger at Fliess? Or is it merely self-deception by exaggerating his anger at Rie and Breuer to distract himself from two painful realizations about Fliess: First, Freud cannot admit to himself that his most precious life-saver is an egotistical crackpot whose malpractice with Emma Eckstein has exposed Freud to public humiliation before friends, family and physician peers. Second, as repeatedly expressed in the organic/psychic causation debate in the Irma dream, Freud cannot bring himself to admit that Fliess's theories of the nasal/genital connection, bicycles, and the sexual chemical **methylamine** are purely organic causes. As observed by Masson (1985, p. 459), their "estrangement was inevitable" because Fliess's organic causation negated Freud's psychological causation. In the clearest, boldest capital letters, the Irma dream is screaming that METHYLAMINE (Fliess!) is not Freud's ally and risks his downfall. But it would take another six years before Fliess, not Freud, terminated their bond after arguing over the ownership of Fliess's concept of bisexuality in September 1901.

The Concluding Theme of Self-Reproach

Freud's analysis of the specimen dream concludes with Freud's associations to the final images of the **rash injection** and **dirty syringe**. Noting that Otto (Dr. Rie) is the **rash** physician in his comparison of Doctors Otto and Leopold (Rie and Rosenberg), Freud asserts that "the reproach for carelessness is hurled directly at my friend Otto (Rie)" for "siding against me by word and look." Yet, Freud immediately and frankly reverses the reproach into a succession of four self-reproaches (*The IOD*, pp. 118-119), numbered 1 to 4 in Table 1. Three more self-reproaches from Freud's earlier comments are numbered 5 to 7. Table 1 also shows the recency of the inciting events that triggered each of these seven self-reproaches along with inciting events for other elements in the Irma dream. As a crude quantitative measure, 14 (48%) of the 29 dream elements connect to real events occurring on the same day or within a few days of the Irma dream. The recency percentage jumps to 83% if we count events from Freud's current everyday lifestyle and events occurring in recent weeks or some time recent, but unknown.

Psychoanalytic Criticisms of This Approach and Conclusion

Absent from the list of seven self-reproaches is Freud's self-reproach for entrusting his patient Emma and his deepest feelings and professional hopes in Fliess. Like an infatuated lover who blinds himself to the faults of his beloved, Freud commits acts of Olympic-level self-deception to excuse Fliess from reproach – for both publicly embarrassing him and for Fliess's rigidity in positing organic causality that actually opposes his own psychological sexual theory. As expressed in the Irma dream, Freud was experiencing a crisis of self-doubt about his competence and the validity of his new theory of psychosexual causation, as well as his new psychological treatment method.

As a pioneer, Freud stood profoundly alone in challenging the medical establishment (including Fliess!), who endorsed organic causation and treatment of hysteria and neurasthenia. Freud's response to his lonesome crisis was to cling

Table 1. Freud's Self-Reproaches and Recency of Inciting Events for Irma Dream Elements.

Freud's Seven (Admitted) Self-Reproaches	Recency of Inciting Event
1) Caused close friend Fleischel to get addicted to cocaine injections that hastened his death.	<i>Two years before</i> the dream, but clear enduring guilt.
2) Accidentally killed elderly patient Mathilda with injections of sulfonal.	<i>Unknown years</i> , but likely sought help from Breuer at the time.
3) Despite 2 years of careful twice-daily injections of morphine, Freud's "82 year old patient" is infected with phlebitis by the dirty needle of another physician while on vacation.	<i>Day before</i> the dream, Freud receives information from patient's son (named Otto). ¹
4) Despite Martha's prior high-risk pregnancy involving phlebitis , Freud "carelessly" impregnated her.	<i>2 years before</i> and Martha's <i>current</i> pregnancy with baby Anna Freud.
5) Caused "lady patient" to contract nasal necrosis by treating her nose with cocaine .	<i>Few days before</i>
6) Stopped treatment for summer vacation though Anna still had major somatic symptoms.	Learns <i>same day</i> that Anna (Irma) is coming for Martha's birthday party.
7) Withheld treatment of "Egypt patient" who contracts an organic infection on vacation	<i>2-3 days before</i>
Other Dream Images (in Chronological Order)	Recency of Inciting Event
Large hall	<i>Current</i> vacation home at Bellevue
Guests for birthday party include Irma (Anna)	Informed by Martha <i>same day</i>
Reproaches Irma (Anna) for continuing pains	<i>Same day</i> –Rie's reproach about Anna
Somatic complaints (throat, choking, stomach)	<i>Same day</i> –Rie's reproach about Anna
Frightened to see Irma (Anna) is pale and puffy	In 3 <i>preceding months</i> , frightened by 3 nearly fatal Eckstein bleeding episodes, leaving her pale
I must be overlooking an organic cause	<i>Same day</i> –Rie's reproach about Anna
Exam before the window	<i>Unknown recent</i> – saw Breuer examine Sophie before window
Irma (Anna) resists exam as if to hide false teeth	<i>Unknown recent</i> – governess resisted Freud's oral exam
Irma (Anna) does not need false teeth (= is pretty)	<i>Unknown recent</i> (Anna, Sophie, governess) and <i>15 months before</i>
After resistance, mouth opens easily	(Martha) – all four are shy, sexually attractive, but not docile (resist)
White spot , whitish grey scabs in nose	<ul style="list-style-type: none"> • <i>Current</i> health concerns of Freud • <i>Few days before</i> (necrosis case) • F's daughter Mathilda's grave illness <i>two years before</i> • Fleischel's death <i>4 years before</i>
Turbinated bones	<ul style="list-style-type: none"> • <i>6 weeks before</i> – Eckstein trauma • <i>Current</i> relationship with Fliess
I quickly call Dr. M. (Breuer)	<i>Unknown past</i> – See self-reproach #2
Repeats exam and confirms	<i>Current</i> – F's common daily practice entails conjoint physician consults
M (Breuer) walks with limp , is pale , without beard	<i>Few days before</i> – news of arthritic hips of elders Breuer and Emanuel
Dual exam by Otto (Dr. Rie) and Leopold (Dr. Rosenberg)	<i>Current</i> – F's common daily practice entails conjoint physician consults
Infiltrated skin on left shoulder (= TB term)	<ul style="list-style-type: none"> • <i>Hours before</i> – F's shoulder hurts • <i>Current</i> – refers to 3 young widows of TB (Anna, Sophie & Minna)
Infection, dysentery , toxin excreted	<ul style="list-style-type: none"> • <i>2-3 days</i> – See self-reproach #7 • <i>2 years before</i> – Mathilda's illness • <i>Unknown past</i> – Breuer mocked Doctor
Otto (Dr. Rie) gave Irma an injection of propyl that caused her illness	<i>Same day</i> – F learns that Dr. Rie gave injection to his patient who fell ill
Propyl, Ananas , etc.	<i>Same day</i> – Rie gave gift of toxic liquor labeled Ananas (like Anna), with foul smell of fusel oil/propyl
Trimethylamine in BOLD letters	<i>Current</i> relationship with Fliess
Rash injection, contaminated syringe	See self-reproaches #1, #2 and #3

¹The old lady patient lived in Vienna with her son, Otto, who was also in Reichenau an der Rax in July 1895 – at the same time as Anna and the Hamerschlag family. This may have determined Freud's choice of the name "Otto" for Oskar Rie (Hartmann, 1983, p. 575).

even harder to Fliess as a vital lifeline, but it required him to turn a blind eye to his friend's failings. Despite Freud's conscious efforts at self-deception, dreaming thought is intrinsically honest, and the Irma dream honestly express-

es Freud's intense conflicted emotions about Fliess, who holds the central position in Freud's complex life situation and professional crisis. The Irma dream is not disguising anything from Freud's awareness. Condensation, displace-

ment, and blurring are the dreaming mind's natural process of selecting and assembling images that honestly express the dreamer's life experience. Clearly, dream generation is an "unconscious" process that it is not under conscious control, but there is no unconscious "censoring" agency that is actively censoring and selecting images to disguise or hide the truth from the dreamer.

Psychoanalytic critics will complain that this portrayal of the self-evident meaning of Freud's specimen dream ignores the *latent* (and presumably far more important!) *meaning* of the dream images in favor of their *manifest meaning* and clear relation to the many recent waking life events (i.e., "daytime residue") that preceded it. Above all, in their view, the Jennings' approach grievously fails to connect the Irma dream images to repressed unconscious memories of Freud's *early childhood experiences* – as many analysts have speculated (e.g., Anderson, 1986; Anzieu, 1986; Elms, 1980; Hartmann, 1983; Kramer, 2000; Mahony, 1977; Mautner, 1991; Swan, 1974; Van Velsen, 1984). For example, Erikson (1954, p. 41) connects Freud's career crisis in the Irma dream to Freud's childhood fear of "never amounting to anything" following a traumatic episode at age 7 when he was shamed by his father for peeing in his parents' bedroom.

Freud (1900, p. 428) himself makes only one unconscious "infantile" connection to the Irma dream in *The IOD*. This occurs when the "beardless Dr. M" dream image reminds Freud of his much older, half-brother Emanuel, whose son John was his early childhood playmate. Freud connects his intense affection and violent rivalry with John to a lifelong pattern in which "an intimate friend and a hated enemy have always been indispensable requirements for my emotional life," and adds that frequently "friend and enemy coincided in the same person." This childhood love/hate pattern certainly aligns with Freud's current and fully conscious animosity toward Breuer and Rie (M and Otto in the dream), but he blinds himself to the fact that the same love/hate dynamic is now happening with Fliess.

In contrast to psychoanalytic disguise theory that gives precedence to the presumed "latent" meaning of dreams, Jennings' (2007) phenomenological understanding of dreams shows that dreams are direct and honest expressions of the dreamer's life experience and are abundantly valuable and completely sufficient in their so-called "manifest" meaning alone. Initially, prior to its exploration by the dreamer, the self-evident meaning of one's dream images may appear mysterious and baffling, but it is *not* because of disguise. It is simply because dreams express feelings through a marvelous imagistic language, which the dreamer, and only the dreamer, can learn to discern for its highly individualized, self-recognizable wisdom. To forcibly endeavor to connect dream images to early childhood experience threatens to distort, diminish, and neglect the brilliant natural capacity of dreams to express one's life experience and enrich self-understanding.

Psychoanalytic critics could also attack this dream analysis on the grounds that Freud's "specimen dream" is, paradoxically, an especially poor specimen for demonstrating how dreams disguise unconscious wishes that are rooted in early childhood. Rycroft (1979, p. 31), for example, complains that no instinctual, sexual or infantile urges are revealed in the Irma dream material and that "symbolism is not invoked; and the characters appearing in the dream are all assumed to represent themselves and not to stand for others or for parts of Freud's own self." Van Velsen (1984,

pgs. 247-248) joins Rycroft in questioning why Freud selected this undisguised "wishful dream" as his specimen dream – rather than a "conflictual dream."

In closing, it is agreed that early childhood experiences can universally shape and influence human personality and might be expressed in *some* dreams as *part of* the individual's total psychology – but not in every dream, not in actively disguised form, and not as the primary purpose or function of dreaming itself. It is also agreed that dreams frequently entail unconscious processes of condensation and displacement, but neither process is actively censoring or disguising socially forbidden wishes. Instead, it is held that *condensation* is the natural process by which the dreaming mind generates images and gloms them together, while *displacement* is better understood as the inherent imagistic "logic" that uses symbols and images that express individualized meaning. If there is any evidence of "disguise" through displacement in the Irma dream, it would be that Freud's suppressed anger at Fliess is displaced onto Breuer and Rie. But even here, the bolded formula of METHYLAMINE shouts the true identity and dominant presence of Fliess in the dream.

By revisiting the images of the Irma dream in chronological order, and by using Freud's own associations and knowledge of his current life situation and recent precipitating events, it has been possible to let the dream images "speak" their own self-evident meaning to Freud in their own imagistic tongue. Clearly, the insights that Freud gained from the Irma dream were profoundly important at this critical juncture in the development of psychoanalysis and depth psychology. Freud was an incomparable genius and scientific observer who was well-satisfied with his interpretation of his Irma dream as a completed tour de force. He knew that it would have diminished his masterpiece to forcibly add more brush strokes of latent unconscious material to this fully-realized and powerful self-portrait.

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