

Book Review

Guises of desire by Hilda Reilly. Dicatur Press, 2013, 252 pages, £6.53 (paperback), ISBN-13 978-0992683504.

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Hilda Reilly's historical novel *Guises of Desire* offers her readers an absorbing fictional biography of Bertha Pappenheim, who is perhaps still better known as Anna O., the first and most famous patient of Josef Breuer's and Sigmund Freud's *Studies on Hysteria* (1895). In an effort to contextualize the novel for modern readers, it is subtitled "The story of Freud's Anna O". In terms of the significance and notoriety her case gained in psychoanalysis, she may still be seen, to a certain extent, as "Freud's Anna O", but it was in fact Josef Breuer, Freud's elder colleague and co-author, who had treated her and had written the famous case study of 1895. This document, along with an unpublished case report from 1882, guided Reilly's research and subsequent fictionalization of Pappenheim's clinical history.

Guises of Desire is not the story of Josef Breuer, however. In an author's note, Reilly (2012) deplors that "much has been written about Bertha by academics and psychoanalysts but nowhere do we hear the voice of Bertha herself. This is what I have tried to provide" (p. 250). Sceptics of the genre of fictional biography will not be swayed by this, and anyone who expects a postmodern treatment of Bertha's case, reflecting the difficulty or even impossibility of assuming her voice, will be equally in for a disappointment. Reilly accepts Roy Porter's (1985) challenge to reconstruct "patterns of consciousness and action" to mend the dearth of patients' perspectives in medical history (p. 185). In the absence of accounts of her illness by Pappenheim herself, an attempt to reconstruct Bertha's perspective as much as possible can only be made through a fictional approach bolstered by historical and medical research and a realist perspective. The one-sidedness of the historical biography and the disruption or destabilization of Bertha's point of view through experimental writing, though perhaps more attuned to the epistemological doubts that may be brought to bear on Reilly's project, would inevitably reproduce the gap she sets out to mend.

Despite this, we seldom encounter Bertha's actual voice. Though centred on her experience, the novel is mostly told from a third-person perspective; Bertha's own words can only be encountered in letters written to her cousin Anna Ettlinger. In this manner, *Guises of Desire* follows Bertha through the onset of her symptoms in 1880, her subsequent treatment by Breuer, as well as its tumultuous termination two years later. Bertha suffers from a varying set of symptoms, including hallucinations, visual and speech impairments, paralysis, absences and mood disorders, all of which are diagnosed

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and treated as hysteria by Breuer. Although Reilly (2012) offers “temporal lobe epilepsy” (p. 249) as a more likely diagnosis in her note, the novel remains ambiguous when it comes to the aetiology of Bertha’s malady: A Freudian reading of her symptoms as a reflection of repressed Oedipal and sexual desires is equally as possible as a feminist interpretation, locating Bertha’s main problem in her frustration with a misogynist, patriarchal society that bars women from serious intellectual and meaningful professional pursuits – a reading very much in line with the fact that Pappenheim went on to become an influential social worker and feminist activist after her recovery. Readers are also encouraged to consider organic and iatrogenic factors in the development of Bertha’s condition: Bertha’s ophthalmologist disagrees with Breuer’s diagnosis, and her morphine addiction, a consequence of Breuer’s pain treatment, clearly exacerbates her symptoms. Despite Breuer’s (1895/2001) confident statement of Pappenheim’s complete recovery at the end of his 1895 case report (p. 41), subsequent commentary has brought to light the fact that Pappenheim was far from cured by the end of Breuer’s treatment and went through a long period of hospitalization afterwards.

Breuer also sought to cover up the more disconcerting aspects of the therapeutic relationship with Pappenheim. He was not equipped to deal with her erotic transference and terminated the treatment for good after having been called to her bed one night: Exhibiting all symptoms of a hysterical pregnancy, she believed she was giving birth to Breuer’s child (Gay, 2006, p. 67). From the first signs of interest in Breuer through the pleasure of being the focus of his ministrations up to powerful and regressive erotic fantasies and hallucinations, the novel traces Bertha’s involvement in the therapeutic relationship in great detail. Breuer’s role in this is, however, explored less consistently. Her mother’s diary entries and a few passages told from Breuer’s point of view provide a limited external perspective on Bertha and her caretakers’ perception of her illness. Thus, readers learn of her mother’s impatience with Bertha, Breuer’s doubts about his diagnosis, his discomfort with an increasingly dependent patient, and even an unwelcome moment of desire for his patient. In making these passages a comparatively rare occurrence in her novel, Reilly sticks to her agenda to foreground Bertha’s perspective, but given the interactive dynamics of any therapeutic relationship, readers are left to wonder: How much did his desire influence hers and vice versa? Why did he not perceive the early signs of erotic transference and drug addiction? How did Bertha’s intellectual curiosity stimulate him and his treatment methods? In *Studies on Hysteria*, Breuer (1895/2001) credits his patient with inventing the “talking cure” (p. 30). In contrast to this case report, in which Breuer depicts himself as stumbling by accident upon Pappenheim’s narratives and their cathartic effect under hypnosis, in *Guises of Desire*, Breuer already has a theory based on Aristotle’s *Poetics* that determines the course of the treatment. Bertha’s perspective precludes any insight into what perspires during the hypnotic sessions, and even in Bertha’s and Breuer’s more mundane dialogues, readers are not given first-hand access to her stories. In consequence, it is impossible to witness an important part of the actual narrative therapy Pappenheim was involved in creating.

Consistently, Reilly’s focus is on Bertha’s experience of her illness rather than on its treatment. Her linguistic difficulties, possibly among her most baffling symptoms, feature prominently in this exploration of her condition. Breuer (1895/2001) describes Pappenheim’s speech disturbance as “a deep-going functional disorganization of her speech”:

It first became noticeable that she was at a loss to find words, and this difficulty gradually increased. Later she lost her command of grammar and syntax; she no longer conjugated verbs, and eventually she used only infinitives, for the most part incorrectly formed from weak past participles; and she omitted both the definite and indefinite article. In the process of time she became almost completely deprived of words. She put them together laboriously out of four or five languages and became almost unintelligible (p. 25).

After a period of complete mutism, she began to speak in English, and sometimes in French or Italian. Reilly also depicts Bertha's linguistic symptoms in detail, although, as the novel is written in English, italics are the only means to indicate when Bertha converses in English rather than in her native German. Untranslated snippets of Italian and French and the reproduction of her regression to simplified grammar and truncated speech, however, convey an idea of the disconcerting and alienating effect her inability to speak German must have had on Bertha, her family and her therapist. The loss of her linguistic faculties also points to a reason why Reilly may have resisted using Bertha's first-person perspective to narrate her novel: The further her symptoms progress, the less effective her efforts to communicate become. As Reilly (2013) discusses in a blog post, feminist critics such as Elaine Showalter and Dianne Hunter have suggested that Pappenheim's refusal to speak German can be read as a rejection of dominant patriarchal discourse. Reilly is inclined to believe that the cause for these symptoms is more likely to be found in "neural disturbances in the speech centres of her brain than in any kind of gender confusion" (Reilly, 2013). The novel, in fact, hints at further motives for Bertha's speech disturbance. Her defective grammar and her recourse to foreign languages frustrate her mother and shut out Bertha's less educated nurse but they increase Breuer's fascination with the case. Whatever the cause of her altered linguistic faculties, a variety of contradictory inter- and intrapersonal, therapeutic, social, and political meanings must be considered in any discussion of Pappenheim's refusal to speak the language expected of her.

Reilly closes her novel with Bertha's retrospective reflections on Breuer and Freud in 1925, when the publication of Freud's *An Autobiographical Study* stirs up a history she has chosen to put behind her in favour of concentrating on social work. Surprisingly, despite her exasperation with the breach of therapist confidentiality in *Studies on Hysteria* and in Freud's recent publication, Bertha mostly agrees with his interpretation of her case, including his discussion of infantile sexuality and transference love, suggesting that she has not simply been a victim in the two doctors' misguided quest for knowledge. The real conclusion to the novel, however, is Reilly's "Author's note", which points to a number of lacunae in the discussion of Pappenheim's case and contradictions between the existing case reports and interpretations of her condition. For any reader interested in the history of psychoanalysis, it would have been useful if this note could have been longer, detailing Reilly's research, her contemporary interpretation of the case, and the inconsistencies in Breuer's case reports. As a novel, however, *Guises of Desire* opens

new avenues of imaginary investigation that may provide useful pointers for readers to reconsider Pappenheim's case.

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