

A GROSS EPISODE*

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In three letters written by Freud in 1908 and addressed to Jung, references were made to the addiction of their colleague, the rebellious and burlesque, Otto Gross.¹ It is most peculiar that these references are not mentioned in any of the surveys, reviews or texts dealing with Freud's ideas and theories on addiction. Freud's remarks on addiction in these letters, and indeed on the case of Otto Gross itself, are interesting enough to warrant (at least) a brief discussion. Gross was an assistant to the famous psychiatrist Kraepelin and a patient of Jung. Freud knew Otto's father, Hans, who was professor in criminology in Graz and Prague. Otto was a psychoanalyst and philosopher and he was also hopelessly addicted to cocaine and opium. Otto's addictive behaviour became at some point so problematic for his entourage that his father decided to have him locked away in a psychiatric institute. Needless to say that the relationship between father and son wasn't the best and it certainly didn't improve after the incarceration. Otto was, and remained, a troubled and rebellious character. He was freed after a while and then disappeared from the scene until his death, due to drug addiction, was announced in 1920.² In relation to Otto Gross's addiction Freud writes to Jung the following:

* I would like to acknowledge my indebtedness to Lieven Jonckheere for drawing my attention to the fact of Gross's addiction.

¹ In Letter 46 from the Freud-Jung correspondence we read that the analyst Otto Gross had rather strange and rebellious ideas about the transference and about sexuality. Jung writes to Freud that Gross thinks that the transference is a symbol of monogamy and sexual repression. The transference has to be stopped by turning patients into sexual immoralists; a process which restores them back to health. (Letter 46).

² In Lieven Jonckheere's very fascinating short study on Gross we read that it is peculiar that knowledge about the time and cause of death had to come from research material concerning the writer Kafka who knew Gross, it did not come from the historical accounts of psychoanalysis. L. Jonckheere. *'Otto Gross (1877-1920): De Fictie als Geschiedschrijving*

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However, we shall also have to talk about Otto Gross; he urgently needs your medical help; what a pity, such a gifted, resolute man. He is addicted to cocaine and probably in the early phase of toxic cocaine paranoia (Letter 84). I can imagine how much of your time he must be taking. I originally thought you would only take him on for the withdrawal period and that I would start analytical treatment in the autumn. It is shamefully egotistic of me, but I must admit that it is better for me this way; for I am obliged to sell my time and my supply of energy is not quite what it used to be (Letter 94). I have a feeling that I should thank you most vigorously - and so I do - for your treatment of Otto Gross. The task should have fallen to me but my egoism - or perhaps I should say my self-defence mechanism - rebelled against it. Now I have no reason to doubt your diagnosis, inherently because of your great experience of D.pr. (*Dementia Praecox*), but also because D.pr. is often not a real diagnosis. We seem to be in agreement about the impossibility of influencing his condition and about its ultimate development. But couldn't his condition be another (obsessional) psychoneurosis, with negative transference caused by his hostility to his father, which presents the appearance of absence or impairment of transference? (Letter 99).

The first thing that strikes us about these remarks is that some sort of 'deal' was done between Freud and Jung: Jung would support Gross through the withdrawal period (or detoxification period as we would call it these days) and Freud was to do the analytical treatment. This did not happen,

van een Afval Verschijnsel' in Psychoanalyse en Klinische Psychiatrie: Een Geschiedenis van Eigenheid of Verbondenheid? Ed. J. Quackelbeen. Pegasus Collection, Gent, Idesca, 1987. pp. 153-161.

because Freud - as he indicated himself - had no desire to analyse Gross. We can speculate that it was Gross's addiction to cocaine that caused resistance in Freud.³ However, what we do know is that Freud thought that the treatment of withdrawal from addiction should be separated from analytical treatment; an analytical treatment being more directed towards an exploration of the addiction in relation to the clinical structure of this patient. This raises a number of important questions which are still relevant today: 1. Do we need a double treatment in the case of addiction: one that aims directly at the symptom of addiction and another that aims at the subject? 2. If a double treatment is needed, can this treatment be done by the same person, or should one person (or institution) deal with the withdrawal phase and another with the analysis or therapy? 3. Is it possible to do therapy or analysis with someone who is under the direct influence of alcohol or drugs? We will return to these questions on another occasion, but for the moment it is interesting to note that some of these questions were already being considered in psychoanalytic circles at that time. Freud questions Jung's diagnosis of Gross which states that he is suffering from Dementia Praecox, a Kraepelian diagnostic term, which designates a form of psychosis. Freud wonders whether Gross might be suffering from an obsessional neurosis. What is implied in this interchange between Freud and Jung is that Gross's addiction was thought to be a function of his psychosis or neurosis, that is to say, that they thought that Gross's addiction had a function in relation to his subjective clinical structure. This touches upon the question of diagnosis in the clinical field of addiction: is addiction a separate clinical entity, or is it a symptom that functions in relation to the different clinical structures of the subject, or indeed, can it be both? Also interesting is the issue of transference. From the last letter we know that it was near impossible to treat Gross. We can glean from Freud's words that the relationship between Gross and Jung was not very good. Freud suggests that there is negative transference on Gross's part and that this is a symptomatic repetition of the relationship with his father. But, Freud says, it is a

³Freud's own relationship to cocaine had brought him certain difficulties.

negative transference that expresses itself in an absence or impairment of it. A negative transference that impairs the therapeutic relationship makes sense, because an impaired relationship is the very definition of negative transference. However, when the result of a negative transference is the absence of transference, we wonder whether it is justified to speak of a transference relationship at all? Could it be the case that Gross had no transference relationship with Jung, because his transference was on to the object drug? Cocaine and opium might have functioned for Gross as the solutions to his problems; a function that could have been taken up or developed by Jung. The crucial question is: why did the transference not develop? Before we turn to this question we want to underline the fact that the management of the transference is very difficult in the treatment of addiction. Often addicts do not seek help because they have a 'perfect' solution at hand. The question then arises: how can the analyst or therapist create a demand (for therapy or analysis) in the addicted subject in a way that does not transgress the ethics of the speaking subject.⁴ And, once the transference relationship or demand has been established, another question raises its ugly head: how can the transference be maintained such that the addicted subject does not 'relapse' into a transference onto the object drug or alcohol? To maintain the transference, in a way that is manageable, is an enormous task for the therapist or analyst. It is an essential part of the clinical condition of addiction to transgress limits and to cross boundaries, not just in terms of the search for comfort, pleasure or excitement, but also in terms of human relationships. The demand of the addict can be overwhelming once it has been established.⁵ In therapy or analysis with addicts one has to be prepared to work with extremes of positive and negative transference. To maintain the transference and to allow it to develop is, however, an ethical imperative and it is the only way out of a lethal impasse for the addict. It is not difficult to see how addiction can easily lead to counter-transference,

⁴ In other words, you can't physically force someone to accept help.

⁵ The solution that was once provided by the drug of alcohol is now demanded from the analyst or therapist.

especially when we take note of the fact that addiction, as a fundamental human problem, highlights the impasses of human existence and the shortcomings of the subject, including those of the therapist. Freud clearly did not want to work with Gross. When he uses the words 'self-defence' and 'rebellion' to describe his aversion to analysing Gross we can be sure that something of his own desire was at stake.

Jung did not function as an object of Gross's demand for a solution; the transference did not take seed never mind grow. We know from letter 94, from the Freud-Jung correspondence, that Freud was to be Gross's analyst. That must mean that Gross wanted to be in analysis with Freud and that implies that they had discussed this. In other words, the transference went in the direction of Freud and never developed in the relationship with Jung. In Letter 85 we read that Gross's father had pleaded with Jung to help his son and that Jung predicted that Otto would run away whenever he saw the chance: he was a real problem for Jung.⁶ Nevertheless, in Letters 95 and 98, we read that Jung worked very hard with Gross and that he helped him through the painful withdrawal process. In the last letter we also read that Gross had abandoned the treatment because he felt he had been cured.⁷ Jung predicted a bad end for Gross and he wrote to Freud: 'He is one of those whom life is bound to *reject* (my italics)' (Letter 98). Gross had remained in treatment with Jung only for a very brief period. Little over a week after Gross had left, Jung writes to Freud: 'I wish Gross could go back to you, this time as a patient, not that I want to inflict a Gross episode on you, but simply for the sake of comparison' (Letter 100). It is clear from these statements that Jung was glad to see the back of Gross and that Gross had been merely interesting

⁶ In this letter Jung wrote to Freud: 'One thing alone bothers me and that is the affair with Gross. His father has written urging me to take him back with me to Zurich. As ill luck would have it, I have some urgent business on the 28th with my architect in Munich. In the meantime of course Gross will give me the slip' (Letter 85).

⁷ Jung writes to Freud in this letter: 'His exit from the stage is in keeping with the diagnosis: the day before yesterday Gross, unguarded for a moment, jumped over the garden wall and will doubtless turn up again in Munich ere, to go towards the evening of his fate. Gross left because he thought he was cured' (Letter 98).

as an object of scientific study for the two analysts. However, as an object (of study), Gross had been 'too much' for Jung and Freud. Freud did not want to analyse him and Jung's treatment of him was at times unbelievably farcical. For instance, when Jung was at a loss with the treatment they would change roles and Gross would analyse Jung, who actually said he benefited from this (Letter 95). Was Jung in analysis with Gross? This question is not intended to be just cynical. Jung abandoned his analytical position *vis-à-vis* Gross by turning the latter into the object of his own demand or desire for analysis. Gross was rejected for analysis by both Freud and Jung. He was the waste-product of their desire and therefore also the waste-product of the psychoanalytic establishment. In relation to Gross's ideas about psychoanalysis, Jung wrote to Freud: 'Still, there must always be a few *flies in the ointment* (my italics) of the world'. (Letter 46). Jung knows only too well (as indicated by the next sentence in the letter) that the world turns around the fly in the ointment.⁸ What captures our desire to know is what we do not understand; it is that 'thing' that remains an enigma to us. This is precisely the position of the analyst who, in that position as abject object, provokes the unconscious of the patient. Not that this desire to know is always a desire to know the truth. Not at all! It might very well be the desire for a knowledge that doesn't want to know the truth of the unconscious. That is why it is so important to stick with the patient and to carry him or her through that barrier of ignorance. Freud and Jung did not stick with Gross. He was a toxic presence in the eye - or rather ear - of the psychoanalytic establishment with his strange ideas and bizarre behaviour. It is certainly no coincidence that Gross was an addict. As we indicated, Gross provoked a desire for scientific knowledge in Freud and Jung, but it was not a desire to know the truth.⁹ The desire for truth would have been an analytical desire,

⁸ This next sentence is: 'What else is civilisation but the fruit of adversity?' (Letter 46).

⁹ It is a somewhat ironical twist of fate that Jung was instrumental in the setting up of A.A. One of the American founding members of A.A. went to Jung for advice about how to be cured from alcoholism. Jung didn't know how to help this man, but gave him the idea that a religious conversion would probably be the only thing that could do the job. The rest is history.

namely the desire to carry Gross *and themselves* through the impasse of an ignorance about addiction. In relation to Gross and addiction, Freud temporarily left his analytical desire and became ignorant. That is what happens sometimes when we are confronted with a disturbing waste-product; a remainder we do not understand. This piece of the real is called the *object a* by Lacan. It is also the provocative position of the analyst. Gross was a waste-product of the history of psychoanalysis.¹⁰ Our thesis is that addiction is the waste-product of psychoanalysis in the same way as psychoanalysis is the waste-product of a science that does not want to know about the subject. The question is: does psychoanalysis have the courage to carry itself through its impasse of ignorance about addiction? In other words, will psychoanalysis allow addiction (as waste-product) to be its analyst and as such provoke a new kind of knowledge about it? Only time and respons-ability will tell. Addiction is a toxic presence in culture, but so was hysteria at one time.

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¹⁰ L. Jonckheere, op.cit., p. 159.