

Over the past few years a number of the major exchanges of letters between Sigmund Freud and his psychoanalytic collaborators have appeared. Slowly but surely a clearer and more accurate portrait of the formation of psychoanalysis has become available to scholars interested in working from the first-hand documents, rather than their partial quotation in monographs, such as Ernest Jones’s three volume biography of Freud. Two such projects have recently appeared in English with Harvard University Press, both elegantly edited and handsomely produced.

The exchange of letters between Sigmund Freud and the Welsh physician and psychoanalyst Ernest Jones reveals Freud at his most political and most canny. The exchange, while it does touch on a number of interesting problems in the theories of psychoanalytic interpretation and praxis, is of primary interest as a document of the building of a profession. Jones was a difficult, political figure, whose intellectual abilities were of less importance to Freud than his role (first) as an ally in the English-speaking world and (second) as his buffer from the English-speaking world. This is not to diminish Jones. His study of Hamlet was the first major psychoanalytic study of that important work and formed the basis for much of the applied psychoanalytic criticism in Great Britain and the United States through the 1950s. His biography was the most comprehensive study of Freud by a contemporary. Like many of these texts, such as the first biography of Freud by Fritz Wittels, it now has come to have a major place as a primary source of information about the myth-building within the inner circles of psychoanalysis during the 1920s and 30s. As Phyllis Grosskurth has shown in her important study of the Freud inner circle, Jones had a central role in shaping psychoanalytic politics (through the 1950s). The letters with Freud are thus a mine of information about who knew what, who was in, who was out, and who could or could not be trusted. The discussions of Jones’s own problematic liaisons and life are reflected in these letters to a greater degree than one could have imagined. Freud’s awareness of Jones’s idiosyncratic sexual life and his warnings about this are clearly present within the work.

The editing of this volume is exemplary. The transcriptions and translations by Frauke Voss are polished and professional, Andrew Paskauskas’ notes and background material clarify every point one needs to have explained and Riccardo Steiner is, as usual, brilliant and incisive in his work on British psychoanalysis. Steiner, who has published extensively on the inner workings of British psychoanalysis, here provides not only a context for the Freud-Jones letters but what will be a standard account of the pathways of the British psychoanalytic movement through the 1930s, so very different in its configurations and history than its American counterpart. And this difference can be laid at the feet of one man—Ernest Jones.

The other letters that have recently appeared are those exchanged with Sándor Ferenczi up to 1914. This first volume of the Freud-Ferenczi correspondence has been “in publication” since the 1960s. In an extraordinary introduction, André Haynal provides not only a context for the letters, but a history of their on-again, off-again publication. Unlike Jones, Ferenczi was one of the most brilliant followers of Freud. One can only compare him with Karl Abraham in terms of his impact on the course of the mainstream development of psychoanalysis. While Ferenczi represented Hungary for Freud as Jones represented Britain, Ferenczi was also someone to exchange the deepest secrets arising from self-analysis and the most intense doubts about one’s position as a Jew in Central Europe. While the index does reflect the former questions, the complex subtext about anti-Semitism and Jewish identity (as evident in these letters as in the Abraham correspondence) remains unrecorded in the index. Yet this is not an overtly political correspondence. These letters are rarely
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composed. They often consist of notes and insights. This made the editors’ task even more difficult, yet it was acquitted brilliantly. Each piece is fitted into the puzzle and we can actually understand the often gnomic comments by both men. Peter Hoffer’s translation is always clear and readable.

This is the first volume of the Freud-Ferenczi letters. Later volume(s) will mark the decay of their relationship as Ferenczi’s health fails. It was Ernest Jones in his biography who made Ferenczi the great villain, the “mad man” who made Freud’s life so difficult and who was so very contentious. The subsequent volume(s) will map this or contradict it. The publication of Ferenczi’s journals from this period, showed a brilliant mind at work almost to the very end of his life. I would not be surprised if the letters ran against the Jones portrait of his rival. That is why having both of these texts provides a rather extraordinary insight into all three men. “Father Freud” (to use Arnold Zweig’s appellation) between the “good” son and the “prodigal”. But it is the critic and the historian who can now examine how these relationships evolved, at least in the realm of their letters. One is very grateful to have these two volumes and one is now looking forward to the re-editing of the Abraham letters and the publication of an entire series of suppressed documents, such as Fritz Wittel’s autobiography. We are seeing the first stage in the establishment of Freud Studies as a serious arena of scholarship in the history of medicine and the history of culture.

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BYRON J. GOOD, Medicine, rationality, and experience: an anthropological perspective, Lewis Henry Morgan Lecture Series, Cambridge University Press, 1993, pp. xvii, 242, £35.00, $54.95 (hardback 0–521–41558–6), £12.95, $17.95 (paperback 0–521–42576–X).

Byron Good believes that medical anthropology has come of age, his proof lying in the discipline’s mature ability today to engage advanced philosophical and literary theory. Stated otherwise, in the author’s own language, “I am developing a theory of culture and illness from the perspective of aesthetics, examining how illness is formulated-as an ‘aesthetic object’” (p. 166). This is the conscious, iterated goal construed in the terms of such categories as body, illness, reason and realism.

Well enough, but the book itself is abundant proof of the affirmation, being an encounter with some advanced theoretical positions about the nature of medical representation especially in narrative (Iser, Riceour, Rorty, et al). In this sense Good’s treatment comes as a useful barometer of medical anthropology’s maturity, not least its capability to engage contemporary theory, and it is also a testament to Good’s own command over several fields: medical anthropology, recent philosophical and literary theory, and then their yoking. A useful working bibliography further adumbrates the building blocks in Good’s broad interdisciplinary workshop and suggests the type of mind presiding over it.

The larger purpose suggests various anthropological contexts for modern medicine, especially through a grid of representations of illness that include narrative, semiotic, and aesthetic emplotments (although visual and iconographic forms receive scant treatment). The importance of “story” is always elevated by Good in the belief that “it would be a grave error to conceive illness narratives as the product of an individual subject, a story told by an individual simply to make sense of his or her life” (p. 158).

I found the chapter on the narrative representation of illness particularly persuasive, not merely because the topic is timely or because Good is able to build on the work of his mentor Arthur Kleinman—his teacher and predecessor in this line of inquiry whose book The illness narratives received considerable attention in 1988—but also because Good describes his field work (especially his interviews) so well. The cases recounting Turkish illnesses as told by the patient as well as by members of the family are extremely germane, especially the view that reader-response theory is pertinent to illuminate these accounts. Good’s divisions in chapter six into sections on ‘narrativity, illness stories, and experience’, ‘emplotment and illness experience’; ‘the narrative positioning of suffering’, and ‘the narrative shaping of illness’ suggest why.

The conclusions drawn are less secure, as are their historical contexts. While I found myself persuaded that medical anthropology had come of age and that theory had been well dealt with, I was