

Sigmund Freud

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Frau Emmy von N, Case Histories from Studies on Hysteria

Sigmund Freud ⓘ

Case 2

Frau Emmy von N., age 40, from Livonia

On May 1, 1889,¹ I took on the case of a lady of about forty years of age, whose symptoms and personality interested me so greatly that I devoted a large part of my time to her and determined to do all I could for her recovery. She was a hysteric and could be put into a state of somnambulism with the greatest ease; and when I became aware of this I decided that I would make use of Breuer's technique of investigation under hypnosis, which I had come to know from the account he had given me of the successful treatment of his first patient. This was my first attempt at handling that therapeutic method [pp. 105 *n.* and 284]. I was still far from having mastered it; in fact I did not carry the analysis² of the symptoms far enough, nor pursue it systematically enough. I shall perhaps be able best to give a picture of the patient's condition and my medical procedure by reproducing the notes which I made each evening during the first three weeks of the treatment. Wherever later experience has brought me a better understanding, I shall embody it in footnotes and interpolated comments.

May 1, 1889.—This lady, when I first saw her, was lying on a sofa with her head resting on a leather cushion. She still looked young and had finely-cut features, full of character. Her face bore a strained and painful expression, her eyelids were drawn together and her eyes cast down; there was a heavy frown on her forehead and the naso-labial folds were deep. She spoke in a low voice as though with difficulty and her speech was

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¹*[The chronology of this case history is self-contradictory as it stands and there is a distinct possibility that the treatment began in 1888, not in 1889. The dates*

which are given in all the German editions have been retained in the present translation, but they are evidently in need of correction. The question is fully discussed in Appendix A (p. 307).]

²*[Freud had already used the term 'analysis' (as well as 'psychical analysis', 'psychological analysis' and 'hypnotic analysis') in his first paper on 'The Neuro-Psychoses of Defence' (1894a). He only later introduced the word 'psycho-analysis' in a paper on the aetiology of the neuroses, written in French (1896a).][The term 'analysed' also appears in the Breuer and Freud 'Preliminary Communication' of 1893, p. 7 above.]*

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from time to time subject to spastic interruptions amounting to a stammer. She kept her fingers, which exhibited a ceaseless agitation resembling athetosis, tightly clasped together. There were frequent convulsive *tic*-like movements of her face and the muscles of her neck, during which some of them, especially the right sterno-cleido-mastoid, stood out prominently. Furthermore she frequently interrupted her remarks by producing a curious 'clacking' sound from her mouth which defies imitation.¹

What she told me was perfectly coherent and revealed an unusual degree of education and intelligence. This made it seem all the more strange when every two or three minutes she suddenly broke off, contorted her face into an expression of horror and disgust, stretched out her hand towards me, spreading and crooking her fingers, and exclaimed, in a changed voice, charged with anxiety: 'Keep still!—Don't say anything! —Don't touch me!' She was probably under the influence of some recurrent hallucination of a horrifying kind and was keeping the intruding material at bay with this formula.

² These interpolations came to an end with equal suddenness and the patient took up what she had been saying, without pursuing her momentary excitement any further, and without explaining or apologizing for her behaviour—probably, therefore, without herself having noticed the interpolation.³

I learned what follows of her circumstances. Her family came from Central Germany, but had been settled for two generations in the Baltic Provinces of Russia, where it possessed large estates. She was one of fourteen children, of which she herself is the thirteenth. Only four of them survive. She was brought up carefully, but under strict discipline by an over-energetic and severe mother. When she was twenty-three she

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¹*This 'clacking' was made up of a number of sounds. Colleagues of mine with sporting experience told me, on hearing it, that its final notes resembled the call of a capercaillie—[according to Fisher (1955) 'a ticking ending with a pop and a hiss'].*

²*These words did in fact represent a protective formula, and this will be explained later on. Since then I have come across similar protective formulas in a melancholic woman who endeavoured by their means to control her tormenting thoughts—wishes that something bad might happen to her husband and her mother, blasphemies, etc.*

³*What we had here was a hysterical delirium which alternated with normal consciousness, just as a true tic intrudes into a voluntary movement without interfering with it and without being mixed up with it.*

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married an extremely gifted and able man who had made a high position for himself as an industrialist on a large scale, but was much older than she was. After a short marriage he died of a stroke. To this event, together with the task of bringing up her two daughters, now sixteen and fourteen years old, who were often ailing and suffered from nervous troubles, she attributed her own illness. Since her husband's death, fourteen years ago, she had been constantly ill with varying degrees of severity. Four years ago her condition was temporarily improved by a course of massage combined with electric baths. Apart from this, all her efforts to regain her health have been unsuccessful. She has travelled a great deal and has many lively interests. She lives at present in a country seat on the Baltic near a large town.¹ For several months she has once more been very ill, suffering from depression and insomnia, and tormented with pains; she went to Abbazia² in the vain hope of improvement, and for the last six weeks has been in Vienna, up till now in the care of a physician of outstanding merit.

I suggested that she should separate from the two girls, who had their governess, and go into a nursing home, where I could see her every day. This she agreed to without raising the slightest objection.

On the evening of May 2 I visited her in the nursing home. I noticed that she started violently whenever the door opened unexpectedly. I therefore arranged that the nurses and the house physicians, when they visited her, should give a loud knock at her door and not enter till she had told them to come in. But even so, she still made a grimace and gave a jump every time anyone entered.

Her chief complaint to-day was of sensations of cold and pain in her left leg which proceeded from her back above the iliac crest. I ordered her to be given warm baths and I shall massage her whole body twice a day.

She is an excellent subject for hypnotism. I had only to hold up a finger in front of her and order her to go to sleep, and she sank back with a dazed and confused look. I suggested that she

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¹[*This is referred to later on as 'D—' There is reason to believe that, in order to disguise his patient's identity, Freud had transferred her home from quite another part of Europe.*]

²[*The at that time Austrian resort on the Adriatic*]

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should sleep well, that all her symptoms should get better, and so on. She heard all this with closed eyes but with unmistakably concentrated attention; and her features gradually relaxed and took on a peaceful appearance. After this first hypnosis she retained a dim memory of my words; but already at the second there was complete somnambulism (with amnesia). I had warned her that I proposed to hypnotize her, to which she raised no difficulty. She has not previously been hypnotized but it is safe to suppose that she has read about hypnotism, though I cannot tell what notions she may have about the hypnotic state.¹

This treatment by warm baths, massage twice a day and hypnotic suggestion was continued for the next few days. She slept well, got visibly better, and passed most of the day lying quietly in bed. She was not forbidden to see her children, to read, or to deal with her correspondence.

May 8, morning.—She entertained me, in an apparently quite normal state, with gruesome stories about animals. She had read in the *Frankfurter Zeitung*, which lay on the table in front of her, a story of how an apprentice had tied up a boy and put a white mouse into his mouth. The boy had died of fright. Dr. K. had told her that he had sent a whole case of white rats to Tiflis. As she told me this she demonstrated every sign of horror. She clenched and unclenched her hand several times. 'Keep still!—Don't say anything!—Don't touch me!—Supposing a creature like that was in the bed!' (She shuddered.) 'Only think, when it's unpacked! There's a dead rat in among them— one that's been gn-aw-aw-ed at!'

During the hypnosis I tried to disperse these animal hallucinations. While she was asleep I picked up the *Frankfurter Zeitung*. I found the anecdote about the boy being maltreated,

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¹ *Every time she woke from hypnosis she looked about her for a moment in a confused way, let her eyes fall on me, seemed to have come to her senses, put on her glasses, which she took off before going to sleep, and then became quite lively and on the spot. Although in the course of the treatment (which lasted for seven weeks in this first year and eight in the second) we discussed every sort of subject, and although I put her to sleep twice almost every day, she never made any comment to me about the hypnosis or asked me a single question about it; and in her waking state she seemed, so far as possible, to ignore the fact that she was undergoing hypnotic treatment.*

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but without any reference to mice or rats. So she had introduced these from her delirium while she was reading. (I told her in the evening of our conversation about the white mice. She knew nothing of it, was very much astonished and laughed heartily.¹)

During the afternoon she had what she called a 'neck-cramp',² which, however, as she said, 'only lasted a short time— a couple of hours'.

Evening.—I requested her, under hypnosis, to talk, which, after some effort, she succeeded in doing. She spoke softly and reflected for a moment each time before answering. Her expression altered according to the subject of her remarks, and grew calm as soon as my suggestion had put an end to the impression made upon her by what she was saying. I asked her why it was that she was so easily frightened, and she answered: 'It has to do with memories of my earliest youth.' 'When?' 'First when I was five years old and my brothers and sisters often threw dead animals at me. That was when I had my first fainting fit and spasms. But my aunt said it was disgraceful and that I ought not to have attacks like that, and so they stopped. Then I was frightened again when I was seven and I unexpectedly saw my sister in her coffin; and again when I was eight and my brother terrified me so often by dressing up in sheets like a ghost; and again when I was nine and I saw my aunt in her coffin and her jaw suddenly dropped.'

This series of traumatic precipitating causes which she produced in answer to my question why she was so liable to fright was clearly ready to hand in her

memory. She could not have collected these episodes from different periods of her childhood so quickly during the short interval which elapsed between

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¹*A sudden interpolation like this of a delirium into a waking state was not uncommon with her and was often repeated later in my presence. She used to complain that in conversation she often gave the most absurd answers, so that people did not understand her. On the occasion when I first visited her I asked her how old she was and she answered quite seriously: 'I am a woman dating from last century.' Some weeks later she explained to me she had been thinking at the time in her delirium of a beautiful old cupboard which, as a connoisseur of old furniture, she had bought in the course of her travels. It was to this cupboard that her answer had referred when my question about her age raised the topic of dates.*

²*A species of migraine. [See p. 71 n.]*

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my question and her answer. At the end of each separate story she twitched all over and took on a look of fear and horror. At the end of the last one she opened her mouth wide and panted for breath. The words in which she described the terrifying subject-matter of her experience were pronounced with difficulty and between gasps. Afterwards her features became peaceful.

In reply to a question she told me that while she was describing these scenes she saw them before her, in a plastic form and in their natural colours. She said that in general she thought of these experiences very often and had done so in the last few days. Whenever this happened she saw these scenes with all the vividness of reality.¹ I now understand why she entertains me so often with animal scenes and pictures of corpses. My therapy consists in wiping away these pictures, so that she is no longer able to see them before her. To give support to my suggestion I stroked her several times over the eyes.

*May 9, [morning].*²—Without my having given her any further suggestion, she had slept well. But she had gastric pains in the morning. They came on yesterday in the garden where she stayed out too long with her children. She agreed to my limiting the children's visits to two and a half hours. A few days ago she had reproached herself for leaving the children by themselves. I found her in a somewhat excited state to-day; her forehead was lined, her speech was halting and she made her clacking noises. While she was being massaged she told me only that the children's governess had brought her an ethnological

atlas and that some pictures in it of American Indians dressed up as animals had given her a great shock. 'Only think, if they came to life!' (She shuddered.)

Under hypnosis I asked why she had been so much frightened by these pictures, since she was no longer afraid of animals. She said they had reminded her of visions she had had (when she was nineteen) at the time of her brother's death. (I shall hold over enquiring into this memory until later.) I then asked

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¹ *Many other hysterical patients have reported to us that they have memories of this kind in vivid visual pictures and that this applied especially to their pathogenic memories.*

² *[All the German editions read 'evening', which in view of what follows seems certainly to be a mistake.]*

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her whether she had always spoken with a stammer and how long she had had her *tic* (the peculiar clacking sound).¹ Her stammering, she said, had come on while she was ill; she had had the *tic* for the last five years, ever since a time when she was sitting by the bedside of her younger daughter who was very ill, and had wanted to keep absolutely *quiet*. I tried to reduce the importance of this memory, by pointing out that after all nothing had happened to her daughter, and so on. The thing came on, she said, whenever she was apprehensive or frightened. I instructed her not to be frightened of the pictures of the Red Indians but to laugh heartily at them and even to draw my attention to them. And this did in fact happen after she had woken up: she looked at the book, asked whether I had seen it, opened it at the page and laughed out loud at the grotesque figures, without a trace of fear and without any strain in her features. Dr. Breuer came in suddenly with the house-physician to visit her. She was frightened and began to make her clacking noise, so that they soon left us. She explained that she was so much agitated because she was unpleasantly affected by the fact that the house-physician came in every time as well.

I had also got rid of her gastric pains during the hypnosis by stroking her, and I told her that though she would expect the pain to return after her midday meal it would not do so.

Evening.—For the first time she was cheerful and talkative and gave evidence of a sense of humour that I should not have expected in such a serious woman; and, among other things, in the strong feeling that she was better, she made fun of her treatment by my medical predecessor. She had long intended, she

said, to give up that treatment but had not been able to find the right method of doing so till a chance remark made by Dr. Breuer, when he visited her once, showed her a way out. When I seemed to be surprised at this, she grew frightened and began to blame herself very severely for having been indiscreet. But I was able, it seemed, to re-assure her.—She had had no gastric pains, though she had expected them.

Under hypnosis I asked her to tell me further experiences which had given her a lasting fright. She produced a second series of this kind, dating from her later youth, with as much promptitude as the first series and she assured me once more

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¹ *I had already asked her this question about the tic during her waking state, and she had replied: 'I don't know; oh, a very long time.'*

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that all these scenes appeared before her often, vividly and in colours. One of them was of how she saw a female cousin taken off to an insane asylum (when she was fifteen). She tried to call for help but was unable to, and lost her power of speech till the evening of the same day. Since she talked so often about asylums in her waking state, I interrupted her and asked on what other occasions she had been concerned with insanity. She told me that her mother had herself been in an asylum for some time. They had once had a maid-servant one of whose previous mistresses had spent a long time in an asylum and who used to tell her horrifying stories of how the patients were tied to chairs, beaten, and so on. As she told me this she clenched her hands in horror; she saw all this before her eyes. I endeavoured to correct her ideas about insane asylums, and assured her that she would be able to hear about institutions of this kind without referring them to herself. At this, her features relaxed.

She continued her list of terrifying memories. One, at fifteen, of how she found her mother, who had had a stroke, lying on the floor (her mother lived for another four years); again, at nineteen, how she came home one day and found her mother dead, with a distorted face. I naturally had considerable difficulty in mitigating these memories. After a rather lengthy explanation, I assured her that this picture, too, would only appear to her again indistinctly and without strength.—Another memory was how, at nineteen, she lifted up a stone and found a toad under it, which made her lose her power of speech for hours afterwards.¹

During this hypnosis I convinced myself that she knew everything that happened in the last hypnosis, whereas in waking life she knows nothing of it.

May 10, morning.—For the first time to-day she was given a bran bath instead of her usual warm bath. I found her looking cross and with a pinched face, with her hands wrapped in a shawl. She complained of cold and pains. When I asked her what was the matter, she told me that the bath had been uncomfortably short to sit in and had brought on pains. During the massage she started by saying that she still felt badly about having given Dr. Breuer away yesterday. I pacified her with a

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¹*A special kind of symbolism must, no doubt, have lain behind the toad, but I unfortunately neglected to enquire into it.*

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white lie and said that I had known about it all along, whereupon her agitation (clacking, grimaces) ceased. So each time, even while I am massaging her, my influence has already begun to affect her; she grows quieter and clearer in the head, and even without questioning under hypnosis can discover the cause of her ili-humour on that day. Nor is her conversation during the massage so aimless as would appear. On the contrary, it contains a fairly complete reproduction of the memories and new impressions which have affected her since our last talk, and it often leads on, in a quite unexpected way, to pathogenic reminiscences of which she unburdens herself without being asked to. It is as though she had adopted my procedure and was making use of our conversation, apparently unconstrained and guided by chance, as a supplement to her hypnosis.¹ For instance, to-day she began talking about her family, and in a very roundabout way got on to the subject of a cousin. He was rather queer in the head and his parents had all his teeth pulled out at one sitting. She accompanied the story with horrified looks and kept repeating her protective formula ('Keep still!— Don't say anything!—Don't touch me!'). After this her face smoothed out and she became cheerful. Thus, her behaviour in waking life is directed by the experiences she has had during her somnambulism, in spite of her believing, while she is awake, that she knows nothing about them.

Under hypnosis I repeated my question as to what it was that had made her upset and I got the same answers but in the reverse order: (1) her indiscreet talk yesterday, and (2) her pains caused by her being so uncomfortable in the bath.—I asked her to-day the meaning of her phrase 'Keep still!', etc. She

explained that when she had frightening thoughts she was afraid of their being interrupted in their course, because then everything would get confused and things would be even worse. The 'Keep still!' related to the fact that the animal shapes which appeared to her when she was in a bad state started moving and began to attack her if anyone made a movement in her presence. The final injunction 'Don't touch me!' was derived from the following experiences. She told me how, when her brother had been so ill from taking a lot of morphine—she was nineteen at the time—he used often to seize hold of her; and

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¹ *[This is perhaps the earliest appearance of what later became the method of free association.]*

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how, another time, an acquaintance had suddenly gone mad in the house and had caught her by the arm; (there was a third, similar instance, which she did not remember exactly;) and lastly, how, when she was twenty-eight and her daughter was very ill, the child had caught hold of her so forcibly in its delirium that she was almost choked. Though these four instances were so widely separated in time, she told me them in a single sentence and in such rapid succession that they might have been a single episode in four acts. Incidentally, all the accounts she gave of traumas arranged like these in groups began with a 'how', the component traumas being separated by an 'and'. Since I noticed that the protective formula was designed to safeguard her against a recurrence of such experiences, I removed this fear by suggestion, and in fact I never heard the formula from her again.

Evening.—I found her very cheerful. She told me, with a laugh, that she had been frightened by a small dog which barked at her in the garden. Her face was a little bit drawn, however, and there was some internal agitation which did not disappear until she had asked me whether I was annoyed by something she had said during the massage this morning and I had said 'no'. Her period began again to-day after an interval of scarcely a fortnight. I promised to regulate this by hypnotic suggestion and, under hypnosis, set the interval at 28 days.¹

Under hypnosis, I also asked her whether she remembered the last thing she told me; in asking this what I had in mind was a task which had been left over from yesterday evening; but she began quite correctly with the 'don't touch me' from *this mornings* hypnosis. So I took her back to yesterday's topic. I had asked her the origin of her stammering and she had replied, 'I don't know'.² I had therefore requested her to remember it by the time of to-day's hypnosis. She

accordingly answered me to-day without any further reflection but in great agitation and with spastic impediments to her speech: 'How

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¹*A suggestion which was carried out.*

²*It is possible that this answer, 'I don't know', was correct; but it may quite as well have indicated reluctance to talk about the causes of the stammering. I have since observed in other patients that the greater the effort they have made to repress a thing from their consciousness the more difficulty they have in remembering it under hypnosis as well as in waking life.*

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the horses bolted once with the children in the carriage; and how another time I was driving through the forest with the children in a thunderstorm, and a tree just in front of the horses was struck by lightning and the horses shied and I thought: "You must keep quite still now, or your screaming will frighten the horses even more and the coachman won't be able to hold them in at all." It came on from that moment.' She was quite unusually excited as she told me this story. I further learnt from her that the stammer had begun immediately after the first of these two occasions, but had disappeared shortly afterwards and then came on for good after the second, similar occasion. I extinguished her plastic memory of these scenes, but asked her to imagine them once more. She appeared to try to do this and remained quiet as she did so; and from now on she spoke in the hypnosis without any spastic impediment.¹

Finding her disposed to be communicative, I asked her what further events in her life had frightened her so much that they had left her with plastic memories. She replied by giving me a collection of such experiences:—[1] How a year after her mother's death, she was visiting a Frenchwoman who was a friend of hers, and had been sent into the next room with another girl to fetch a dictionary, and had then seen someone sit up in the bed who looked exactly like the woman she had just left behind in the other room. She went stiff all over and was rooted to the spot. She learnt afterwards that it was a specially arranged dummy. I said that what she saw had been a hallucination, and appealed to her good sense, and her face relaxed. [2] How she had nursed her sick brother and he had had such fearful attacks as a result of the morphine and had terrified her and seized hold of her. I remembered that she had already mentioned this experience this morning, and, as an experiment, I asked her on what other occasions this 'seizing hold' had happened. To my agreeable surprise she made a long pause this time before answering and then asked

doubtfully 'My little girl?' She was quite unable to recall the other two occasions (see above [p. 57]). My prohibition—my expunging of her

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¹*As we see from this, the patient's tic-like clacking and her spastic stammer were two symptoms which went back to similar precipitating causes and had an analogous mechanism. I have already commented on this mechanism in a short paper on hypnotic treatment (1892-93), and I shall also return to it below. [See p. 91 ff.]*

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memories—had therefore been effective.—Further, [3] how, while she was nursing her brother, her aunt's pale face had suddenly appeared over the top of the screen. She had come to convert him to Catholicism.

I saw that I had come to the root of her constant fear of surprises, and I asked for further instances of this. She went on: How they had a friend staying at her home who liked slipping into the room very softly so that all of a sudden he was there; how she had been so ill after her mother's death and had gone to a health resort and a lunatic had walked into her room several times at night by mistake and come right up to her bed; and lastly, how, on the journey here from Abbazia a strange man had four times opened the door of her compartment suddenly and had fixed his eyes on her each time with a stare. She was so much terrified that she sent for the conductor.

I wiped out all these memories, woke her up and assured her she would sleep well to-night, having omitted to give her this suggestion in her hypnosis. The improvement of her general condition was shown by her remark that she had not done any reading to-day, she was living in such a happy dream—she, who always had to be doing something because of her inner unrest.

May 11, morning.— To-day she had an appointment with Dr. N., the gynaecologist, who is to examine her elder daughter about her menstrual troubles. I found Frau Emmy in a rather disturbed state, though this was expressed in slighter physical signs than formerly. She called out from time to time: 'I'm afraid, so afraid, I think I shall die.' I asked her what she was afraid of? Was it of Dr. N.? She did not know, she said; she was just afraid. Under hypnosis, which I induced before my colleague arrived, she declared that she was afraid she had offended me by something she had said during the massage yesterday which seemed to her to have been impolite. She was frightened of anything new, too, and consequently of the new doctor. I was able to soothe her, and

though she started once or twice in the presence of Dr. N., she behaved very well apart from this and produced neither her clacking noises nor any inhibition of speech. After he had gone I put her under hypnosis once more, to remove any possible residue of the excitement

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caused by his visit. She herself was very much pleased with her behaviour and put great hopes in the treatment; and I tried to convince her from, this example that there is no need to be afraid of what is new, since it also contains what is good.¹

Evening.—She was very lively and unburdened herself of a number of doubts and scruples during our conversation before the hypnosis. Under hypnosis I asked her what event in her life had produced the most lasting effect on her and came up most often in her memory. Her husband's death, she said. I got her to describe this event to me in full detail, and this she did with every sign of deepest emotion but without any clacking or stammering:—How, she began, they had been at a place on the Riviera of which they were both very fond, and while they were crossing a bridge he had suddenly sunk to the ground and lain there lifeless for a few minutes but had then got up again and seemed quite well; how, a short time afterwards, as she was lying in bed after her second confinement, her husband, who had been sitting at breakfast at a small table beside her bed, reading a newspaper, had got up all at once, looked at her so strangely, taken a few paces forward and then fallen down dead; she had got out of bed, and the doctors who were called in had made efforts to revive him which she had heard from the next room; but it had been in vain. And, she then went on to say, how the baby, which was then a few weeks old, had been seized with a serious illness which had lasted for six months, during which she herself had been in bed with a high fever.— And there now followed in chronological order her grievances against this child, which she threw out rapidly with an angry look on her face, in the way one would speak of someone who had become a nuisance. This child, she said, had been very queer for a long time; it had screamed all the time and did not sleep, and it had developed a paralysis of the left leg which there had seemed very little hope of curing. When it was four it had had visions; it had been late in learning to walk and to talk, so that for a long time it had been believed to be imbecile. According to the doctors it had had encephalitis and inflammation of the spinal cord and she did not know what else besides. I interrupted her here and pointed out to her that this same

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¹ *Didactic suggestions of this kind always missed fire with Frau Emmy, as will be seen from what follows.*

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child was to-day a normal girl and in the bloom of health, and I made it impossible for her to see any of these melancholy things again, not only by wiping out her memories of them in their *plastic* form but by removing her whole recollection of them, as though they had never been present in her mind. I promised her that this would lead to her being freed from the expectation of misfortune which perpetually tormented her and from the pains all over her body, of which she had been complaining precisely during her narrative, after we had heard nothing of them for several days.¹

To my surprise, after this suggestion of mine, she began without any transition speaking of Prince L., whose escape from an asylum was being talked about a great deal at the time. She brought out new fears about asylums—that people in them were treated with douches of ice-cold water on the head and put into an apparatus which turned them round and round till they were quiet. When, three days ago, she had first complained about her fear of asylums, I had interrupted her after her first story, that the patients were tied on to chairs. I now saw that I had gained nothing by this interruption and that I cannot evade listening to her stories in every detail to the very end. After these arrears had been made up, I took this fresh crop of fears from her as well. I appealed to her good sense and told her she really ought to believe me more than the silly girl from whom she had had the gruesome stories about the way in which asylums are run. As I noticed that she still stammered occasionally in telling me these further things, I asked her once more what the stammer came from. No reply. ‘Don’t you know?’ ‘No.’ ‘Why not?’ ‘Why not? Because I *mayn’t*!’ (She pronounced these words violently and angrily.) This declaration seemed to me to be evidence of the success of my suggestion, but she

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¹ *On this occasion my energy seems to have carried me too far. When, as much as eighteen months later, I saw Frau Emmy again in a relatively good state of health, she complained that there were a number of most important moments in her life of which she had only the vaguest memory [p. 84], She regarded this as evidence of a weakening of her memory, and I had to be careful not to tell her the cause of this particular instance of amnesia.—The overwhelming success of*

the treatment in this respect was no doubt also due to the great detail in which I had got her to repeat these memories to me (in far greater detail than is shown in my notes), whereas with other memories I was too often satisfied with a mere mention.

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expressed a desire for me to wake her up from her hypnosis, and I did so.¹

*May 12, [morning].—*Contrary to my expectation, she had slept badly and only for a short time. I found her in a state of great anxiety, though, incidentally, without showing her usual physical signs of it. She would not say what the matter was, but only that she had had bad dreams and kept seeing the same things. 'How dreadful it would be,' she said, 'if they were to come to life.' During the massage she dealt with a few points in reply to questions. She then became cheerful; she told me about her social life at her dower house on the Baltic, of the important people whom she entertains from the neighbouring town, and so on.

Hypnosis.—She had had some fearful dreams. The legs and arms of the chairs were all turned into snakes; a monster with a vulture's beak was tearing and eating at her all over her body; other wild animals leapt upon her, etc. She then passed on to other animal-deliria, which, however, she qualified with the addition 'That was real' (not a dream): how (on an earlier occasion) she had been going to pick up a ball of wool, and it was a mouse and ran away; how she had been on a walk, and a big toad suddenly jumped out at her, and so on. I saw that my general prohibition had been ineffective and that I should have to take her frightening impressions away from her one by one.² I took an opportunity of asking her, too, why she had

[PEP] *This page can be read in German in GESAMMELTE WERKE Vol 1, Page 115*

¹*It was not until the next day that I understood this little scene. Her unruly nature, which rebelled, both in her waking state and in artificial sleep, against any constraint, had made her angry with me because I had assumed that her narrative was finished and had interrupted it by my concluding suggestion. I have come across many other proofs that she kept a critical eye upon my work in her hypnotic consciousness. She had probably wanted to reproach me with interrupting her story to-day just as I had previously interrupted her accounts of the horrors in the asylum; but she had not ventured to do so. Instead of this, she had produced these further stories [about asylums], apparently without any transition and without revealing the connecting thoughts. My blunder was made plain to me next day by a depreciatory comment on her part.*

²*I unfortunately failed to enquire into the significance of Frau Emmy's animal visions—to distinguish, for instance, what was symbolic in her fear of animals from what was primary horror, such as is characteristic of many neuropaths from youth onwards.*

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gastric pains and what they came from. (I believe that all her attacks of zoöpsia [animal hallucinations] are accompanied by gastric pains.) Her answer, which she gave rather grudgingly, was that she did not know. I requested her to remember by tomorrow. She then said in a definitely grumbling tone that I was not to keep on asking her where this and that came from, but to let her tell me what she had to say. I fell in with this, and she went on without preface: 'When they carried him out, I could not believe he was dead.' (So she was talking of her husband again, and I saw now that the cause of her ill-humour was that she had been suffering from the residues of this story which had been kept back.) After this, she said, she had hated her child for three years, because she always told herself that she might have been able to nurse her husband back to health if she had not been in bed on account of the child. And then after her husband's death there had been nothing but insults and agitations. His relatives, who had always been against the marriage and had then been angry because they had been so happy together, had spread a rumour that she had poisoned him, so that she had wanted to demand an enquiry. Her relatives had involved her in all kinds of legal proceedings with the help of a shady journalist. The wretch had sent round agents to stir people up against her. He got the local papers to print libellous articles about her, and then sent her the cuttings. This had been the origin of her unsociability and her hatred of all strangers. After I had spoken some calming words about what she had told me, she said she felt easier.

May 13, [morning].—Once again she had slept badly, owing to gastric pains. She had not eaten any supper. She also complained of pains in her right arm. But she was in a good mood; she was cheerful, and, since yesterday, has treated me with special distinction. She asked me my opinion about all sorts of things that seemed to her important, and became quite unreasonably agitated, for instance, when I had to look for the towels needed in massage, and so on. Her clacking and facial *tic* were frequent.

Hypnosis.—Yesterday evening it had suddenly occurred to her why the small animals she saw grew so enormous. It happened to her for the first time at D—during a theatrical performance in which a huge lizard appeared on the stage.

This memory had tormented her a great deal yesterday as well.¹

The reason for the re-appearance of the clacking was that yesterday she had abdominal pains and had tried not to show it by groaning. She knew nothing of the true precipitating cause of the clacking (see p. [54]). She remembered, too, that I had instructed her to discover the origin of her gastric pains. She did not know it, however, and asked me to help her. I asked whether, perhaps, on some occasion after a great excitement, she had forced herself to eat. She confirmed this. After her husband's death she had for a long time lost her appetite completely and had only eaten from a sense of duty; and her gastric pains had in fact begun at that time. I then removed her gastric pains by stroking her a few times across the epigastrium. She then began of her own accord to talk about the things that had most affected her. 'I have told you,' she said, 'that I was not fond of the child. But I ought to add that one could not have guessed it from my behaviour. I did everything that was necessary. Even now I reproach myself for being fonder of the elder one.'

*May 14, [morning].—*She was well and cheerful and had slept till 7.30 this morning. She only complained of slight pains in the radial region of her hand and in her head and face. What she tells me before the hypnosis becomes more and more significant. To-day she had scarcely anything dreadful to produce. She complained of pains and loss of sensation in her right leg. She told me that she had had an attack of abdominal inflammation in 1871; when she had hardly recovered from this, she had nursed her sick brother, and it was then that the pains first came on. They had even led to a temporary paralysis of her right leg.

During the hypnosis I asked her whether it would now be

¹*The visual memory of the big lizard had no doubt only attained its great importance owing to its coinciding in time with a powerful affect which she must have experienced during the theatrical performance. In treating the present patient, as I have already confessed [pp. 55 n. and 62 n.], I was often content to receive the most superficial explanations. In this instance, too, I failed to make any further investigation.— We shall be reminded, moreover, of hysterical macropsia. Frau Emmy was extremely short-sighted and astigmatic, and her hallucinations may often have been provoked by the indistinctness of her visual perceptions.*

possible for her to take part in social life or whether she was still too much afraid. She said it was still disagreeable to have anyone standing behind her or just beside her. In this connection she told me of some more occasions on which she had been disagreeably surprised by someone suddenly appearing. Once, for instance, when she had been going for a walk with her daughters on the island of Rügen, two suspicious-looking individuals had come out from some bushes and insulted them. In Abbazia, while she was out for a walk one evening, a beggar had suddenly emerged from behind a rock and had knelt down in front of her. It seems that he was a harmless lunatic. Lastly, she told me of how her isolated country house had been broken into at night, which had very much alarmed her. It is easy to see, however, that the essential origin of this fear of people was the persecution to which she had been subjected after her husband's death.¹

Evening.—Though she appeared to be in high spirits, she greeted me with the exclamation: 'I'm frightened to death; oh, I can hardly tell you, I hate myself!' I learned at last that she had had a visit from Dr. Breuer and that on his appearance she had given a start of alarm. As he noticed it, she had assured him that it was 'only this once'. She felt so very sorry on my account that she should have had to betray this relic of her former nervousness. I have more than once had occasion to notice during these last few days how hard she is on herself, how liable she is to blame herself severely for the least signs of neglect—if the towels for the massage are not in their usual place or if the newspaper for me to read when she is asleep is not instantly ready to hand. After the removal of the first and most superficial layer of tormenting recollections, her morally oversensitive personality, with its tendency to self-depreciation, has come into view. Both in her waking state and under hypnosis, I duly told her (what amounted to the old legal tag '*de minimis non curat lex*') that there is a whole multitude of indifferent, small things lying between what is good and what is evil—things about which no one need reproach himself. She did not take in my lesson, I fancy, any more than would an ascetic

[*PEP*] *This page can be read in German in GESAMMELTE WERKE Vol 1, Page 118*

¹*At the time I wrote this I was inclined to look for a psychical origin for all symptoms in cases of hysteria. I should now explain this sexually abstinent woman's tendency to anxiety as being due to neurosis (i.e. anxiety neurosis). [See below, p. 88.]*

mediaeval monk, who sees the finger of God or a temptation of the Devil in every trivial event of his life and who is incapable of picturing the world even for a brief moment or in its smallest corner as being without reference to himself.

In her hypnosis she brought up some further horrifying images (in Abbazia, for instance, she saw bloody heads on every wave of the sea). I made her repeat the lessons I had given her while she was awake.

May 15, [morning].—She had slept till 8.30 a.m. but had become restless towards morning, and received me with some slight signs of her *tic*, clacking and speech-inhibition. 'I'm frightened to death,' she said once more. In reply to a question she told me that the Pension in which her children were staying was on the fourth floor of a building and reached by a lift. She had insisted yesterday that the children should make use of the lift for coming down as well as going up, and was now reproaching herself about this, because the lift was not entirely to be trusted. The owner of the Pension had said so himself. Had I heard, she asked, the story of the Countess Sch. who had been killed in Rome in an accident of that kind? I happen to be acquainted with the Pension and I know that the lift is the private property of the owner of the Pension; it does not seem to me very likely that this man, who makes a special point of the lift in an advertisement, would himself have warned anyone against using it. It seemed to me that we had here one of the paramnesias that are brought about by anxiety. I told her my view and succeeded without any difficulty in getting her herself to laugh at the improbability of her fears. For that very reason I could not believe that this was the cause of her anxiety and determined to put the question to her hypnotic consciousness. During massage, which I resumed to-day after a few days' interval, she told me a loosely connected string of anecdotes, which may have been true—about a toad which was found in a cellar, an eccentric mother who looked after her idiot child in a strange fashion, a woman who was shut up in an asylum because she had melancholia—and which showed the kind of recollections that passed through her head when she was in a disquieted frame of mind. When she had got these stories out she became very cheerful. She described her life on her estate and her contacts with prominent men in German Russia and

[^{PEP}] *This page can be read in German in GESAMMELTE WERKE Vol 1, Page 119*

North Germany; and I really found it extremely hard to reconcile activities of this kind with the picture of such a severely neurotic woman.

I therefore asked her in hypnosis why she was so restless this morning. In place of her doubts about the lift, she informed me that she had been afraid that her period was going to start again and would again interfere with the massage.¹

[^{PEP}] *This page can be read in German in GESAMMELTE WERKE Vol 1, Page 120*

¹ *The sequence of events had accordingly been as follows: When she woke up in the morning she found herself in an anxious mood, and to account for it she grasped at the first anxious idea that came to mind. On the previous afternoon she had had a conversation about the lift at the Pension. Over-careful of her children as usual, she had asked their governess whether her elder daughter, who could not walk much on account of ovarian neuralgia on the right side and pains in the right leg, used the lift for going down as well as up. A paramnesia then enabled her to link the anxiety she was conscious of with the idea of the lift. Her consciousness did not present her with the real cause of her anxiety; that only emerged—but now it did so without any hesitation —when I questioned her about it in hypnosis. The process was the same as that studied by Bernheim and others after him in persons who carry out in a post-hypnotic condition instructions given them during hypnosis. For instance, Bernheim (1886, 29) suggested to a patient that after he woke up he should put both his thumbs in his mouth. He did so, and excused his action by saying that his tongue had been giving him pain since the previous day when he had bitten it in an epileptiform attack. Again, in obedience to a suggestion, a girl made an attempt to murder a law-court officer who was totally unknown to her. When she was seized and questioned as to the motives of her act, she invented a story of a wrong done to her which called for revenge. There seems to be a necessity for bringing psychical phenomena of which one becomes conscious into causal connection with other conscious material. In cases in which the true causation evades conscious perception one does not hesitate to attempt to make another connection, which one believes, although it is false. It is clear that a split in the content of consciousness must greatly facilitate the occurrence of ‘false connections’ of this kind. [See below, p. 302f.] I shall dwell a little on this example I have given of a false connection, since in more than one respect it deserves to be described as typical. It is typical, in the first place, of the present patient's behaviour; for in the further course of the treatment she afforded me many opportunities of resolving such false connections by explanations arrived at in hypnosis, and of removing their effects. I will give a detailed account of one of these instances, since it throws a strong light on the psychological phenomenon in question. I had recommended Frau Emmy to try replacing her usual luke-warm bath by a hip-bath of cool water, which I told her would be more refreshing. She used to obey medical instructions implicitly, but never ceased to view them with profound*

mistrust. I have already said that she had hardly ever derived any benefit from her medical treatment. My advice to her to take cool baths was not delivered in such an authoritative manner as to prevent her from having the courage to give open expression to her hesitations: 'Whenever I have taken a cool bath,' she said, 'it has made me melancholy for the rest of the day. But I will try it again, if you like; you mustn't think I won't do whatever you tell me to.' I pretended to give up my proposal, but in her next hypnosis I suggested to her that she should herself put forward the idea of cool baths—having thought it over, she would like to try the experiment after all, and so on. This in fact happened. Next day, she took up the idea of having cool hip-baths; she tried to convince me with all the arguments which I had previously used to her, and I agreed without much enthusiasm. But on the day after she had had the hipbath I did in fact find her in a deep depression. 'Why are you like this to-day?' I asked. 'I knew beforehand that it would happen,' she answered, 'it's because of the cold bath; it always happens.' 'It was you yourself who asked for it,' I said. 'Now we know they don't suit you. We'll go back to the luke-warm ones.' Afterwards I asked her in her hypnosis, 'Was it really the cool bath that depressed you so much?' 'Oh,' was her answer, 'the cool bath had nothing to do with it. But I read in the paper this morning that a revolution had broken out in San Domingo. Whenever there is any unrest there the whites are always the sufferers; and I have a brother in San Domingo who has already caused us a lot of concern, and I am worried now in case something happens to him.' This brought to a close the issue between us. Next morning she took her cool hip-bath as though it were a matter of course and continued doing so for several weeks without ever attributing any depression to that source. It will be agreed that this instance is typical also of the behaviour of a large number of neuropaths in regard to the therapeutic procedures recommended by their physicians. The patient who develops a symptom on a particular day—whether owing to unrest in San Domingo or elsewhere—is always inclined to attribute it to his doctor's latest advice. Of the two conditions necessary for bringing about a false connection of this kind, one, mistrust, seems always to be present; while the other, the splitting of consciousness, is replaced by the fact that most neuropaths have in part no knowledge of the true causes (or at any rate the releasing causes) of their disorder, and in part deliberately avoid such knowledge, because they are unwilling to be reminded of that share of the causes for which they themselves are to blame. It might be thought that these psychical conditions which we have laid down for neuropaths as distinct from hysterics—namely, ignorance or deliberate overlooking—would necessarily be more favourable for the production of a false connection than would be the presence of a split in consciousness, which, after all, withdraws material for causal connections from consciousness. The split, however, is rarely a clear-cut one. As a rule, portions of the subconscious [cf. p. 45 n.] complex of ideas intrude into the subject's ordinary

consciousness, and it is precisely they that provoke this kind of disturbance. What is usually perceived consciously, as in the instances I have quoted above, is the general feeling attached to the complex—a mood of anxiety, it may be, or of grief; and it is this feeling that, by a kind of ‘compulsion to associate’, must have a connection found for it with some complex of ideas which is present in consciousness. (Compare, too, the mechanism of obsessional ideas, described in two papers, 1894a and 1895c.) Not long ago I was able to convince myself of the strength of a compulsion of this kind towards association from some observations made in a different field. For several weeks I found myself obliged to exchange my usual bed for a harder one, in which I had more numerous or more vivid dreams, or in which, it may be, I was unable to reach the normal depth of sleep. In the first quarter of an hour after waking I remembered all the dreams I had had during the night, and I took the trouble to write them down and try to solve them. I succeeded in tracing all these dreams back to two factors: (1) to the necessity for working out any ideas which I had only dwelt upon cursorily during the day—which had only been touched upon and not finally dealt with; and (2) to the compulsion to link together any ideas that might be present in the same state of consciousness. The senseless and contradictory character of the dreams could be traced back to the uncontrolled ascendancy of this latter factor. It is a quite regular thing for the mood attaching to an experience and the subject-matter of that experience to come into different relations to the primary consciousness. This was shown in the case of another patient, Frau Cäcilie M., whom I got to know far more thoroughly than any of the other patients mentioned in these studies. I collected from her very numerous and convincing proofs of the existence of a psychical mechanism of hysterical phenomena such as I have put forward above. Personal considerations unfortunately make it impossible for me to give a detailed case history of this patient, though I shall have occasion to refer to it from time to time. Frau Cäcilie had latterly been in a peculiar hysterical state. This state was certainly not a unique one, though I do not know if it has hitherto been recognized. It might be called a ‘hysterical psychosis for the payment of old debts’. The patient had experienced numerous psychical traumas and had spent many years in a chronic hysteria which was attended by a great variety of manifestations. The causes of all these states of hers were unknown to her and everyone else. Her remarkably well-stocked memory showed the most striking gaps. She herself complained that it was as though her life was chopped in pieces. One day an old memory suddenly broke in upon her clear and tangible and with all the freshness of a new sensation. For nearly three years after this she once again lived through all the traumas of her life—long-forgotten, as they seemed to her, and some, indeed, never remembered at all—accompanied by the acutest suffering and by the return of all the symptoms she had ever had. The ‘old debts’ which were thus paid

*covered a period of thirty-three years and made it possible to discover the origins, often very complicated, of all her abnormal states. The only way of relieving her was to give her an opportunity of talking off under hypnosis the particular reminiscence which was tormenting her at the moment, together with all its accompanying load of feelings and their physical expression. When I was prevented from doing so, so that she was obliged to say these things to a person in whose presence she felt embarrassed, it sometimes happened that she would tell him her story quite calmly and would subsequently, in hypnosis, produce for me all the tears, all the expressions of despair, with which she would have wished to accompany her recital. For a few hours after a purgation of this kind during hypnosis she used to be quite well and on the spot. After a short interval the next reminiscence of the series would break its way in. But this reminiscence would be preceded some hours earlier by the mood which was proper to it. She would become anxious or irritable or despairing without ever suspecting that this mood did not belong to the present moment but to the state to which she would next be subject. During this transition period she would habitually make a false connection to which she would obstinately cling until her next hypnosis. For instance, she once greeted me with the question: 'Am I not a worthless person? Is it not a sign of worthlessness that I said to you what I did yesterday?' What she had actually said to me the day before did not in fact seem to me to justify this damning verdict. After a short discussion, she clearly recognized this; but her next hypnosis brought to light a recollection of an occasion, twelve years earlier, which had aroused severe self-reproaches in her—though, incidentally, she no longer subscribed to them in the least.[The last paragraph but one of this footnote gives us the earliest published report of a tentative approach by Freud to the problem of the interpretation of dreams. Both the two factors which he brings forward here were given a place in his ultimate analysis, though only a secondary one. The first of them was the theory championed by Robert and was discussed in Chapter I (G) of *The Interpretation of Dreams* (1900a), Standard Ed., 4, 78-80, and was partly accepted by Freud in Chapter VII (D), Standard Ed., 5, 579. The second of the factors brought forward here will be found mentioned in Chapter V (A), Standard Ed., 4, 179.]*

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I then got her to tell me the history of her pains in the leg. She began in the same way as yesterday [about having nursed her brother] and then went on with a long series of instances of experiences, alternately distressing and irritating, which she

[^{PEP}]This page can be read in German in *GESAMMELTE WERKE* Vol 1, Page 121

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had had at the same time as her pains in the leg and the effect of which had each time been to make them worse, even to the point of her having bilateral paralysis of the legs with loss of sensation in them. The same was true of the pains in her arm.

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They too had come on while she was nursing someone who was ill, at the same time as the 'neck-cramps'. Concerning the latter, I only learnt that they succeeded some curious restless

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states accompanied by depression which had been there previously. They consist in an 'icy grip' on the back of the neck, together with an onset of rigidity and a painful coldness in all her extremities, an incapacity to speak and complete prostration. They last from six to twelve hours. My attempts to show that this complex of symptoms represented a recollection failed. I put some questions to her with a view to discovering whether her brother, while she was nursing him during his delirium, had ever caught hold of her by the neck; but she denied this. She said she did not know where these attacks came from.¹

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¹ *On subsequent reflection, I cannot help thinking that these 'neck-cramps' may have been determined organically and have been analogous to migraine. In medical practice we come across a number of conditions of this kind which have not been described. These show such a striking resemblance to the classical attack of hemicrania that we are tempted to extend the concept of the latter and to attach only secondary importance to the localization of the pain. As we know, many neuropathic women very often have hysterical attacks (spasms and deliria) along with an attack of migraine. Every time I observed a 'neck-cramp' in Frau Emmy it was accompanied by an attack of delirium. [Cf. p. 96.] As regards the pains in her arm and leg, I am of opinion that what we have here is the not very interesting and correspondingly common case of determination by chance coincidence. She had pains of this kind while she was in an agitated state nursing her sick brother; and, owing to her exhaustion, she felt them more acutely than usual. These pains, which were originally associated only accidentally with those experiences,*

were later repeated in her memory as the somatic symbol of the whole complex of associations. I shall be able below [p. 174 ff.] to give several more examples in confirmation of this process. It seems probable that in the first instance these pains were rheumatic; that is to say, to give a definite sense to that much misused term, they were of a kind which resides principally in the muscles, involves a marked sensitiveness to pressure and modification of consistency in the muscles, is at its most severe after a considerable period of rest and immobilization of the extremity (i.e. in the morning), is improved by practising the painful movement and can be dissipated by massage. These myogenic pains, which are universally common, acquire great importance in neuropaths. They themselves regard them as nervous and are encouraged in this by their physicians, who are not in the habit of examining muscles by digital pressure. Such pains provide the material of countless neuralgias and so-called sciaticas, etc. I will only refer briefly here to the relation of these pains to the gouty diathesis. My patient's mother and two of her sisters suffered very severely from gout (or chronic rheumatism). Some part of the pains which she complained of at the time of the treatment may, like her original pains, have been of contemporary origin. I cannot tell, since I had no experience then in forming a judgement of this state of the muscles. [See below, p. 90.]

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Evening.—She was in very good spirits and showed a great sense of humour. She told me incidentally that the affair of the lift was not as she had reported it. The proprietor had only said what he did in order to give an excuse for the lift not being used for downward journeys. She asked me a great many questions which had nothing pathological about them. She has had distressingly severe pains in her face, in her hand on the thumb side and in her leg. She gets stiff and has pains in her face if she sits without moving or stares at some fixed point for any considerable time. If she lifts anything heavy it brings on pains in her arm.—An examination of her right leg showed fairly good sensibility in her thigh, a high degree of anaesthesia in the lower part of the leg and in the foot and less in the region of the buttock and hip.

In hypnosis she informed me that she still occasionally has frightening ideas, such as that something might happen to her children, that they might fall ill or lose their lives, or that her brother, who is now on his honeymoon, might have an accident, or his wife might die (because the marriages of all her brothers and sisters had been so short). I could not extract any other fears from her. I forbade her any need to be frightened when there was no reason for it. She promised to give it up 'because you ask me to'. I gave her further suggestions for her pains, her leg, etc.

May 16, [morning].—She had slept well. She still complained of pains in her face, arms and legs. She was very cheerful. Her hypnosis yielded nothing. I applied a faradic brush to her anaesthetic leg.

Evening.—She gave a start as soon as I came in. ‘I’m so glad you’ve come,’ she said, ‘I am so frightened.’ At the same time she gave every indication of terror, together with stammering and *tic*. I first got her to tell me in her waking state what had happened. Crooking her fingers and stretching out her hands before her, she gave a vivid picture of her terror as she said: ‘An enormous mouse suddenly whisked across my hand in the garden and was gone in a flash; things kept on gliding backwards and forwards.’ (An illusion from the play of shadows?) ‘A whole lot of mice were sitting in the trees.—Don’t you hear the horses stamping in the circus?—There’s a man groaning in the next room; he must be in pain after his operation.—Can I be in Rügen? Did I have a stove there like that?’ She was

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confused by the multitude of thoughts crossing one another in her mind and by her efforts to sort out her actual surroundings from them. When I put questions to her about contemporary things, such as whether her daughters were here, she could make no answer.

I tried to disentangle the confusion of her mind under hypnosis. I asked her what it was that frightened her. She repeated the story of the mouse with every sign of terror, and added that as she went down the steps she saw a dreadful animal lying there, which vanished at once. I said that these were hallucinations and told her not to be frightened of mice; it was only drunkards who saw them (she disliked drunkards intensely). I told her the story of Bishop Hatto.¹ She knew it too, and listened to it with extreme horror.—‘How did you come to think of the circus?’ I went on to ask. She said that she had clearly heard the horses stamping in their stables near-by and getting tied up in their halters, which might injure them. When this happened Johann used to go out and untie them. I denied that there were stables near-by or that anyone in the next room had groaned. Did she know where she was? She said she knew *now*, but had thought earlier that she was in Rügen. I asked her how she got on to this memory. They had been talking in the garden, she said, of how hot it was in one part of it, and all at once the thought had come to her of the shadeless terrace in Rügen. Well then, I asked, what were her unhappy memories of her stay in Rügen? She produced a series of them. She had had the most frightful pains

there in her legs and arms; when she was out on excursions there she had several times been caught in a fog and lost her way; twice, while she was on a walk, a bull had come after her, and so on. How was it that she had had this attack to-day?—How (she answered)? She had written a great many letters; it had taken her three hours and had given her a bad head.—I could assume, accordingly, that her attack of delirium was brought on by fatigue and that its content was determined by associations from such things as the shadeless place in the garden, etc. I repeated all the lessons I have been in the habit of giving her and left her composed to sleep.

*May 17, [morning].—*She had a very good night. In the bran bath which she had to-day, she gave some screams because she

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¹*[Who, according to legend, was eaten by rats.]*

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took the bran for worms. I heard this from the nurse. She herself was reluctant to tell me about it. She was almost exaggeratedly cheerful, but she kept interrupting herself with cries of 'ugh!' and made faces expressive of terror. She also stammered more than she has for the last few days. She told me she had dreamt last night that she was walking on a lot of leeches. The night before she had had horrible dreams. She had had to lay out a number of dead people and put them in coffins, but would not put the lids on. (Obviously, a recollection of her husband.) She told me further that in the course of her life she had had a large number of adventures with animals. The worst had been with a bat which had got caught in her wardrobe, so that she had rushed out of the room without any clothes on. To cure her of this fear her brother had given her a lovely brooch in the form of a bat; but she had never been able to wear it.

Under hypnosis she explained that her fear of worms came from her having once been given a present of a pretty pincushion; but next morning, when she wanted to use it, a lot of little worms had crept out of it, because it had been filled with bran which was not quite dry. (A hallucination? Perhaps a fact.) I asked her to tell me some more animal stories. Once, she said, when she had been walking with her husband in a park in St. Petersburg, the whole path leading to a pond had been covered with toads, so that they had had to turn back. There had been times when she had been unable to hold out her hand to anyone, for fear of its turning into a dreadful animal, as had so often happened. I tried to free her from her fear of animals by going through them one by one and asking her if she was afraid of them. In the case of some of them she

answered 'no'; in the case of others, 'I mustn't be afraid of them.'¹ I asked her why she had stammered and jerked about so much yesterday. She replied that she always did this when she was very frightened.²—But why *had* she been so frightened

[*PEP*] *This page can be read in German in GESAMMELTE WERKE Vol 1, Page 127*

¹*The procedure I was following here can scarcely be regarded as a good one: none of it was carried out exhaustively enough.*

²*Her stammering and clacking were not completely relieved after they had been traced back to the two initial traumas [the occasion of her daughter's illness and the frightened horses, cf. pp. 54 and 58], though from then on the two symptoms were strikingly improved. The patient herself explained the incompleteness of the success as follows. She had got into the habit of stammering and clacking whenever she was frightened, so that in the end those symptoms had come to be attached not solely to the initial traumas but to a long chain of memories associated with them, which I had omitted to wipe out. This is a state of things which arises quite often and which always limits the beauty and completeness of the therapeutic outcome of the cathartic procedure.*

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yesterday?—Because all kinds of oppressive thoughts had come into her head in the garden: in particular, how she could prevent something from heaping up again inside her after her treatment had come to an end. I repeated the three reasons for feeling reassured which I had already given her: (1) that she had become altogether healthier and more capable of resistance, (2) that she would get the habit of telling her thoughts to someone she was on close terms with, and (3) she would henceforth regard as indifferent a whole number of things which had hitherto weighed upon her. She went on to say that she had been worried as well because she had not thanked me for my visiting her late in the day; and she was afraid that I would lose patience with her on account of her recent relapse. She had been very much upset and alarmed because the house physician had asked a gentleman in the garden whether he was now able to face his operation. His wife had been sitting beside him, and she (the patient) could not help thinking that this might be the poor man's last evening.—After this last piece of information her depression seemed to be cleared up.¹

Evening.—She was very cheerful and contented. The hypnosis produced nothing whatever. I devoted myself to dealing with her muscular pains and to restoring sensibility in her right leg. This was very easily accomplished in hypnosis, but her restored sensibility was in part lost again when she woke up. Before I left

her she expressed her astonishment that it was such a long time since she had had any neck-cramps, though they usually came on before every thunderstorm.

May 18.—She had slept last night better than she had for years. But after her bath she complained of cold at the back of her

[*PEP*] *This page can be read in German in GESAMMELTE WERKE Vol 1, Page 128*

¹*It was here that I learnt for the first time, what was confirmed on countless later occasions, that when one is resolving a current hysterical delirium, the patient's communications are given in a reverse chronological order, beginning with the most recent and least important impressions and connections of thought and only at the end reaching the primary impression, which is in all probability the most important one causally. [The same phenomenon is mentioned by Breuer, p. 35.]*

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neck, tightness and pains in the face, hands and feet. Her features were strained and her hands clenched. The hypnosis brought out no psychical content underlying her neck-cramp. I improved it by massage after she had woken up.¹

I hope that this extract from the history of the first three weeks of the treatment will be enough to give a clear picture of the patient's state, of the character of my therapeutic efforts and of the measure of their success. I shall now proceed to amplify the case history.

The delirium which I have last described was also the last considerable disturbance in Frau Emmy von N.'s condition. Since I did not take the initiative in looking for the symptoms and their basis, but waited for something to come up in the patient or for her to tell me some thought that was causing her anxiety, her hypnoses soon ceased to produce material. I therefore

[*PEP*] *This page can be read in German in GESAMMELTE WERKE Vol 1, Page 129*

¹*Her astonishment the evening before at its being so long since she had had a neck-cramp was thus a premonition of an approaching condition which was already in preparation at the time and was perceived in the unconscious [cf. p. 49 n.]. This curious kind of premonition occurred regularly in the case already mentioned [p. 69 n.] of Frau Cäcilie M. If, for instance, while she was in the best of health, she said to me, 'It's a long time since I've been frightened of witches at night', or, 'how glad I am that I've not had pains in my eyes for such a long time',*

I could feel sure that the following night a severe onset of her fear of witches would be making extra work for her nurse or that her next attack of pains in the eyes was on the point of beginning. On each occasion what was already present as a finished product in the unconscious was beginning to show through indistinctly. This idea, which emerged as a sudden notion, was worked over by the unsuspecting 'official' consciousness (to use Charcot's term) into a feeling of satisfaction, which swiftly and invariably turned out to be unjustified. Frau Cäcilie, who was a highly intelligent woman, to whom I am indebted for much help in gaining an understanding of hysterical symptoms, herself pointed out to me that events of this kind may have given rise to superstitions about the danger of being boastful or of anticipating evils. We must not vaunt our happiness on the one hand, nor, on the other, must we talk of the worst or it will happen. The fact is that we do not boast of our happiness until unhappiness is in the offing, and we become aware of our anticipation in the form of a boast, because in such cases the subject-matter of what we are recollecting emerges before the feeling that belongs to it—that is to say, because an agreeable contrasting idea is present in consciousness.—[An allusion to this same point will be found in a footnote near the beginning of a work of Freud's written some thirty years later: 'Negation' (1925h).]

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made use of them principally for the purpose of giving her maxims which were to remain constantly present in her mind and to protect her from relapsing into similar conditions when she had got home. At that time I was completely under the sway of Bernheim's book on suggestion¹ and I anticipated more results from such didactic measures than I should to-day. My patient's condition improved so rapidly, that she soon assured me she had not felt so well since her husband's death. After a treatment lasting in all for seven weeks I allowed her to return to her home on the Baltic.

It was not I but Dr. Breuer who received news of her about seven months later. Her health had continued good for several months but had then broken down again as a result of a fresh psychical shock. Her elder daughter, during their first stay in Vienna, had already followed her mother in developing neck-cramps and mild hysterical states; but in particular, she had suffered from pains in walking owing to a retroverted uterus. On my advice she had gone for treatment to Dr. N., one of our most distinguished gynaecologists, who had put her uterus right by massage, and she had remained free from trouble for several months. Her trouble recurred, however, while they were at home, and her mother called in a gynaecologist from the neighbouring University town. He prescribed a combined local and general treatment for the girl, which, however, brought on a severe nervous illness (she was seventeen at the time). It

is probable that this was already an indication of her pathological disposition which was to manifest itself a year later in a character-change. [See below, p. 83.] Her mother, who had handed the girl over to the doctors with her usual mixture of docility and mistrust, was overcome by the most violent self-reproaches after the unfortunate outcome of the treatment. A train of thought which I have not investigated brought her to the conclusion that Dr. N. and I were together responsible for the girl's illness because we had made light of her serious condition. By an act of will as it were, she undid the effects of my treatment and promptly relapsed into the states from which I had freed her. A distinguished physician in her neighbourhood, to whom she went for advice, and Dr. Breuer, who was in correspondence with her, succeeded

[^{PEP}] *This page can be read in German in GESAMMELTE WERKE Vol 1, Page 130*

¹ *[Freud himself translated this book (Bemheim, 1886), and the translation was published in 1888-9.]*

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in convincing her of the innocence of the two targets of her accusations; but even after this was cleared up, the aversion to me which she formed at the time was left over as a hysterical residue, and she declared that it was impossible for her to take up her treatment with me again. On the advice of the same medical authority she turned for help to a Sanatorium in North Germany. At Breuer's desire I explained to the physician in charge the modifications of hypnotic therapy which I had found effective in her case.

This attempted transfer¹ failed completely. From the very first she seems to have been at cross-purposes with the doctor. She exhausted herself in resisting whatever was done for her. She went downhill, lost sleep and appetite, and only recovered after a woman friend of hers who visited her in the Sanatorium in effect secretly abducted her and looked after her in her house. A short time afterwards, exactly a year after her first meeting with me, she was again in Vienna and put herself once more into my hands.

I found her much better than I had expected from the accounts I had received by letter. She could get about and was free from anxiety; much of what I had accomplished the year before was still maintained. Her chief complaint was of frequent states of confusion—'storms in her head' as she called them. Besides this she suffered from sleeplessness, and was often in tears for hours at a time. She felt sad at one particular time of day (five o'clock). This was the regular hour at which, during the winter, she had been able to visit her daughter in the nursing home. She stammered and clacked a great deal and kept rubbing her

hands together as though she was in a rage, and when I asked her if she saw a great many animals, she only replied: 'Oh keep still!'

At my first attempt to induce hypnosis she clenched her fists and exclaimed: 'I won't be given any antipyrin injections; I would rather have my pains! I don't like Dr. R.; he is antipathetic to me.' I perceived that she was involved in the memory of being hypnotized in the sanatorium, and she calmed down as soon as I brought her back to the present situation.

At the very beginning of the [resumed] treatment I had an

[PEP]This page can be read in German in GESAMMELTE WERKE Vol 1, Page 131

¹*[Though the German word here is 'Überiragung', it is evidently not used in the technical sense of 'transference' which is first found at the end of this volume, on p. 302.]*

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instructive experience. I had asked her how long she had had a recurrence of the stammering, and she had hesitatingly answered (under hypnosis) that it was ever since a shock she had at D— during the winter, A waiter at the hotel in which she was staying had concealed himself in her bedroom. In the darkness, she said, she had taken the object for an overcoat and put out her hand to take hold of it; and the man had suddenly 'shot up into the air'. I took this memory-picture away, and in fact from that time on she ceased to stammer noticeably either in hypnosis or in waking life. I cannot remember what it was that led me to test the success of my suggestion, but when I returned the same evening I asked her in an apparently innocent voice how I could manage to fasten the door when I went away (while she was lying asleep) so that no one could slip into the room. To my astonishment she gave a violent start and began grinding her teeth and rubbing her hands. She indicated that she had had a severe shock of that kind at D—, but could not be persuaded to tell me the story. I observed that she had in mind the same story which she had told me that morning during the hypnosis and which I thought I had wiped out. In her next hypnosis she told me the story in greater detail and more truthfully. In her excitement she had been walking up and down the passage and found the door of her maid's bedroom open. She had tried to go in and sit down. Her maid had stood in the way, but she refused to be stopped and walked in, and then caught sight of the dark object against the wall which turned out to be a man. It was evidently the erotic factor in this little adventure which had caused her to give an untrue account of it. This taught me that an incomplete story under hypnosis produces no therapeutic effect. I accustomed myself to regarding as

incomplete any story that brought about no improvement, and I gradually came to be able to read from patients' faces whether they might not be concealing an essential part of their confessions.

The work that I had to do with her this time consisted in dealing in hypnosis with the disagreeable impressions she had received during her daughter's treatment and during her own stay in the sanatorium. She was full of suppressed anger with the physician who had compelled her under hypnosis to spell out the word 't ... o ... a ... d' and she made me promise never to make her say it. In this connection I ventured upon a

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practical joke in one of my suggestions to her. This was the only abuse of hypnosis—and a fairly innocent one at that—of which I have to plead guilty with this patient. I assured her that her stay in the sanatorium at '-tal' ['-vale'] would become so remote to her that she would not even be able to recall its name and that whenever she wanted to refer to it she would hesitate between '-berg' ['-hill'], '-tal', '-wald' ['-wood'] and so on. This duly happened and presently the only remaining sign of her speech-inhibition was her uncertainty over this name. Eventually, following a remark by Dr. Breuer, I relieved her of this compulsive paramnesia.

I had a longer struggle with what she described as 'the storms in her head' than with the residues of these experiences. When I first saw her in one of these states she was lying on the sofa with her features distorted and her whole body unceasingly restless. She kept on pressing her hands to her forehead and calling out in yearning and helpless tones the name 'Emmy', which was her elder daughter's as well as her own. Under hypnosis she informed me that this state was a repetition of the many fits of despair by which she had been overcome during her daughter's treatment, when, after she had spent hours in trying to discover some means of correcting its bad effects, no way out presented itself. When, at such a time, she felt her thoughts becoming confused, she made it a practice to call out her daughter's name, so that it might help her back to clearheadedness. For, during the period when her daughter's illness was imposing fresh duties on her and she felt that her own nervous condition was once again gaining strength over her, she had determined that whatever had to do with the girl must be kept free from confusion, however chaotic everything else in her head was.

In the course of a few weeks we were able to dispose of these memories too and Frau Emmy remained under my observation for some time longer, feeling perfectly well. At the very end of her stay something happened which I shall describe in detail, since it throws the strongest light on the patient's character and the manner in which her states came about.

I called on her one day at lunch-time and surprised her in the act of throwing something wrapped up in paper into the garden, where it was caught by the children of the house-porter. In reply to my question, she admitted that it was her

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(dry) pudding, and that this went the same way every day. This led me to investigate what remained of the other courses and I found that there was more than half left on the plates. When I asked her why she ate so little she answered that she was not in the habit of eating more and that it would be bad for her if she did; she had the same constitution as her late father, who had also been a small eater. When I enquired what she drank she told me she could only tolerate thick fluids, such as milk, coffee or cocoa; if she ever drank water or minerals it ruined her digestion. This bore all the signs of a neurotic choice. I took a specimen of her urine and found it was highly concentrated and overcharged with urates.

I therefore thought it advisable to recommend her to drink more and decided also to increase the amount of her food. It is true that she did not look at all noticeably thin but I nevertheless thought it worth while to aim at feeding her up a little. When on my next visit I ordered her some alkaline water and forbade her usual way of dealing with her pudding, she showed considerable agitation. 'I'll do it because you ask me to,' she said, 'but I can tell you in advance that it will turn out badly, because it is contrary to my nature, and it was the same with my father.' When I asked her under hypnosis why it was that she could not eat more or drink any water, she answered in a rather sullen tone: 'I don't know.' Next day the nurse reported that she had eaten the whole of her helpings and had drunk a glass of the alkaline water. But I found Frau Emmy herself lying in a profoundly depressed state and in a very ungracious mood. She complained of having very violent gastric pains. 'I told you what would happen,' she said. 'We have sacrificed all the successful results that we have been struggling for so long. I've ruined my digestion, as always happens if I eat more or drink water, and I have to starve myself entirely for five days to a week before I can tolerate

anything.' I assured her that there was no need to starve herself and that it was impossible to ruin one's digestion in that way: her pains were only due to the anxiety over eating and drinking. It was clear that this explanation of mine made not the slightest impression on her. For when, soon afterwards, I tried to put her to sleep, for the first time I failed to bring about hypnosis; and the furious look she cast at me convinced me that she was in open rebellion and that the situation was very grave. I gave up trying to hypnotize

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her, and announced that I would give her twenty-four hours to think things over and accept the view that her gastric pains came only from her fear. At the end of this time I would ask her whether she was still of the opinion that her digestion could be ruined for a week by drinking a glass of mineral water and eating a modest meal; if she said yes, I would ask her to leave. This little scene was in very sharp contrast to our normal relations, which were most friendly.

I found her twenty-four hours later, docile and submissive. When I asked her what she thought about the origin of her gastric pains, she answered, for she was incapable of prevarication: 'I think they come from my anxiety, but only because you say so.' I then put her under hypnosis and asked her once again: 'Why can't you eat more?'

The answer came promptly and consisted once more in her producing a series of chronologically arranged reasons from her store of recollections: 'I'm thinking how, when I was a child, it often happened that out of naughtiness I refused to eat my meat at dinner. My mother was very severe about this and under the threat of condign punishment I was obliged two hours later to eat the meat, which had been left standing on the same plate. The meat was quite cold by then and the fat was set so hard' (she showed her disgust) '... I can still see the fork in front of me ... one of its prongs was a little bent. Whenever I sit down to a meal I see the plates before me with the cold meat and fat on them. And how, many years later, I lived with my brother who was an officer and who had that horrible disease. I knew it was contagious and was terribly afraid of making a mistake and picking up his knife and fork' (she shuddered) '... and in spite of that I ate my meals with him so that no one should know that he was ill. And how, soon after that, I nursed my other brother when he had consumption so badly. We sat by the side of his bed and the spittoon always stood on the table, open' (she shuddered again) '... and he had a habit of spitting across the plates into the spittoon. This always made me feel so sick, but I couldn't show it,

for fear of hurting his feelings. And these spittoons are still on the table whenever I have a meal and they still make me feel sick.' I naturally made a thorough clearance of this whole array of agencies of disgust and then asked why it was that she could not drink water. When she was seventeen, she replied, the family

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had spent some months in Munich and almost all of them had contracted gastric catarrh owing to the bad drinking water. In the case of the others the trouble was quickly relieved by medical attention, but with her it had persisted. Nor had she been improved by the mineral water which she was recommended. When the doctor had prescribed it she had thought at once 'that won't be any use'. From that time onwards this intolerance both of ordinary water and mineral water had recurred on countless occasions.

The therapeutic effect of these discoveries under hypnosis was immediate and lasting. She did *not* starve herself for a week but the very next day she ate and drank without making any difficulty. Two months later she wrote in a letter: 'I am eating excellently and have put on a great deal of weight. I have already drunk forty bottles of the water. Do you think I should go on with it?'

I saw Frau von N. again in the spring of the following year at her estate near D———. At this time her elder daughter, whose name she had called out during her 'storms in the head', entered on a phase of abnormal development. She exhibited unbridled ambitions which were out of all proportion to the poverty of her gifts, and she became disobedient and even violent towards her mother. I still enjoyed her mother's confidence and was sent for to give my opinion on the girl's condition. I formed an unfavourable impression of the psychological change that had occurred in the girl, and in arriving at a prognosis I had also to take into account the fact that all her stepbrothers and sisters (the children of Herr von N. by his first marriage) had succumbed to paranoia. In her mother's family, too, there was no lack of a neuropathic heredity, although none of her more immediate relatives had developed a chronic psychosis. I communicated to Frau von N. without any reservation the opinion for which she had asked and she received it calmly and with understanding. She had grown stout, and looked in flourishing health. She had felt relatively very well during the nine months that had passed since the end of her last treatment. She had only been disturbed by slight neck-cramps and other minor ailments. During the several days which I spent in her house I came for the first time to realize the whole

extent of her duties, occupations and intellectual interests. I also met the family doctor, who had not many

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complaints to make about the lady; so she had to some degree come to terms with the profession.

She was thus in very many respects healthier and more capable, but in spite of all my improving suggestions there had been little change in her fundamental character. She seemed not to have accepted the existence of a category of 'indifferent things'. Her inclination to torment herself was scarcely less than it had been at the time of her treatment. Nor had her hysterical disposition been quiescent during this good period. She complained, for instance, of an inability to make journeys of any length by train. This had come on during the last few months. A necessarily hurried attempt to relieve her of this difficulty resulted only in her producing a number of trivial disagreeable impressions left by some recent journeys she had made to D—— and its neighbourhood. She seemed reluctant, however, to be communicative under hypnosis, and even then I began to suspect that she was on the point of withdrawing once more from my influence and that the secret purpose of her railway inhibition was to prevent her making a fresh journey to Vienna.

It was during these days, too, that she made her complaints about gaps in her memory 'especially about the most important events' [p. 61 *n.*], from which I concluded that the work I had done two years previously had been thoroughly effective and lasting.—One day, she was walking with me along an avenue that led from the house to an inlet in the sea and I ventured to ask whether the path was often infested by toads. By way of reply she threw a reproachful glance at me, though unaccompanied by signs of horror; she amplified this a moment later with the words 'but the ones here are *real*'. During the hypnosis, which I induced in order to deal with her railway inhibition, she herself seemed dissatisfied with the answers she gave me, and she expressed a fear that in future she was likely to be less obedient under hypnosis than before. I determined to convince her of the contrary. I wrote a few words on a piece of paper, handed it to her and said: 'At lunch to-day you will pour me out a glass of red wine, just as you did yesterday. As I raise the glass to my lips you will say: "Oh, please pour me out a glass, too", and when I reach for the bottle, you will say: "No thank you, I don't think I will after all". You will then put your hand in your bag, draw out the piece of paper and find those same

words written on it.' This was in the morning. A few hours later the little episode took place exactly as I had pre-arranged it, and so naturally that none of the many people present noticed anything. When she asked me for the wine she showed visible signs of an internal struggle—for she never drank wine—and after she had refused the drink with obvious relief, she put her hand into her bag and drew out the piece of paper on which appeared the last words she had spoken. She shook her head and stared at me in astonishment.

After my visit in May, 1890, my news of Frau von N. became gradually scantier. I heard indirectly that her daughter's deplorable condition, which caused her every kind of distress and agitation, did eventually undermine her health. Finally, in the summer of 1893, I had a short note from her asking my permission for her to be hypnotized by another doctor, since she was ill again and could not come to Vienna. At first I did not understand why my permission was necessary, till I remembered that in 1890 I had, at her own request, protected her against being hypnotized by anyone else, so that there should be no danger of her being distressed by coming under the control of a doctor who was antipathetic to her, as had happened at *-berg (-tal, -wald)*. I accordingly renounced my exclusive prerogative in writing.

Discussion

Unless we have first come to a complete agreement upon the terminology involved, it is not easy to decide whether a particular case is to be reckoned as a hysteria or some other neurosis (I am speaking here of neuroses which are not of a purely neurasthenic type); and we have still to await the directing hand which shall set up boundary-marks in the region of the commonly occurring mixed neuroses and which shall bring out the features essential for their characterization. If, accordingly, we are still accustomed to diagnosing a hysteria, in the narrower sense of the term, from its similarity to familiar typical cases, we shall scarcely be able to dispute the fact that the case of Frau Emmy von N. was one of hysteria. The mildness of her deliria and hallucinations (while her other mental activities remained intact), the change in her personality and store of memories when she was in a state of artificial somnambulism,

the anaesthesia in her painful leg, certain data revealed in her anamnesis, her ovarian neuralgia, etc., admit of no doubt as to the hysterical nature of the illness, or at least of the patient. That the question can be raised at all is due only to one particular feature of the case, which also provides an opportunity for a comment that is of general validity. As we have explained in the 'Preliminary Communication' which appears at the beginning of this volume, we regard hysterical symptoms as the effects and residues of excitations which have acted upon the nervous system as traumas. Residues of this kind are not left behind if the original excitation has been discharged by abreaction or thought-activity. It is impossible any longer at this point to avoid introducing the idea of quantities (even though not measurable ones). We must regard the process as though a sum of excitation impinging on the nervous system is transformed into chronic symptoms in so far as it has not been employed for external action in proportion to its amount.¹ Now we are accustomed to find in hysteria that a considerable part of this 'sum of excitation' of the trauma is transformed into purely somatic symptoms. It is this characteristic of hysteria which has so long stood in the way of its being recognized as a psychical disorder.

If, for the sake of brevity, we adopt the term 'conversion'² to signify the transformation of psychical excitation into chronic somatic symptoms, which is so characteristic of hysteria, then we may say that the case of Frau Emmy von N. exhibited only a small amount of conversion. The excitation, which was originally psychical, remained for the most part in the psychical sphere, and it is easy to see that this gives it a resemblance to the other, non-hysterical neuroses. There are cases of hysteria in which the whole surplus of stimulation undergoes conversion, so that the somatic symptoms of hysteria intrude into what appears to be an entirely normal consciousness. An incomplete transformation is however more usual, so that some part at

[*PEP*] This page can be read in German in *GESAMMELTE WERKE* Vol 1, Page 141

¹[For a detailed account of Freud's attempt at explaining psychology on a quantitative basis see his posthumously published 'Project for a Scientific Psychology' (1950a), written a few months after the present work. He had already expressed these views briefly in the last paragraph but one of his first paper on the 'Neuro-Psychoses of Defence' (1894a). See also the Editor's Introduction, p. xix ff.]

²[Freud had introduced this term in his first paper on the 'Neuro- Psychoses of Defence' (1894a). See, however, p. 206 n.]

least of the affect that accompanies the trauma persists in consciousness as a component of the subject's state of feeling.

The psychical symptoms in our present case of hysteria with very little conversion can be divided into alterations of mood (anxiety, melancholic depression), phobias and abulias (inhibitions of will). The two latter classes of psychical disturbance are regarded by the French school of psychiatrists as stigmata of neurotic degeneracy, but in our case they are seen to have been adequately determined by traumatic experiences. These phobias and abulias were for the most part of traumatic origin, as I shall show in detail.

Some of the phobias, it is true, corresponded to the primary phobias of human beings, and especially of neuropaths—in particular, for instance, her fear of animals (snakes and toads, as well as all the vermin of which Mcphistopheles boasted himself master¹), and of thunderstorms and so on. But these phobias too were established more firmly by traumatic events. Thus her fear of toads was strengthened by her experience in early childhood of having a dead toad thrown at her by one of her brothers, which led to her first attack of hysterical spasms [p. 52]; and similarly, her fear of thunderstorms was brought out by the shock which gave rise to her clacking [p. 58], and her fear of fogs by her walk on the Island of Rügen [p. 73]. Nevertheless, in this group the primary—or, one might say, the instinctive—fear (regarded as a psychical stigma) plays the preponderant part.

The other, more specific phobias were also accounted for by particular events. Her dread of unexpected and sudden shocks was the consequence of the terrible impression made on her by seeing her husband, when he seemed to be in the best of health, succumb to a heart-attack before her eyes. Her dread of strangers, and of people in general, turned out to be derived from the time when she was being persecuted by her [husband's] family and was inclined to see one of their agents in every stranger and when it seemed to her likely that strangers knew of the things that were being spread abroad about her in writing and by word of mouth [p. 63]. Her fear of asylums and their inmates went back to a whole series of unhappy events

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¹[*The lord of rats and eke of mice, Of flies and bed-bugs, frogs and lice. Goethe, Faust, Part I, Scene 3 (Bayard Taylor's translation).*]

in her family and to stories poured into her listening ears by a stupid servant-girl [p. 55]. Apart from this, this phobia was supported on the one hand by the primary and instinctive horror of insanity felt by healthy people, and on the other hand by the fear, felt by her no less than by all neurotics, of going mad herself. Her highly specific fear that someone was standing behind her [p. 65] was determined by a number of terrifying experiences in her youth and later life. Since the episode in the hotel [p. 79], which was especially distressing to her because of its erotic implications, her fear of a stranger creeping into her room was greatly emphasized. Finally, her fear of being buried alive, which she shared with so many neuropaths, was entirely explained by her belief that her husband was not dead when his body was carried out—a belief which gave such moving expression to her inability to accept the fact that her life with the man she loved had come to a sudden end. In my opinion, however, all these psychical¹ factors, though they may account for the *choice* of these phobias, cannot explain their *persistence*. It is necessary, I think, to adduce a *neurotic* factor to account for this persistence—the fact that the patient had been living for years in a state of sexual abstinence. Such circumstances are among the most frequent causes of a tendency to anxiety.²

Our patient's abulias (inhibitions of will, inability to act) admit even less than the phobias of being regarded as psychical stigmata due to a general limitation of capacity. On the contrary, the hypnotic analysis of the case made it clear that her abulias were determined by a twofold psychical mechanism— which was at bottom a single one. In the first place an abulia may simply be the consequence of a phobia. This is so when the phobia is attached to an action of the subject's own instead of to an expectation [of an external event]—for instance, in our present case, the fear of going out or of mixing with people, as compared with the fear of someone creeping into the room. Here the inhibition of will is caused by the anxiety attendant

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¹[*In the first German edition only, this word reads 'physical', which was clearly a misprint.*]

²[*See Freud's contemporary paper on anxiety neuroses (1895b).— In the previous sentence he is using the term 'neurotic', as he sometimes does at this period, in relation to what he later (1898a) termed the 'actual-neuroses'.*]

upon the performance of the action. It would be wrong to regard abulias of this kind as symptoms distinct from the corresponding phobias, though it must be admitted that such phobias can exist (provided they are not too severe) without producing abulias. The second class of abulias depends on the presence of affectively-toned and unresolved associations which are opposed to linking up with other associations, and particularly with any that are incompatible with them. Our patient's anorexia offers a most brilliant instance of this kind of abulia [p. 82 f]. She ate so little because she did not like the taste, and she could not enjoy the taste because the act of eating had from the earliest times been connected with memories of disgust whose sum of affect had never been to any degree diminished; and it is impossible to cat with disgust and pleasure at the same time. Her old-established disgust at mealtimes had persisted undiminished because she was obliged constantly to suppress it, instead of getting rid of it by reaction. In her childhood she had been forced, under threat of punishment, to eat the cold meal that disgusted her, and in her later years she had been prevented out of consideration for her brothers from expressing the affects to which she was exposed during their meals together.

At this point I may perhaps refer to a short paper in which I have tried to give a psychological explanation of hysterical paralyses (Freud 1893c). I there arrived at a hypothesis that the cause of these paralyses lay in the inaccessibility to fresh associations of a group of ideas connected, let us say, with one of the extremities of the body; this associative inaccessibility depended in turn on the fact that the idea of the paralysed limb was involved in the recollection of the trauma—a recollection loaded with affect that had not been disposed of. I showed from examples from ordinary life that a cathexis¹ such as this of an idea whose affect is unresolved always involves a certain amount of associative inaccessibility and of incompatibility with new cathexes.

I have not hitherto succeeded in confirming, by means of hypnotic analysis, this theory about motor paralyses, but I can

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¹ *[This seems to be the first published appearance of the term 'Besetzung' ('cathexis') in the special sense in which Freud used it to denote one of the most fundamental concepts in his psychological theory. See the Editor's Introduction, p. xxiii.]*

adduce Frau von N.'s anorexia as proving that this mechanism is the operative one in certain abulias, and abulias are nothing other than a highly specialized—or, to use a French expression, 'systematized'—kind of psychical paralysis.

Frau von N.'s psychical situation can be characterized in all essentials by emphasizing two points. (1) The distressing affects attaching to her traumatic experiences had remained unresolved—for instance, her depression, her pain (about her husband's death), her resentment (at being persecuted by his relatives), her disgust (at the compulsory meals), her fear (about her many frightening experiences), and so on. (2) Her memory exhibited a lively activity which, sometimes spontaneously, sometimes in response to a contemporary stimulus (e.g. the news of the revolution in San Domingo [p. 68 *n.*]), brought her traumas with their accompanying affects bit by bit into her present-day consciousness. My therapeutic procedure was based on the course of this activity of her memory and endeavoured day by day to resolve and get rid of whatever that particular day had brought to the surface, till the accessible stock of her pathological memories seemed to be exhausted.

These two psychical characteristics, which I regard as generally present in hysterical paroxysms, opened the way to a number of important considerations. I will, however, put off discussing them till I have given some attention to the mechanism of the somatic symptoms.

It is not possible to assign the same origin to all the somatic symptoms of these patients. On the contrary, even from this case, which was not rich in them, we find that the somatic symptoms of a hysteria can arise in a variety of ways. I will venture, in the first place, to include pains among somatic symptoms. So far as I can see, one set of Frau von N.'s pains were certainly determined organically by the slight modifications (of a rheumatic kind) in the muscles, tendons or fascia which cause so much more pain to neurotics than to normal people. Another set of pains were in all probability *memories* of pains—were mnemonic symbols¹ of the times of agitation and

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¹[*Cf. above, footnote, p. 71. Freud had already used this term in Section I of his first paper on 'The Neuro-Psychoses of Defence' (1894a), and he repeatedly uses it in the present work. It rarely occurs in his later writings, though it is explained at some length in the first of his Five Lectures (1910a).]*

sick-nursing which played such a large part in the patient's life. These pains, too, may well have been originally justified on organic grounds but had since then been adapted for the purposes of the neurosis. I base these assertions about Frau von N.'s pains mainly on observations made elsewhere which I shall report on a later page.¹ On this particular point little information could be gathered from the patient herself.

Some of the striking motor phenomena exhibited by Frau von N. were simply an expression of the emotions and could easily be recognized in that light. Thus, the way in which she stretched her hands in front of her with her fingers spread out and crooked expressed horror, and similarly her facial play. This, of course, was a more lively and uninhibited way of expressing her emotions than was usual with women of her education and race. Indeed, she herself was restrained, almost stiff in her expressive movements when she was not in a hysterical state. Others of her motor symptoms were, according to herself, directly related to her pains. She played restlessly with her fingers (1888) [p. 49] or rubbed her hands against one another (1889) [p. 78] so as to prevent herself from screaming. This reason reminds one forcibly of one of the principles laid down by Darwin to explain the expression of the emotions —the principle of the overflow of excitation [Darwin, 1872, Chap. III], which accounts, for instance, for dogs wagging their tails. We are all of us accustomed, when we are affected by painful stimuli, to replace screaming by other sorts of motor innervations. A person who has made up his mind at the dentist's to keep his head and mouth still and not to put his hand in the way, may at least start drumming with his feet.²

A more complicated method of conversion is revealed by Frau von N.'s *tic*-like movements, such as clacking with the tongue and stammering, calling out the name 'Emmy' in confusional states [p. 80], using the composite formula 'Keep still! Don't say anything! Don't touch me!' (1888) [p. 49]. Of these motor manifestations, the stammering and clacking can be explained in accordance with a mechanism which I have described, in a short paper on the treatment of a case by

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¹[*The subject of rheumatic pains and their relation to hysteria is discussed at some length in the case of Fräulein Elisabeth von R. below, p. 174. See also above, p. 71 n.*]

²[*Cf. Breuer's remarks on the same topic, p. 202.*]

hypnotic suggestion (1892-93), as 'the putting into effect of antithetic ideas'.¹ The process, as exemplified in our present instance [p. 54], would be as follows. Our hysterical patient, exhausted by worry and long hours of watching by the bedside of her sick child which had at last fallen asleep, said to herself: 'Now you must be perfectly still so as not to awaken the child.' This intention probably gave rise to an antithetic idea in the form of a fear that she might make a noise all the same that would wake the child from the sleep which she had so long hoped for. Similar antithetic ideas arise in us in a marked manner when we feel uncertain whether we can carry out some important intention.

Neurotics, in whose self-feeling we seldom fail to find a strain of depression or anxious expectation, form greater numbers of these antithetic ideas than normal people, or perceive them more easily; and they regard them as of more importance. In our patient's state of exhaustion the antithetic idea, which was normally rejected, proved itself the stronger. It is this idea which put itself into effect and which, to the patient's horror, actually produced the noise she dreaded. In order to explain the whole process it may further be assumed that her exhaustion was only a partial one; it affected, to use the terminology of Janet and his followers, only her 'primary' ego and did not result in a weakening of the antithetic idea as well.

It may further be assumed that it was her horror at the noise produced against her will that made the moment a traumatic one, and fixed the noise itself as a somatic mnemonic symptom² of the whole scene. I believe, indeed, that the character of the *tic* itself, consisting as it did of a succession of sounds which were convulsively emitted and separated by pauses and which could be best likened to clackings, reveals traces of the process to which it owed its origin. It appears that a conflict had occurred between her intention and the antithetic idea (the counter-will) and that this gave the *tic* its discontinuous character and confined the antithetic idea to paths other than

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¹ *[The concept of antithetic ideas, as well as that of 'counter-will', which is mentioned just below, was discussed in this same paper.]*

² *['Symptom' in all the German editions. It seems probable that this is a misprint for 'Symbol'. 'Mnemonic symbol' appears to give the better sense and is the term used throughout the book. (See footnote, p. 90.)]*

the habitual ones for innervating the muscular apparatus of speech.

The patient's spastic inhibition of speech, her peculiar stammer, was the residue of an essentially similar exciting cause [p. 58]. Here, however, it was not the *outcome* of the final innervation—the exclamation—but the process of innervation itself—the attempted convulsive inhibition of the organs of speech—which was made into a symbol of the event for her memory.

These two symptoms, the clacking and the stammering, which were thus closely related through the history of their origin, continued to be associated and were turned into chronic symptoms after being repeated on a similar occasion. Thereafter they were put to a further use. Having originated at a moment of violent fright, they were thenceforward joined to *any* fright (in accordance with the mechanism of monosymptomatic hysteria which will be described in Case 5 [p. 149 f.]), even when the fright could not lead to an antithetic idea being put into effect.

The two symptoms were eventually linked up with so many traumas, had so much reason for being reproduced in memory, that they perpetually interrupted the patient's speech for no particular cause, in the manner of a meaningless *tic*.¹ Hypnotic analysis, however, was able to demonstrate how much meaning lay concealed behind this apparent *tic*; and if the Breuer procedure did not succeed in this case in getting rid of the two symptoms completely at a single blow, that was because the catharsis had extended only to the three principal traumas and not to the secondarily associated ones.²

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¹ *[Scarcely any references to tic occur in Freud's later writings. In a paper on the subject, Ferenczi (1921) writes: 'Professor Freud, whom I had occasion to question on the meaning and significance of tic, suggested that some organic factor might be at work in it.']*

² *I may here be giving an impression of laying too much emphasis on the details of the symptoms and of becoming lost in an unnecessary maze of sign-reading. But I have come to learn that the determination of hysterical symptoms does in fact extend to their subtlest manifestations and that it is difficult to attribute too much sense to them. Let me give an example to justify this statement. Some months ago I had under my treatment an eighteen-year-old girl belonging to a family with a bad heredity. Hysteria played its full part in her complex neurosis. The first thing I heard from her was a complaint that she suffered from attacks of despair of two varieties. In one variety she felt drawing and pricking sensations in the lower part of her face, from her cheeks down towards her mouth; in the other variety the toes of both her feet were stretched out convulsively and kept on*

wriggling about. To begin with I myself was unwilling to attach much importance to these details, and there can be no doubt that earlier students of hysteria would have been inclined to regard these phenomena as evidence of the stimulation of cortical centres during a hysterical attack. It is true that we are ignorant of the locality of the centres for paraesthesias of this kind, but it is well known that such paraesthesias usher in partial epilepsy and constitute Charcot's sensory epilepsy. Symmetrical cortical areas in the immediate vicinity of the median fissure might be held responsible for the movement of the toes. But the explanation turned out to be a different one. When I had come to know the girl better I put a straight question to her as to what kind of thoughts came to her during these attacks. I told her not to be embarrassed and said that she must be able to give an explanation of the two phenomena. The patient turned red with shame, but I was able to persuade her in the end, without using hypnosis, to give the following account, the truth of which was fully confirmed by her companion, who was present at the time. From the time when her periods first set in she had suffered for years from cephalalgia adolescentium which had made any regular occupation impossible and had interfered with her education. When at last she was freed from this disability, this ambitious and rather simple-minded child was determined to work extremely hard at her own improvement, so as to catch up once more with her sisters and contemporaries. In doing so she made quite unreasonable efforts, and an effort of this kind usually ended in an outburst of despair at having over-estimated her powers. She also, of course, compared herself with other girls physically and felt unhappy when she discovered some physical disadvantage in herself. Her teeth projected noticeably, and she began to feel upset about this. She got the idea of correcting the defect by practising for a quarter of an hour at a time pulling down her upper lip over the projecting teeth. The failure of these childish efforts once led to a fit of despair; and thenceforward the drawing and pricking sensations from the cheek downwards were established as the content of one of her two varieties of attack. The origin of the other variety—with its motor symptoms of stretching out and wriggling the toes—was no less easily found. I was told that her first attack of this kind followed after an excursion on the Schafberg near Ischl [in Upper Austria], and her relatives were naturally inclined to set it down to over-exertion. But the girl herself told me a different story. It seems that it was a favourite habit of the sisters to tease one another about the large size of their feet—an undeniable fact. The patient had long felt unhappy over this blemish and tried to force her feet into the tightest possible boots. Her observant father, however, would not allow this and saw to it that she only wore comfortably-fitting footgear. She was much dissatisfied with this regulation. She thought about it all the time and acquired the habit of wriggling her toes about in her shoes, as people do when they want to discover whether a shoe is much too large, how much smaller a size

they could take, etc. During the excursion on the Schafberg (which she was far from finding an exertion) there was once again, of course, an opportunity for her attention to be drawn to the subject of shoes, in view of the shortened skirts she wore. One of her sisters said to her in the course of the walk: 'You've put extra big shoes on to-day.' She experimented by wriggling her toes and got the same impression. Thenceforward she could not escape from her agitation about the unlucky size of her feet, and when they got back from the walk her first attack came on; her toes curled up and moved about involuntarily as a mnemonic symbol of the whole depressing train of thought. I may point out that what we are dealing with here are attacks and not chronic symptoms. I may also add that after the patient's confession her first variety of symptoms ceased, but the second variety—her attacks of wriggling her toes—persisted. There must therefore have been something left over, which she had not confessed. Postscript [in all editions]. I learnt later that the reason why the foolish girl worked so hard at beautifying herself was that she wanted to attract a young cousin of hers. —[Added 1924:] Some years later her neurosis turned into a dementia praecox.

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In accordance with the rules governing hysterical attacks, the exclamation of 'Emmy' during her attacks of confusion reproduced, it will be remembered, her frequent states of helplessness during her daughter's treatment. This exclamation was linked to the content of the attack by a complex train of thought and was in the nature of a protective formula against the attack. The exclamation would probably, through a more extended application of its meaning, have degenerated into a *tic*, as had in fact already happened in the case of the complicated protective formula 'Don't touch me', etc. In both these instances hypnotic treatment prevented any further development of the symptoms; but the exclamation 'Emmy' had only just

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come into existence, and I caught it while it was still on its native soil, restricted to attacks of confusion.

As we have seen, these motor symptoms originated in various ways: by putting an antithetic idea into effect (as in the clacking), by a simple conversion of psychical excitation into motor activity (as in the stammering), or by a voluntary action during a hysterical paroxysm (as in the protective measures exemplified by the exclamation 'Emmy' and the longer formula). But however these motor symptoms may have originated, they all have one thing in common. They can

be shown to have an original or long-standing connection with traumas, and stand as symbols for them in the activities of the memory.

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Others of the patient's somatic symptoms were not of a hysterical nature at all. This is true, for example, of the neck-cramps, which I regard as a modified form of migraine [p. 71 *n.*] and which as such are not to be classed as a neurosis but as an organic disorder. Hysterical symptoms, however, regularly become attached to these. Frau von N.'s neck-cramps, for instance, were employed for the purpose of hysterical attacks, whereas she did not have the typical symptomatology of hysterical attacks at her disposal.

I will amplify this description of Frau von N.'s psychical state by considering the pathological changes of consciousness which could be observed in her. Like her neck-cramps, distressing present-day events (cf. her last delirium in the garden [p. 73]) or anything which powerfully recalled any of her traumas brought her into a state of delirium. In such states—and the few observations I made led me to no other conclusion—there was a limitation of consciousness and a compulsion to associate similar to that prevailing in dreams [p. 69 *n.*]; hallucinations and illusions were facilitated to the highest degree and feeble-minded or even nonsensical inferences were made. This state, which was comparable to one of hallucinatory alienation, probably represented an attack. It might be regarded as an acute psychosis (serving as the equivalent of an attack) which would be classified as a condition of 'hallucinatory confusion'. A further resemblance between such states of hers and a typical hysterical attack was shown by the fact that a portion of the old-established traumatic memories could usually be detected underlying the delirium. The transition from a normal state to a delirium often occurred quite imperceptibly. She would be talking quite rationally at one moment about matters of small emotional importance, and as her conversation passed on to ideas of a distressing kind I would notice, from her exaggerated gestures or the appearance of her regular formulas of speech, etc., that she was in a state of delirium. At the beginning of the treatment the delirium lasted all day long; so that it was difficult to decide with certainty whether any given symptoms—like her gestures—formed part of her psychical state merely as symptoms of an attack, or whether—like the clacking and stammering—they had become genuine chronic symptoms. It was often only possible *after the event* to distinguish between what had happened in a delirium and what had happened in her normal

state. For the two states were separated in her memory, and she would sometimes be highly astonished to hear of the things which the delirium had introduced piecemeal into her normal conversation. My very first interview with her was the most remarkable instance of the way in which the two states were interwoven without paying any attention to each other. Only at one moment of this psychical see-sawing did it happen that her normal consciousness, in touch with the present day, was affected. This was when she gave me an answer which originated from her delirium and said she was 'a woman dating from last century' [p. 52n.].

The analysis of these states of delirium in Frau von N. was not exhaustively carried out. This was mainly because her condition improved so rapidly that the deliria became sharply differentiated from her normal life and were restricted to the periods of her neck-cramps. On the other hand, I gathered a great deal of information about the patient's behaviour in a third state, that of artificial somnambulism. Whereas in her normal state she had no knowledge of the psychical experiences during her deliria and during her somnambulism, she had access during somnambulism to the memories of all three states. In point of fact, therefore, she was at her most normal in the state of somnambulism. Indeed, if I leave on one side the fact that in somnambulism she was far less reserved with me than she was at her best moments in ordinary life—that is, that in somnambulism she gave me information about her family and such things, while at other times she treated me as a stranger—and if, further, I disregard the fact that she exhibited the full degree of suggestibility characteristic of somnambulism, I am bound to say that during her somnambulism she was in a completely normal state. It was interesting to notice that on the other hand her somnambulism showed no trace of being super-normal, but was subject to all the mental failings that we are accustomed to associate with a normal state of consciousness.

The examples which follow throw light on the behaviour of her memory in somnambulism. In conversation one day she expressed her delight at the beauty of a plant in a pot which decorated the entrance hall of the nursing-home. 'But what is its name, doctor? Do you know? I used to know its German and its Latin names, but I've forgotten them both.' She had a wide

knowledge of plants, while I was obliged on this occasion to admit my lack of botanical education. A few minutes later I asked her under hypnosis if she now knew the name of the plant in the hall. Without any hesitation she replied: 'The German name is "*Türkenlilie*" [Turk's-cap lily]; I really *have* forgotten the Latin one.' Another time, when she was feeling in good health, she told me of a visit she had paid to the Roman Catacombs, but could not recall two technical terms; nor could I help her with them. Immediately afterwards I asked her under hypnosis which words she had in mind. But she did not know them in hypnosis either. So I said to her: 'Don't bother about them any more now, but when you are in the garden to-morrow between five and six in the afternoon—nearer six than five—they will suddenly occur to you.' Next evening, while we were talking about something which had no connection with catacombs, she suddenly burst out: "'Crypt", doctor, and "Columbarium".' 'Ah! those are the words you couldn't think of yesterday. When did they occur to you?' 'In the garden this afternoon just before I went up to my room.' I saw that she wanted to let me know in this way that she had followed out my instructions as to time exactly, as she was in the habit of leaving the garden at about six o'clock.

Thus we see that even in somnambulism she did not have access to the whole extent of her knowledge. Even in that state there was an actual and a potential consciousness. It used often to happen that when I asked her during her somnambulism where this or that phenomenon was derived from, she would wrinkle her forehead, and after a pause would answer in a deprecatory tone: 'I don't know.' On such occasions I had made it my practice to say: 'Think a moment; it will come to mind directly'; and after a short reflection she would be able to give me the desired information. But it sometimes happened that nothing came to her mind and that I was obliged to leave her with the task of remembering it by the next day; and this never failed to occur.

In her ordinary life Frau von N. scrupulously avoided any untruthfulness, nor did she ever lie to me under hypnosis. Occasionally, however, she would give me incomplete answers and keep back part of her story until I insisted a second time on her completing it. It was usually—as in the instance quoted on p. 79—the distaste inspired by the topic which closed her

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mouth in somnambulism no less than in ordinary life. Nevertheless, in spite of these restrictive traits, the impression made by her mental behaviour during

somnambulism was, on the whole, one of an uninhibited unfolding of her mental powers and of a full command over her store of memories.

Though it cannot be denied that in a state of somnambulism she was highly suggestible, she was far from exhibiting a pathological absence of resistance. It can be asserted on the whole that I did not make more impression on her in that state than I might have expected to do if I were making an investigation of this kind into the psychical mechanisms of someone in full possession of his faculties who put complete confidence in what I said. The only difference was that Frau von N. was unable, in what passed as her normal state, to meet me with any such favourable mental attitude. If, as with her animal phobia, I failed to give her convincing reasons, or did not go into the psychical history of the origin of a symptom but tried to operate by the agency of authoritative suggestion, I invariably observed a strained and dissatisfied expression on her face; and when, at the end of the hypnosis, I asked her whether she would still be afraid of the animal, she would answer: 'No—since you insist.' A promise like this, based only on her obedience to me, never met with any success, any more than did the many general injunctions which I laid upon her, instead of which I might just as well have repeated the single suggestion that she should get well.

But this same person who clung so obstinately to her symptoms in the face of suggestion and would only abandon them in response to psychical analysis or personal conviction, was on the other hand as amenable as the best medium to be found in any hospital, so far as irrelevant suggestions were concerned—so far as it was a question of matters not connected with her illness. I have given instances of her post-hypnotic obedience in the course of the case history. There does not seem to me to be anything contradictory in this behaviour. Here, too, the stronger idea was bound to assert itself. If we go into the mechanism of '*idées fixes*', we find that they are based upon and supported by so many experiences operating with such intensity that we cannot be surprised to find that these ideas are able to put up a successful resistance against the opposing idea brought forward by suggestion, which is clothed with only limited powers.

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It would have to be a truly pathological brain from which it was possible to blow away by mere suggestion such well-founded products of intense psychical events.¹

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¹*I have been deeply impressed in another of my patients by this interesting contrast during somnambulism between a most far-reaching obedience in everything unconnected with the symptoms and the obstinacy with which those symptoms persist because they are deeply rooted and inaccessible to analysis. A lively and gifted girl, who had suffered for eighteen months from severe disturbances of her power of walking, was under my treatment for more than five months without my being able to help her. She was analgesic and had painful areas in both legs and a rapid tremor in her hands. She walked bent forward, dragging her legs and with short steps; she staggered as though she was a cerebellar case and, indeed, often fell down. Her temperament was strikingly cheerful. One of the leading authorities in Vienna at the time was misled by this syndrome into diagnosing her case as one of multiple sclerosis. Another specialist recognized her as a hysteric—a diagnosis which was supported by the complicated picture presented by the disease in its beginnings (pains, fainting-fits, amaurosis)—and handed her on to me for treatment. I tried to improve her gait by suggestion, manipulation of her legs under hypnosis, etc., but I had no success in spite of her being an excellent subject for somnambulism. One day, after she once more came tottering into the room, one arm supported on her father's, the other on an umbrella whose tip was already much worn down, I lost patience and shouted at her in her hypnosis: 'This has gone on too long. To-morrow morning that umbrella of yours will break in your hands and you'll have to walk without it, and from that time on you will never need an umbrella again,' I cannot imagine how I came to be so foolish as to give a suggestion to an umbrella. Afterwards I felt ashamed of myself, and did not suspect that my clever patient would save my reputation in the eyes of her father, who was a physician and was present during her hypnoses. Next day her father said to me: 'What do you think she did yesterday? We were walking along the Ringstrasse [the main boulevard in Vienna] when she suddenly got into the highest spirits. She began singing—in the very middle of the street—"Ein freies Leben führen wir" ['We live a free life', from the popularly-sung robbers' chorus in Schiller's play, Die Räuber] and beat time on the pavement with her umbrella and broke it.' Of course she herself had no notion that she had wittily transformed a nonsensical suggestion into a brilliantly successful one. Since her condition was not improved by assurances, commands and treatment under hypnosis, I turned to psychical analysis and requested her to tell me what emotion had preceded the onset of her illness. She answered (under hypnosis but without any signs of feeling) that a short time previously a young relative of hers had died to whom she had for many years considered herself engaged. This piece of information, however, produced no alteration whatever in her condition. Accordingly, during her next hypnosis, I told*

her I was quite convinced that her cousin's death had had nothing at all to do with her state, but that something else had happened which she had not mentioned. At this she gave way to the extent of letting fall a single significant phrase; but she had hardly said a word before she stopped, and her old father, who was sitting behind her, began to sob bitterly. Naturally I pressed my investigation no further; but I never saw the patient again.

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It was while I was studying Frau von N.'s abulias that I began for the first time to have grave doubts about the validity of Bernheim's assertion, '*tout est dans la suggestion*' ['suggestion is everything'] and about his clever friend Delbœuf's inference: '*Comme quoi il n'y a pas d'hypnotisme*' ['That being so, there is no such thing as hypnotism']. And to this day I cannot understand how it can be supposed that by merely holding up a finger and saying once 'go to sleep' I had created in the patient the peculiar psychical state in which her memory had access to all her psychical experiences. I may have *called up* the state by my suggestion but I did not *create* it, since its features—which are, incidentally, found universally—came as such a surprise to me.

The case history makes sufficiently plain the way in which therapeutic work was carried out during somnambulism. As is the usual practice in hypnotic psychotherapy, I fought against the patient's pathological ideas by means of assurances and prohibitions, and by putting forward opposing ideas of every sort. But I did not content myself with this. I investigated the genesis of the individual symptoms so as to be able to combat the premises on which the pathological ideas were erected. In the course of such an analysis it habitually happened that the patient gave verbal utterance with the most violent agitation to matters whose accompanying affect had hitherto only found outlet as an expression of emotion. [Cf. p. 91.] I cannot say how much of the therapeutic success each time was due to my suggesting the symptom away *in statu nascendi* and how much to my resolving the affect by abreaction, since I combined both these therapeutic factors. Accordingly, this case cannot strictly be used as evidence for the therapeutic efficacy of the cathartic procedure; at the same time I must add that only those symptoms of which I carried out a psychical analysis were really permanently removed.

The therapeutic success on the whole was considerable; but it was not a lasting one. The patient's tendency to fall ill in a similar way under the impact of fresh traumas was not got rid

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of. Anyone who wanted to undertake the definitive cure of a case of hysteria such as this would have to enter more thoroughly into the complex of phenomena than I attempted to do. Frau von N. was undoubtedly a personality with a severe neuropathic heredity. It seems likely that there can be no hysteria apart from a disposition of this kind. But on the other hand disposition alone does not make hysteria. There must be reasons that bring it about, and, in my opinion, these reasons must be appropriate: the aetiology is of a specific character. I have already mentioned that in Frau von N. the affects of a great number of traumatic experiences had been retained and that the lively activity of her memory brought now one and now another of these traumas to the surface of her mind. I shall now venture to put forward an explanation of the reason why she retained the affects in this way. That reason, it is true, was connected with her hereditary disposition. For, on the one hand, her feelings were very intense; she was of a vehement nature, capable of the strongest passions. On the other hand, since her husband's death, she had lived in complete mental solitude; her persecution by her relatives had made her suspicious of friends and she was jealously on guard against anyone acquiring too much influence over her actions. The circle of her duties was very wide, and she performed the whole of the mental work which they imposed on her by herself, without a friend or confidant, almost isolated from her family and handicapped by her conscientiousness, her tendency to tormenting herself and often, too, by the natural helplessness of a woman. In short the mechanism of the *retention of large sums of excitation*, apart from everything else, cannot be overlooked in this case. It was based partly on the circumstances of her life and partly on her natural disposition. Her dislike, for instance, of saying anything about herself was so great, that, as I noticed to my astonishment in 1891, none of the daily visitors to her house recognized that she was ill or were aware that I was her doctor.

Does this exhaust the aetiology of this case of hysteria? I do not think so. For at the time of her two treatments I had not yet raised in my own mind the questions which must be answered before an exhaustive explanation of such a case is possible. I am now of the opinion that there must have been some added factor to provoke the outbreak of illness precisely in these last years, considering that operative aetiological conditions

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had been present for many years previously. It has also struck me that amongst all the intimate information given me by the patient there was a complete absence of the sexual element, which is, after all, more liable than any other to provide occasion for traumas. It is impossible that her excitations in this field can have left no traces whatever; what I was allowed to hear was no doubt an *editio in usum delphini* [a bowdlerized edition^{*}] of her life-story. The patient behaved with the greatest and to all appearances with the most unforced sense of propriety, without a trace of prudishness. When, however, I reflect on the reserve with which she told me under hypnosis about her maid's little adventure in the hotel, I cannot help suspecting that this woman who was so passionate and so capable of strong feelings had not won her victory over her sexual needs without severe struggles, and that at times her attempts at suppressing this most powerful of all instincts had exposed her to severe mental exhaustion. She once admitted to me that she had not married again because, in view of her large fortune, she could not credit the disinterestedness of her suitors and because she would have reproached herself for damaging the prospects of her two children by a new marriage.

I must make one further remark before bringing Frau von N.'s case history to a close. Dr. Breuer and I knew her pretty well and for a fairly long time, and we used to smile when we compared her character with the picture of the hysterical psyche which can be traced from early times through the writings and the opinions of medical men. We had learnt¹ from our observations on Frau Cäcilie M. that hysteria of the severest type can exist in conjunction with gifts of the richest and most original kind—a conclusion which is, in any case, made plain beyond a doubt in the biographies of women eminent in history and literature. In the same way Frau Emmy von N. gave us an example of how hysteria is compatible with an unblemished character and a well-governed mode of life. The woman we came to know was an admirable one. The moral seriousness with which she viewed her duties, her intelligence and energy, which were no less than a man's, and her high degree of education and love of truth impressed both of us greatly; while her benevolent care for the welfare of all her dependents, her humility of mind and the refinement of her manners revealed

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¹[See Editor's Introduction, p. xi n.]

^{*}[For the use of the Dauphin'—an edition of the Classics prepared by order of Louis XIV for his son.]

her qualities as a true lady as well. To describe such a woman as a 'degenerate' would be to distort the meaning of that word out of all recognition. We should do well to distinguish between the concepts of 'disposition' and 'degeneracy' as applied to people; otherwise we shall find ourselves forced to admit that humanity owes a large proportion of its great achievements to the efforts of 'degenerates'.

I must confess, too, that I can see no sign in Frau von N.'s history of the 'psychical inefficiency'¹ to which Janet attributes the genesis of hysteria. According to him the hysterical disposition consists in an abnormal restriction of the field of consciousness (due to hereditary degeneracy) which results in a disregard of whole groups of ideas and, later, to a disintegration of the ego and the organization of secondary personalities. If this were so, what remains of the ego after the withdrawal of the hysterically-organized psychical groups would necessarily also be less efficient than a normal ego; and in fact, according to Janet, the ego in hysteria is afflicted by psychical stigmata, condemned to mono-ideism and incapable of the volitional acts of ordinary life. Janet, I think, has made the mistake here of promoting what are after-effects of changes in consciousness due to hysteria to the rank of primary determinants of hysteria. The subject is one that deserves further consideration elsewhere;² but in Frau von N. there was no sign of any such inefficiency. During the times of her worst states she was and remained capable of playing her part in the management of a large industrial business, of keeping a constant eye on the education of her children, of carrying on her correspondence with prominent people in the intellectual world—in short, of fulfilling her obligations well enough for the fact of her illness to remain concealed. I am inclined to believe, then, that all this involved a considerable *excess* of efficiency, which could perhaps not be kept up in the long run and was bound to lead to exhaustion—to a secondary '*misère psychologique*' ['psychological impoverishment']. It seems likely that disturbances of this kind in her efficiency were beginning to make themselves felt

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¹ [This passage seems to be based mainly on Janet, 1894, 300. (See footnote p. 230.) The German phrase '*psychische Minderleistung*', here translated as 'psychical inefficiency', is evidently Freud's version of Janet's '*insuffisance psychologique*'.]

² [It is discussed below by Breuer on p. 231 ff.]

at the time when I first saw her; but however that may be, severe hysteria had been present for many years before the appearance of the symptoms of exhaustion.¹

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¹ (Footnote added 1924:) *I am aware that no analyst can read this case history to-day without a smile of pity. But it should be borne in mind that this was the first case in which I employed the cathartic procedure to a large extent. [Cf. p. 48.] For this reason I shall leave the report in its original form. I shall not bring forward any of the criticisms which can so easily be made on it to-day, nor shall I attempt to fill in any of the numerous gaps in it. I will only add two things: what I afterwards discovered about the immediate aetiology of the illness and what I heard of its subsequent course. When, as I have mentioned, I spent a few days as Frau Emmy's guest in her country house, there was a stranger present at one of the meals who clearly tried to make himself agreeable. After his departure my hostess asked me how I had liked him and added as it were in passing: 'Only imagine, the man wants to marry me!' When I took this in connection with some other remarks which she had made, but to which I had not paid sufficient attention, I was led to conclude that she was longing at that time to be married again but found an obstacle to the realization of her purpose in the existence of her two daughters, who were the heiresses of their father's fortune. A few years later at a Scientific Congress I met a prominent physician from Frau Emmy's part of the country. I asked him if he was acquainted with the lady and knew anything of her condition. Yes, he said, he knew her, and had himself given her hypnotic treatment. She had gone through the same performance with him—and with many other doctors—as she had with me. Her condition had become very bad; she had rewarded his hypnotic treatment of her by making a remarkable recovery, but had then suddenly quarrelled with him, left him, and once more set her illness going to its full extent. It was a genuine instance of the 'compulsion to repeat'. It was not for another quarter of a century that I once more had news of Frau Emmy. Her elder daughter—the one of whom I had earlier made such an unfavourable prognosis—approached me with a request for a report on her mother's mental condition on the strength of my former treatment of her. She was intending to take legal proceedings against her mother, whom she represented as a cruel and ruthless tyrant. It seems that she had broken off relations with both her children and refused to assist them in their financial difficulties. The daughter who wrote to me had obtained a doctor's degree and was married. [This case history had already been discussed briefly by Freud in his paper on 'A Case of Successful Treatment by Hypnotism' (1892-93), and he made a short allusion to it in the first of his Five Lectures (1910a).]*

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