

Sigmund Freud

(1893). *Standard Edition*, (2):135-181

Fräulein Elisabeth von R, Case Histories from Studies on Hysteria

Sigmund Freud ⓘ

Case 5

Fräulein Elisabeth von R.

In the autumn of 1892 I was asked by a doctor I knew to examine a young lady who had been suffering for more than two years from pains in her legs and who had difficulties in walking. When making this request he added that he thought the case was one of hysteria, though there was no trace of the usual indications of that neurosis. He told me that he knew the family slightly and that during the last few years it had met with many misfortunes and not much happiness. First the patient's father had died, then her mother had had to undergo a serious eye-operation and soon afterwards a married sister had succumbed to a heart-affection of long standing after a confinement. In all these troubles and in all the sick-nursing involved, the largest share had fallen to our patient.

My first interview with this young woman of twenty-four years of age did not help me to make much further progress in understanding the case. She seemed intelligent and mentally normal and bore her troubles, which interfered with her social life and pleasures, with a cheerful air—the *belle indifférence* of a hysteric,¹ I could not help thinking. She walked with the upper part of her body bent forward, but without making use of any support. Her gait was not of any recognized pathological type, and moreover was by no means strikingly bad. All that was apparent was that she complained of great pain in walking and of being quickly overcome by fatigue both in walking and in standing, and that after a short time she had to rest, which lessened the pains but did not do away with them altogether. The pain was of an indefinite character; I gathered that it was something in the nature of a painful fatigue. A fairly large, ill-defined area of the anterior surface of the right thigh was

indicated as the focus of the pains, from which they most often radiated and where they reached their greatest intensity. In this area the skin and muscles were also particularly sensitive to pressure and pinching (though the prick of a needle was, if

[PEP]This page can be read in German in GESAMMELTE WERKE Vol 1, Page 196

¹*[Freud quotes this phrase again towards the end of his paper on repression (1915d), where he attributes it to Charcot.]*

135

anything, met with a certain amount of unconcern). This hyperalgesia of the skin and muscles was not restricted to this area but could be observed more or less over the whole of both legs. The muscles were perhaps even more sensitive to pain than the skin; but there could be no question that the thighs were the parts most sensitive to both these kinds of pain. The motor power of the legs could not be described as small, and the reflexes were of medium strength. There were no other symptoms, so that there was no ground for suspecting the presence of any serious organic affection. The disorder had developed gradually during the previous two years and varied greatly in intensity.

I did not find it easy to arrive at a diagnosis, but I decided for two reasons to assent to the one proposed by my colleague, [viz. that it was a case of hysteria]. In the first place I was struck by the indefiniteness of all the descriptions of the character of her pains given me by the patient, who was nevertheless a highly intelligent person. A patient suffering from organic pains will, unless he is neurotic in addition, describe them definitely and calmly. He will say, for instance, that they are shooting pains, that they occur at certain intervals, that they extend from this place to that and that they seem to him to be brought on by one thing or another. Again, when a neurasthenic¹ describes his pains, he gives an impression of being engaged on a difficult intellectual task to which his strength is quite unequal. His features are strained and distorted as though under the influence of a distressing affect. His voice grows more shrill and he struggles to find a means of expression. He rejects any description of his pains proposed by the physician, even though it may turn out afterwards to have been unquestionably apt. He is clearly of opinion that language is too poor to find words for his sensations and that those sensations are something unique and previously unknown, of which it would be quite impossible to give an exhaustive description. For this reason he never tires of constantly adding fresh details, and when he is obliged to break off he is sure to be left with the

conviction that he has not succeeded in making himself understood by the physician. All this is because his pains have attracted his whole attention to themselves. Fräulcin von R.

[^{PEP}] *This page can be read in German in GESAMMELTE WERKE Vol 1, Page 197*

¹*(A hypochondriac or a person affected with anxiety neurosis.) [These brackets are the author's.]*

136

behaved in quite an opposite way; and we are driven to conclude that, since she nevertheless attached sufficient importance to her symptoms, her attention must be dwelling on something else, of which the pains were only an accessory phenomenon —probably on thoughts and feelings, therefore, which were connected with them.

But there is a second factor which is even more decisively in favour of this view of the pains. If one stimulates an area sensitive to pain in someone with an organic illness or in a neurasthenic, the patient's face takes on an expression of discomfort or physical pain. Moreover he flinches and draws back from the examination and resists it. In the case of Fräulein von R., however, if one pressed or pinched the hyperalgesic skin and muscles of her legs, her face assumed a peculiar expression, which was one of pleasure rather than pain. She cried out—and I could not help thinking that it was as though she was having a voluptuous tickling sensation—her face flushed, she threw back her head and shut her eyes and her body bent backwards. None of this was very exaggerated but it was distinctly noticeable, and it could only be reconciled with the view that her disorder was hysterical, and that the stimulation had touched upon a hysterogenic¹ zone.

Her expression of face did not fit in with the pain which was ostensibly set up by the pinching of her muscles and skin; it was probably more in harmony with the subject-matter of the thoughts which lay concealed behind the pain and which had been aroused in her by the stimulation of the parts of the body associated with those thoughts. I had repeatedly observed expressions of similar significance in undoubted cases of hysteria, when a stimulus was applied to their hyperalgesic zones. Her other gestures were evidently very slight hints of a hysterical attack.

To begin with there was no explanation of the unusual localization of her hysterogenic zone. The fact that the hyperalgesia mainly affected the muscles also gave food for thought. The disorder which is most usually responsible for

diffuse and local sensitivity to pressure in the muscles is a rheumatic infiltration of those muscles—common chronic muscular rheumatism. I have already [p. 71 n.] spoken of its tendency to simulate

[^{PEP}] *This page can be read in German in GESAMMELTE WERKE Vol 1, Page 198*

¹*[So in the first edition. All later editions have, no doubt erroneously, 'hysterical'.]*

137

nervous affections. This possibility was not contradicted by the consistency of the patient's hyperalgesic muscles. There were numerous hard fibres in the muscular substance, and these seemed to be especially sensitive. Thus it was probable that an organic change in the muscles of the kind indicated was present and that the neurosis attached itself to this and made it seem of exaggerated importance.

Treatment proceeded on the assumption that the disorder was of this mixed kind. We recommended the continuation of systematic kneading and faradization of the sensitive muscles, regardless of the resulting pain, and I reserved to myself treatment of her legs with high tension electric currents, in order to be able to keep in touch with her. Her question whether she should force herself to walk was answered with a decided 'yes'.

In this way we brought about a slight improvement. In particular, she seemed to take quite a liking to the painful shocks produced by the high tension apparatus, and the stronger these were the more they seemed to push her own pains into the background. In the meantime my colleague was preparing the ground for psychical treatment, and when, after four weeks of my pretence treatment, I proposed the other method and gave her some account of its procedure and mode of operation, I met with quick understanding and little resistance.

The task on which I now embarked turned out, however, to be one of the hardest that I had ever undertaken, and the difficulty of giving a report upon it is comparable, moreover, with the difficulties that I had then to overcome. For a long time, too, I was unable to grasp the connection between the events in her illness and her actual symptom, which must nevertheless have been caused and determined by that set of experiences.

When one starts upon a cathartic treatment of this kind, the first question one asks oneself is whether the patient herself is aware of the origin and the precipitating cause of her illness. If so, no special technique is required to enable her to reproduce the story of her illness. The interest shown in her by

the physician, the understanding of her which he allows her to feel and the hopes of recovery he holds out to her—all these will decide the patient to yield up her secret. From the beginning it seemed to me probable that Fräulein Elisabeth was conscious

[PEP] *This page can be read in German in GESAMMELTE WERKE Vol 1, Page 199*

138

of the basis of her illness, that what she had in her consciousness was only a secret and not a foreign body. Looking at her, one could not help thinking of the poet's words:

Das Mäskchen da weissagt verborgnen Sinn.¹

In the first instance, therefore, I was able to do without hypnosis, with the reservation, however, that I could make use of it later if in the course of her confession material arose to the elucidation of which her memory was unequal. Thus it came about that in this, the first full-length analysis of a hysteria undertaken by me, I arrived at a procedure which I later developed into a regular method and employed deliberately. This procedure was one of clearing away the pathogenic psychical material layer by layer, and we liked to compare it with the technique of excavating a buried city. I would begin by getting the patient to tell me what was known to her and I would carefully note the points at which some train of thought remained obscure or some link in the causal chain seemed to be missing. And afterwards I would penetrate into deeper layers of her memories at these points by carrying out an investigation under hypnosis or by the use of some similar technique. The whole work was, of course, based on the expectation that it would be possible to establish a completely adequate set of determinants for the events concerned. I shall discuss presently the methods used for the deep investigation.

The story which Fräulein Elisabeth told of her illness was a wearisome one, made up of many different painful experiences. While she told it she was not under hypnosis; but I made her lie down and keep her eyes shut, though I made no objection to her occasionally opening them, changing her position, sitting up, and so on. When she was more deeply moved than usual by a part of her story she seemed to fall into a state more or less resembling hypnosis. She would then lie motionless and keep her eyes tightly shut.

I will begin by repeating what emerged as the most superficial layer of her memories. The youngest of three daughters, she was tenderly attached to her

parents and spent her youth on their estate in Hungary. Her mother's health was frequently

[PEP] *This page can be read in German in GESAMMELTE WERKE Vol 1, Page 200*

¹[*'Her mask reveals a hidden sense.'* Adapted from Goethe's *Faust, Part I (Scene 16).*]
—Nevertheless, it will be seen later that I was mistaken in this.

139

troubled by an affection of the eyes as well as by nervous states. Thus it came about that she found herself drawn into especially intimate contact with her father, a vivacious man of the world, who used to say that this daughter of his took the place of a son and a friend with whom he could exchange thoughts. Although the girl's mind found intellectual stimulation from this relationship with her father, he did not fail to observe that her mental constitution was on that account departing from the ideal which people like to see realized in a girl. He jokingly called her 'cheeky' and 'cock-sure', and warned her against being too positive in her judgements and against her habit of regardlessly telling people the truth, and he often said she would find it hard to get a husband. She was in fact greatly discontented with being a girl. She was full of ambitious plans. She wanted to study or to have a musical training, and she was indignant at the idea of having to sacrifice her inclinations and her freedom of judgement by marriage. As it was, she nourished herself on her pride in her father and in the prestige and social position of her family, and she jealously guarded everything that was bound up with these advantages. The unselfishness, however, with which she put her mother and elder sisters first, when an occasion arose, reconciled her parents completely to the harsher side of her character.

In view of the girls' ages it was decided that the family should move to the capital, where Elisabeth was able for a short time to enjoy a fuller and gayer life in the home circle. Then, however, the blow fell which destroyed the happiness of the family. Her father had concealed, or had perhaps himself overlooked, a chronic affection of the heart, and he was brought home unconscious one day suffering from a pulmonary oedema. He was nursed for eighteen months, and Elisabeth saw to it that she played the leading part at his sick-bed. She slept in his room, was ready to wake if he called her at night, looked after him during the day and forced herself to appear cheerful, while he reconciled himself to his hopeless state with uncomplaining resignation. The beginning of her illness must have been connected with this period of nursing, for she remembered that during its last six months she had taken to her bed for a day and a half on account of the pains we have described. She asserted, however, that these

pains quickly passed off and had not caused her any uneasiness or attracted her attention. And

[PEP] This page can be read in German in GESAMMELTE WERKE Vol 1, Page 201

140

in fact it was not until two years after her father's death that she felt ill and became incapable of walking on account of her pains.

The gap that was caused in the life of this family of four women by her father's death, their social isolation, the breaking-off of so many connections that had promised to bring her interest and enjoyment, her mother's ill-health which was now becoming more marked—all this cast a shadow over the patient's state of feeling; but at the same time it kindled a lively desire in her that her family might soon find something to replace their lost happiness, and led her to concentrate her whole affection and care on the mother who was still living.

When the year of mourning had passed, her elder sister married a gifted and energetic man. He occupied a responsible position and his intellectual powers seemed to promise him a great future. But to his closer acquaintances he exhibited a morbid sensitiveness and an egoistic insistence on his fads; and he was the first in the family circle to venture to show lack of consideration for the old lady. This was more than Elisabeth could bear. She felt called upon to take up the fight against her brother-in-law whenever he gave her occasion, while the other women did not take his temperamental outbursts to heart. It was a painful disappointment to her that the rebuilding of their former family happiness should be thus interrupted; and she could not forgive her married sister for the feminine pliancy with which she persistently avoided taking sides. Elisabeth retained a number of scenes in her memory in this connection, involving complaints, in part not expressed in words, against her first brother-in-law. But her chief reproach against him remained the fact that, for the sake of a prospective promotion, he moved with his small family to a remote town in Austria and thus helped to increase her mother's isolation. On this occasion Elisabeth felt acutely her helplessness, her inability to afford her mother a substitute for the happiness she had lost and the impossibility of carrying out the intention she had formed at her father's death.

The marriage of her second sister seemed to promise a brighter future for the family, for the second brother-in-law, though less outstanding intellectually, was a man after the heart of these cultivated women, brought up as they had been in a school of consideration for others. His behaviour reconciled

Elisabeth to the institution of marriage and to the thought of the sacrifices it involved. Moreover the second young couple remained in her mother's neighbourhood, and their child became Elisabeth's favourite. Unfortunately another event cast a shadow over the year in which this child was born. The treatment of her mother's eye-trouble necessitated her being kept in a dark room for several weeks, during which Elisabeth was with her. An operation was then pronounced unavoidable. The agitation at this prospect coincided with the preparations for her first brother-in-law's move. At last her mother came through the operation, which was performed by a master hand. The three families were united at a summer holiday resort, and it was hoped that Elisabeth, who had been exhausted by the anxieties of the last few months, would make a complete recovery during what was the first period of freedom from sorrows and fears that the family had enjoyed since her father's death.

It was precisely during this holiday, however, that Elisabeth's pains and locomotor weakness started. She had been to some extent aware of the pains for a short while, but they came on violently for the first time after she had had a warm bath in the bath establishment of the little watering-place. A few days earlier she had been for a long walk—in fact a regular tramp lasting half a day—and this they connected with the appearance of the pains, so that it was easy to take the view that Elisabeth had first been 'overtired' and had then 'caught cold'.

From this time on Elisabeth was the invalid of the family. She was advised by her doctor to devote the rest of the same summer to a course of hydropathic treatment at Gastein [in the Austrian Alps], and she went there with her mother. But a fresh anxiety now arose. Her second sister had become pregnant again and reports of her condition were most unfavourable, so that Elisabeth could hardly make up her mind to travel to Gastein. She and her mother had been there for barely a fortnight when they were called back by the news that her sister, who had now taken to her bed, was in a very bad state.

There followed an agonizing journey, during which Elisabeth was tormented not only by her pains but by dreadful expectations; on their arrival at the station there were signs that led them to fear the worst; and when they entered the sick-room

there came the certainty that they had come too late to take their leave of a living person.

Elisabeth suffered not only from the loss of this sister, whom she had dearly loved, but almost as much from the thoughts provoked by her death and the changes which it brought along with it. Her sister had succumbed to an affection of the heart which had been aggravated by her pregnancy. The idea now presented itself that heart disease was inherited from the father's side of the family. It was then recalled that the dead sister had suffered during her early girlhood from chorea accompanied by a mild cardiac disorder. They blamed themselves and the doctors for having permitted the marriage, and it was impossible to spare the unhappy widower the reproach of having endangered his wife's health by bringing on two pregnancies in immediate succession. From that time onwards Elisabeth's thoughts were occupied without interruption with the gloomy reflection that when, for once in a way, the rare conditions for a happy marriage had been fulfilled, this happiness should have come to such an end. Furthermore, she saw the collapse once more of all she had desired for her mother. Her widowed brother-in-law was inconsolable and withdrew from his wife's family. It appeared that his own family, which had been estranged from him during his short, happy marriage, thought this was a favourable moment for drawing him back into their own circle. There was no way of preserving the unity that had existed formerly. It was not practicable for him to live with her mother in view of Elisabeth's unmarried state. Since, also, he refused to allow the two women to have the custody of the child, which was the dead woman's only legacy, he gave them occasion for the first time to accuse him of hard-heartedness. Lastly—and this was not the least distressing fact—a rumour reached Elisabeth that a dispute had arisen between her two brothers-in-law. She could only guess at its cause; it seemed, however, that the widower had put forward financial demands which the other declared were unjustifiable and which, indeed, in view of the mother's present sorrow, he was able to characterize as blackmail of the worst description.

Here, then, was the unhappy story of this proud girl with her longing for love. Unreconciled to her fate, embittered by the failure of all her little schemes for re-establishing the family's former glories, with those she loved dead or gone away or

estranged, unready to take refuge in the love of some unknown man—she had lived for eighteen months in almost complete seclusion, with nothing to occupy her but the care of her mother and her own pains.

If we put greater misfortunes on one side and enter into a girl's feelings, we cannot refrain from deep human sympathy with Fräulein Elisabeth. But what shall we say of the purely medical interest of this tale of suffering, of its relations to her painful locomotor weakness, and of the chances of an explanation and cure afforded by our knowledge of these psychological traumas?

As far as the physician was concerned, the patient's confession was at first sight a great disappointment. It was a case history made up of commonplace emotional upheavals, and there was nothing about it to explain why it was particularly from hysteria that she fell ill or why her hysteria took the particular form of a painful abasia. It threw light neither on the causes nor the specific determination of her hysteria. We might perhaps suppose that the patient had formed an association between her painful mental impressions and the bodily pains which she happened to be experiencing at the same time, and that now, in her life of memories, she was using her physical feelings as a symbol of her mental ones. But it remained unexplained what her motives might have been for making a substitution of this kind and at what moment it had taken place. These, incidentally, were not the kind of questions that physicians were in the habit of raising. We were usually content with the statement that the patient was constitutionally a hysteric, liable to develop hysterical symptoms under the pressure of intense excitations *of whatever kind*.

Her confession seemed to offer even less help towards the cure of her illness than it did towards its explanation. It was not easy to see what beneficent influence Fräulein Elisabeth could derive from recapitulating the tale of her sufferings of recent years—with which all the members of her family were so familiar—to a stranger who received it with only a moderate sympathy. Nor was there any sign of the confession producing a curative effect of this kind. During this first period of her treatment she never failed to repeat that she was still feeling ill and that her pains were as bad as ever; and, when she looked at me as she said this with a sly look of satisfaction at

my discomfiture, I could not help being reminded of old Herr von R.'s judgement about his favourite daughter—that she was often ‘cheeky’ and ‘ill-behaved’. But I was obliged to admit that she was in the right.

If I had stopped the patient's psychical treatment at this stage, the case of Fräulein Elisabeth von R. would clearly have thrown no light on the theory of hysteria. But I continued my analysis because I firmly expected that deeper levels of her consciousness would yield an understanding both of the causes and the specific determinants of the hysterical symptoms. I therefore decided to put a direct question to the patient in an enlarged state of consciousness and to ask her what psychical impression it had been to which the first emergence of pains in her legs had been attached.

With this end in view I proposed to put the patient into a deep hypnosis. But, unfortunately, I could not help observing that my procedure failed to put her into any state other than the one in which she had made her recital. I was glad enough that on this occasion she refrained from triumphantly protesting: ‘I'm not asleep, you know; I can't be hypnotized.’ In this extremity the idea occurred to me of resorting to the device of applying pressure to the head, the origin of which I have described in full in the case history of Miss Lucy [p. 107 ff.]. I carried this out by instructing the patient to report to me faithfully whatever appeared before her inner eye or passed through her memory at the moment of the pressure. She remained silent for a long time and then, on my insistence, admitted that she had thought of an evening on which a young man had seen her home after a party, of the conversation that had taken place between them and of the feelings with which she had returned home to her father's sick-bed.

This first mention of the young man opened up a new vein of ideas the contents of which I now gradually extracted. It was a question here of a secret, for she had initiated no one, apart from a common friend, into her relations with the young man and the hopes attached to them. He was the son of a family with which they had long been on friendly terms and who lived near their former estate. The young man, who was himself an orphan, was devotedly attached to her father and followed his advice in pursuing his career. He had extended

[^{PEP}] *This page can be read in German in GESAMMELTE WERKE Vol 1, Page 208*

his admiration for her father to the ladies of the family. Numerous recollections of reading together, of exchanging ideas, and of remarks made by him which

were repeated to her by other people, bore witness to the gradual growth in her of a conviction that he loved her and understood her and that marriage with him would not involve the sacrifices on her part which she dreaded from marriage in general. Unluckily, he was scarcely any older than herself and was still far from being self-supporting. But she was firmly determined to wait for him.

After her father had fallen seriously ill and she had been so much taken up with looking after him, her meetings with her friend became more and more rare. The evening which she had first remembered represented what had actually been the climax of her feeling; but even then there had been no *éclaircissement* between them. On that occasion she had allowed herself to be persuaded, by the insistence of her family and of her father himself, to go to a party at which she was likely to meet him. She had wanted to hurry home early but had been pressed to stay and had given way when he promised to see her home. She had never had such warm feelings towards him as while he was accompanying her that evening. But when she arrived home late in this blissful frame of mind, she found her father was worse and reproached herself most bitterly for having sacrificed so much time to her own enjoyment. This was the last time she left her sick father for a whole evening. She seldom met her friend after this. After her father's death the young man seemed to keep away from her out of respect for her sorrow. The course of his life then took him in other directions. She had to familiarize herself by degrees with the thought that his interest in her had been displaced by others and that she had lost him. But this disappointment in her first love still hurt her whenever she thought of him.

It was therefore in this relationship and in the scene described above in which it culminated that I could look for the causes of her first hysterical pains. The contrast between the blissful feelings she had allowed herself to enjoy on that occasion and the worsening of her father's state which had met her on her return home constituted a conflict, a situation of incompatibility. The outcome of this conflict was that the erotic idea was repressed from association and the affect attaching to that idea was used to intensify or revive a physical pain which was

[*PEP*] *This page can be read in German in GESAMMELTE WERKE Vol 1, Page 209*

146

present simultaneously or shortly before. Thus it was an instance of the mechanism of conversion for the purpose of defence, which I have described in detail elsewhere.¹

A number of comments might of course be made at this point. I must emphasize the fact that I did not succeed in establishing from her memory that the conversion took place at the moment of her return home. I therefore looked about for similar experiences during the time she was nursing her father and elicited a number of them. Among these, special prominence attached, on account of their frequent occurrence, to scenes in which, at her father's call, she had jumped out of bed with bare feet in a cold room. I was inclined to attribute some importance to these factors, since in addition to complaining about the pain in her legs she also complained of tormenting sensations of cold. Nevertheless, even here I was unable to get hold of any scene which it was possible to identify as that at which the conversion had occurred. I was inclined for this reason to think that there was a gap in the explanation at this point, until I recollected that the hysterical pains in the legs had in fact not made their appearance during the period when she was nursing her father. She only remembered a single attack of pain, which had only lasted a day or two and had not attracted her attention [p. 140]. I now directed my enquiries to this first appearance of the pains. I succeeded in reviving the patient's memory of it with certainty. At that very time a relative had visited them and she had been unable to receive him, owing to being laid up in bed. This same man had been unlucky enough, when he visited them again two years later, to find her in bed once more. But in spite of repeated attempts we failed to trace any psychical cause for the first pains. I thought it safe to assume that they had in fact appeared without any psychical cause and were a mild rheumatic affection; and I was able to establish that this organic disorder, which was the model copied in her later hysteria, had in any case to be dated before the scene of her being accompanied back from the party. From the nature of things it is nevertheless possible that these pains, being of organic origin, may have persisted for some time to a mitigated degree without being very noticeable. The obscurity due to the fact that the analysis

[^{PEP}] *This page can be read in German in GESAMMELTE WERKE Vol 1, Page 210*

¹[See Freud's first paper on 'The Neuro-Psychoses of Defence' (1894a), and the footnote on p. 10 above.]

pointed to the occurrence of a conversion of psychical excitation into physical pain though that pain was certainly not perceived at the time in question or remembered afterwards—this is a problem which I hope to be able to solve later on the basis of further considerations and later examples.¹ [See below, p. 168 ff.]

The discovery of the reason for the first conversion opened a second, fruitful period of the treatment. The patient surprised me soon afterwards by announcing that she now knew why it was that the pains always radiated from that particular area of the right thigh and were at their most painful there: it was on this place that her father used to rest his leg every morning, while she renewed the bandage round it, for it was badly swollen. This must have happened a good hundred times, yet she had not noticed the connection till now. In this way she gave me the explanation that I needed of the emergence of what was an atypical hysterogenic zone. Further, her painful legs began to 'join in the conversation' during our analyses. [See p. 296.] What I have in mind is the following remarkable fact. As a rule the patient was free from pain when we started work. If, then, by a question or by pressure upon her head I called up a memory, a sensation of pain would make its first appearance, and this was usually so sharp that the patient would give a start and put her hand to the painful spot. The pain that was thus aroused would persist so long as she was under the influence of the memory; it would reach its climax when she was in the act of telling me the essential and decisive part of what she had to communicate, and with the last word of this it would disappear. I came in time to use such pains as a compass to guide me; if she stopped talking but admitted that she still had a pain, I knew that she had not told me everything, and insisted on her continuing her story till the pain had been talked away. Not until then did I arouse a fresh memory.

During this period of 'abreaction' the patient's condition, both physical and mental, made such a striking improvement that I used to say, only half-jokingly, that I was taking away a

[PEP] *This page can be read in German in GESAMMELTE WERKE Vol 1, Page 211*

¹*I cannot exclude the possibility, though I cannot establish the fact, that these pains, which chiefly affected the thighs, were of a neurasthenic nature. [Cf. p. 175 n.]*

148

certain amount of her motives for pain every time and that when I had cleared them all away she would be well. She soon got to the point of being without pain most of the time; she allowed herself to be persuaded to walk about a great deal and to give up her former isolation. In the course of the analysis I sometimes followed the spontaneous fluctuations in her condition; and I sometimes followed my own estimate of the situation when I considered that I had not completely exhausted some portion of the story of her illness.

During this work I made some interesting observations, whose lessons I subsequently found confirmed in treating other patients. As regards the spontaneous fluctuations, in the first place, I found that in fact none had occurred which had not been provoked by association with some contemporary event. On one occasion she had heard of an illness of one of her acquaintances which reminded her of a detail of her father's illness; another time her dead sister's child had been on a visit to them, and its likeness to its mother had stirred up her feelings of grief; and yet another time a letter from her distant sister showed clear evidence of her unfeeling brother-in-law's influence and gave rise to a pain which required her to produce the story of a family scene which she had not yet told me about. Since she never brought up the same precipitating cause of a pain twice over, it seemed that we were justified in supposing that we should in this way exhaust the stock of them; and I therefore did not hesitate to get her into situations which were calculated to bring up fresh memories which had not yet reached the surface. For instance, I sent her to visit her sister's grave, and I encouraged her to go to a party at which she might once more come across the friend of her youth.

In the next place, I obtained some insight into the manner of origin of what might be described as a 'monosymptomatic' hysteria. For I found that her *right* leg became painful under hypnosis when the discussion turned on her nursing her sick father, on her relations with the friend of her youth or on other events falling within the first period of her pathogenic experiences; on the other hand, the pain made its appearance in her other, *left*, leg as soon as I stirred up a memory relating to her dead sister or her two brothers-in-law—in short, to an impression from the second half of the story of her illness. Having thus had my attention aroused by the regularity of this relation,

[*PEP*] *This page can be read in German in GESAMMELTE WERKE Vol 1, Page 212*
149

I carried my investigation further and formed an impression that this differentiation went still further and that every fresh psychical determinant of painful sensations had become attached to some fresh spot in the painful area of her legs. The original painful spot in her right thigh had related to her nursing her father; the area of pain had extended from this spot to neighbouring regions as a result of fresh traumas. Here, therefore, what we were dealing with was not strictly speaking a *single* physical symptom, linked with a variety of mnemonic complexes in the mind, but a number of similar symptoms which appeared, on a superficial view, to be merged into one symptom. But I did not pursue further the delimitation of zones of pain

corresponding to different psychical determinants, since I found that the patient's attention was directed away from this subject.

I did, however, turn my attention to the way in which the whole symptomatic complex of abasia might have been built up upon these painful zones, and in that connection I asked her various questions, such as what was the origin of her pains in walking? in standing? and in lying down? Some of these questions she answered spontaneously, some under the pressure of my hand. Two things emerged from this. In the first place she divided all the scenes with painful impressions attached to them into groups for me, according as she had experienced them while she was sitting or standing, and so on. For instance, she was *standing* by a door when her father was brought home with his heart attack [p. 140], and in her fright she stood stock still as though she was rooted to the ground. She went on to add a number of other memories to this first example of fright while she was standing, till she came to the fearful scene in which once again she *stood*, as though spellbound, by her sister's death-bed [pp. 142-3]. This whole chain of memories might be expected to show that there was a legitimate connection between her pains and standing up; and it might indeed be accepted as evidence of an association. But we must bear in mind that another factor must be proved to be present in all these events, one which directed her attention precisely to her standing (or, as the case may be, to her walking, sitting, etc.) and consequently led to conversion. The explanation of her attention taking this direction can scarcely be looked for elsewhere than in the circumstance that walking, standing and

[PEP] *This page can be read in German in GESAMMELTE WERKE Vol 1, Page 214*
150

lying are functions and states of those parts of her body which in her case comprised the painful zones, namely, her legs. It was therefore easy in the present case to understand the connection between the astasia-abasia and the first occurrence of conversion.

Among the episodes which, according to this catalogue, seemed to have made *walking* painful, one received special prominence: a walk which she had taken at the health resort in the company of a number of other people [p. 142] and which was supposed to have been too long. The details of this episode only emerged with hesitation and left several riddles unsolved. She had been in a particularly yielding mood, and eagerly joined her party of friends. It was a fine day, not too hot. Her mother stopped at home and her elder sister had already gone away. Her younger sister felt unwell, but did not want to spoil her

enjoyment; the brother-in-law began by saying that he would stay with his wife, but afterwards decided to join the party on Elisabeth's account. This scene seemed to have had a great deal to do with the first appearance of the pains, for she remembered being very tired and suffering from violent pain when she returned from the walk. She said, however, that she was not certain whether she had already noticed the pains before this. I pointed out to her that she was unlikely to have undertaken such a long walk if she had had any considerable pains. I asked her what it was in the walk that might have brought on the pain and she gave me the somewhat obscure reply that the contrast between her own loneliness and her sick sister's married happiness (which her brother-in-law's behaviour kept constantly before her eyes) had been painful to her.

Another scene, which was very close to the former one in time, played a part in linking the pains with *sitting*. It was a few days later. Her sister and brother-in-law had already left the place. She found herself in a restless, yearning mood. She rose early in the morning and climbed a small hill to a spot which they had often been to together and which afforded a lovely view. She sat down there on a stone bench and gave herself up to her thoughts. These were once again concerned with her loneliness and the fate of her family; and this time she openly confessed to a burning wish that she might be as happy as her sister. She returned from this morning meditation with violent pains, and that same evening had the bath after

[^{PEP}]This page can be read in German in *GESAMMELTE WERKE Vol 1, Page 215*

151

which the pains made their final and permanent appearance [p. 142].

It was further shown without any doubt that her pain in walking and standing used, to begin with, to be allayed when she was *lying down*. The pains were not linked to lying down as well until, after hearing the news of her sister's illness, she travelled back from Gastein [loc. cit.] and was tormented during the night alike by worry about her sister and by raging pains, as she lay, sleepless, stretched out in the railway carriage. And for quite a time after this, lying down was actually more painful to her than walking or standing.

In this way, firstly, the painful region had been extended by the addition of adjacent areas: every fresh theme which had a pathogenic effect had cathected a new region in the legs; secondly, each of the scenes which made a powerful impression on her had left a trace behind it, bringing about lasting and constantly accumulating cathexis of the various functions of the legs, a linking

of these functions with her feelings of pain. But a third mechanism had unmistakably been involved in the building up of her astasia-abasia. The patient ended her description of a whole series of episodes by complaining that they had made the fact of her 'standing alone' painful to her. In another series of episodes, which comprised her unsuccessful attempts to establish a new life for her family, she was never tired of repeating that what was painful about them had been her feeling of helplessness, the feeling that she could not 'take a single step forward'. In view of this, I was forced to suppose that among the influences that went to the building up of her abasia, these reflections of hers played a part; I could not help thinking that the patient had done nothing more nor less than look for a *symbolic* expression of her painful thoughts and that she had found it in the intensification of her sufferings. The fact that somatic symptoms of hysteria can be brought about by symbolization of this kind was already asserted in our 'Preliminary Communication' [p. 5]. In the Discussion on the present case I shall bring forward two or three conclusive instances of this. [Sec p. 176 ff.] This psychical mechanism of symbolization did *not* play a prominent part with Fraulein Elisabeth von R. It did not *create* her abasia. But everything goes to show that the abasia which was already present received considerable reinforcement in this way. Accordingly, this

[PEP] *This page can be read in German in GESAMMELTE WERKE Vol 1, Page 216*
152

abasia, at the stage of development at which I came across it, was to be equated not only with a functional paralysis based on psychical associations but also with one based on symbolization.

Before I resume my account of the case I will add a few words on the patient's behaviour during this second phase of the treatment. Throughout the analysis I made use of the technique of bringing out pictures and ideas by means of pressing on the patient's head, a method, that is, which would be unworkable without the patient's full co-operation and willing attention. [Cf. p. 110 f.] Sometimes, indeed, her behaviour fulfilled my highest expectations, and during such periods it was surprising with what promptitude the different scenes relating to a given theme emerged in a strictly chronological order. It was as though she were reading a lengthy book of pictures, whose pages were being turned over before her eyes. At other times there seemed to be impediments of whose nature I had no suspicion then. When I pressed her head she would maintain that nothing occurred to her. I would repeat my pressure and tell her to wait, but still nothing appeared. The first few times when this recalcitrance exhibited itself I allowed myself to be led into breaking off the work: it was an

unfavourable day; we would try another time. Two observations, however, decided me to alter my attitude. I noticed, in the first place, that the method failed in this way only when I found Elisabeth in a cheerful state and free from pain, never when she was feeling badly. In the second place, that she often made such assertions as that she saw nothing, after she had allowed a long interval to pass during which her tense and preoccupied expression of face nevertheless betrayed the fact that a mental process was taking place in her. I resolved, therefore, to adopt the hypothesis that the procedure never failed: that on every occasion under the pressure of my hand some idea occurred to Elisabeth or some picture came before her eyes, but that she was not always prepared to communicate it to me, and tried to suppress once more what had been conjured up. I could think of two motives for this concealment. Either she was applying criticism to the idea, which she had no right to do, on the ground of its not being important enough or of its being an irrelevant reply to the question she had been asked; or she hesitated to produce it because—she found it too disagreeable to tell. I therefore proceeded as though I was completely

[PEP] *This page can be read in German in GESAMMELTE WERKE Vol 1, Page 217*
153

convinced of the trustworthiness of my technique. I no longer accepted her declaration that nothing had occurred to her, but assured her that something *must* have occurred to her. Perhaps, I said, she had not been sufficiently attentive, in which case I should be glad to repeat my pressure. Or perhaps she thought that her idea was not the right one. This, I told her, was not her affair; she was under an obligation to remain completely objective and say what had come into her head, whether it was appropriate or not. Finally I declared that I knew very well that something *had* occurred to her and that she was concealing it from me; but she would never be free of her pains so long as she concealed anything. By thus insisting, I brought it about that from that time forward my pressure on her head never failed in its effect. I could not but conclude that I had formed a correct opinion of the state of affairs, and I derived from this analysis a literally unqualified reliance on my technique. It often happened that it was not until I had pressed her head three times that she produced a piece of information; but she herself would remark afterwards: 'I could have said it to you the first time.'—'And why didn't you?'—'I thought it wasn't what was wanted', or 'I thought I could avoid it, but it came back each time.' In the course of this difficult work I began to attach a deeper significance to the resistance

offered by the patient in the reproduction of her memories and to make a careful collection of the occasions on which it was particularly marked.¹

I have now arrived at the third period of the treatment. The patient was better. She had been mentally relieved and was now capable of successful effort. But her pains had manifestly not been removed; they recurred from time to time, and with all their old severity. This incomplete therapeutic result corresponded to an incompleteness in the analysis. I still did not know exactly at what moment and by what mechanism the pains had originated. During the reproduction of the great variety of scenes in the second period and while I was observing the patient's resistance to telling me about them, I had formed a particular suspicion. I did *not* venture yet, however, to adopt it as the basis of my further action. But a chance occurrence

[PEP] This page can be read in German in GESAMMELTE WERKE Vol 1, Page 218

¹*[This is the first mention of the important clinical fact of 'resistance'. It is discussed at greater length below, p. 268 ff.]*

154

decided the matter. One day while I was working with the patient, I heard a man's footsteps in the next room and a pleasant voice which seemed to be asking some question. My patient thereupon got up and asked that we might break off for the day: she had heard her brother-in-law arrive and enquire for her. Up to that point she had been free from pain, but after the interruption her facial expression and gait betrayed the sudden emergence of severe pains. My suspicion was strengthened by this and I determined to precipitate the decisive explanation.

I therefore questioned her about the causes and circumstances of the first appearance of the pains. By way of answer her thoughts turned towards her summer visit to the health resort before her journey to Gastein, and a number of scenes turned up once more which had not been treated very completely. She recalled her state of feeling at the time, her exhaustion after her anxieties about her mother's eyesight and after having nursed her at the time of her operation, and her final despair of a lonely girl like her being able to get any enjoyment out of life or achieve anything in it. Till then she had thought herself strong enough to be able to do without the help of a man; but she was now overcome by a sense of her weakness as a woman and by a longing for love in which, to quote her own words, her frozen nature began to melt. In this mood she was deeply affected by her second sister's happy marriage—by seeing with what touching care he looked after her, how they understood each other at a

single glance and how sure they seemed to be of each other. It was no doubt to be regretted that the second pregnancy followed so soon after the first, and her sister knew that this was the reason of her illness; but how willingly she bore it because he was its cause. On the occasion of the walk which was so intimately connected with Elisabeth's pains, her brother-in-law had at first been unwilling to join in it and had wanted to stay by his sick wife. She, however, persuaded him with a look to go with them, because she thought it would give Elisabeth pleasure. Elisabeth remained in his company all through the walk. They discussed every kind of subject, among them the most intimate ones. She found herself in complete agreement with everything he said, and a desire to have a husband like him became very strong in her. Then, a few days later, came the scene on the morning after the departure of her sister and brother-in-law when she

[PEP] *This page can be read in German in GESAMMELTE WERKE Vol 1, Page 219*
155

made her way to the place with a view, which had been a favourite object of their walks. There she sat down and dreamt once again of enjoying such happiness as her sister's and of finding a husband who would know how to capture her heart like this brother-in-law of hers. She was in pain when she stood up, but it passed off once more. It was not until the afternoon, when she had had the warm bath, that the pains broke out, and she was never again free from them. I tried to discover what thoughts were occupying her mind while she was having the bath; but I learnt only that the bath-house had reminded her of the members of her family who had gone away, because that was the building in which they had stayed.

It had inevitably become clear to me long since what all this was about; but the patient, deep in her bitter-sweet memories, seemed not to notice the end to which she was steering, and continued to reproduce her recollections. She went on to her visit to Gastein, the anxiety with which she looked forward to every letter, finally the bad news about her sister, the long wait till the evening, which was the first moment at which they could get away from Gastein, then the journey, passed in tormenting uncertainty, and the sleepless night—all of these accompanied by a violent increase in her pains. I asked her whether during the journey she had thought of the grievous possibility which was afterwards realized. She answered that she had carefully avoided the thought, but she believed that her mother had from the beginning expected the worst.—Her memories now went on to their arrival in Vienna, the impression made on them by the relatives who met them, the short journey from Vienna to the summer

resort in its neighbourhood where her sister lived, their reaching there in the evening, the hurried walk through the garden to the door of the small garden house, the silence within and the oppressive darkness; how her brother-in-law was not there to receive them, and how they stood before the bed and looked at her sister as she lay there dead. At that moment of dreadful certainty that her beloved sister was dead without bidding them farewell and without her having eased her last days with her care—at that very moment another thought had shot through Elisabeth's mind, and now forced itself irresistibly upon her once more, like a flash of lightning in the dark: 'Now he is free again and I can be his wife.'

[PEP] *This page can be read in German in GESAMMELTE WERKE Vol 1, Page 221*

156

Everything was now clear. The analyst's labours were richly rewarded. The concepts of the 'fending off' of an incompatible idea, of the genesis of hysterical symptoms through the conversion of psychical excitations into something physical and the formation of a separate psychical group through the act of will which led to the fending-off—all these things were, in that moment, brought before my eyes in concrete form. Thus and in no other way had things come about in the present case. This girl felt towards her brother-in-law a tenderness whose acceptance into consciousness was resisted by her whole moral being. She succeeded in sparing herself the painful conviction that she loved her sister's husband, by inducing physical pains in herself instead; and it was in the moments when this conviction sought to force itself upon her (on her walk with him, during her morning reverie, in the bath, by her sister's bedside) that her pains had come on, thanks to successful conversion. At the time when I started her treatment the group of ideas relating to her love had already been separated from her knowledge. Otherwise she would never, I think, have agreed to embarking on the treatment. The resistance with which she had repeatedly met the reproduction of scenes which operated traumatically corresponded in fact to the energy with which the incompatible idea had been forced out of her associations.

The period that followed, however, was a hard one for the physician. The recovery of this repressed idea had a shattering effect on the poor girl. She cried aloud when I put the situation drily before her with the words: 'So for a long time you had been in love with your brother-in-law.' She complained at this moment of the most frightful pains, and made one last desperate effort to reject the explanation: it was not true, I had talked her into it, it *could* not be true, she was incapable of such wickedness, she could never forgive herself for

it. It was easy to prove to her that what she herself had told me admitted of no other interpretation. But it was a long time before my two pieces of consolation—that we are not responsible for our feelings, and that her behaviour, the fact that she had fallen ill in these circumstances, was sufficient evidence of her moral character—it was a long time before these consolations of mine made any impression on her.

In order to mitigate the patient's sufferings I had now to proceed along more than one path. In the first place I wanted

[PEP] *This page can be read in German in GESAMMELTE WERKE Vol 1, Page 222*
157

to give her an opportunity of getting rid of the excitation that had been piling up so long, by 'abreacting' it. We probed into the first impressions made on her in her relations with her brother-in-law, the beginning of the feelings for him which she had kept unconscious. Here we came across all the little premonitory signs and intuitions of which a fully-grown passion can make so much in retrospect. On his first visit to the house he had taken her for the girl he was to marry and had greeted her before her elder but somewhat insignificant-looking sister. One evening they were carrying on such a lively conversation together and seemed to be getting on so well that his fiancée had interrupted them half-seriously with the remark: 'The truth is, you two would have suited each other splendidly.' Another time, at a party where they knew nothing of his engagement, the young man was being discussed and a lady criticized a defect in his figure which suggested that he had had a disease of the bones in his childhood. His fiancée herself listened quietly, but Elisabeth flared up and defended the symmetry of her future brother-in-law's figure with a zeal which she herself could not understand. As we worked through these recollections it became clear to Elisabeth that her tender feeling for her brother-in-law had been dormant in her for a long time, perhaps even from the beginning of her acquaintance with him, and had lain concealed all that time behind the mask of mere sisterly affection, which her highly-developed family feeling could enable her to accept as natural.

This process of abreaction certainly did her much good. But I was able to relieve her still more by taking a friendly interest in her present circumstances. With this end in view I arranged for an interview with Frau von R. I found her an understanding and sensitive lady, though her vital spirits had been reduced by her recent misfortunes. I learned from her that on closer examination the charge of unfeeling blackmail which had been brought by the elder brother-in-

law against the widower and which had been so painful to Elisabeth had had to be withdrawn. No stain was left on the young man's character. It was a misunderstanding due to the different value which, as can readily be seen, would be attached to money by a business man, to whom money is a tool of his trade, and a civil servant. Nothing more than this remained of the painful episode. I begged her mother from that time forward to tell Elisabeth

[PEP] This page can be read in German in GESAMMELTE WERKE Vol 1, Page 223

158

everything she needed to know, and in the future to give her the opportunity for unburdening her mind to which I should have accustomed her.

I was also, of course, anxious to learn what chance there was that the girl's wish, of which she was now conscious, would come true. Here the prospects were less favourable. Her mother told me that she had long ago guessed Elisabeth's fondness for the young man, though she had not known that the feeling had already been there during her sister's lifetime. No one seeing the two of them together—though in fact this had now become a rare event—could doubt the girl's anxiety to please him. But, she told me, neither she (the mother) nor the family advisers were particularly in favour of a marriage. The young man's health was by no means good and had received a fresh set-back from the death of his beloved wife. It was not at all certain, either, that his mental state was yet sufficiently recovered for him to contract a new marriage. This was perhaps why he was behaving with so much reserve; perhaps, too, it was because he was uncertain of his reception and wished to avoid comments that were likely to be made. In view of these reservations on both sides, the solution for which Elisabeth longed was unlikely to be achieved.

I told the girl what I had heard from her mother and had the satisfaction of benefiting her by giving her the explanation of the money affair. On the other hand I encouraged her to face with calmness the uncertainty about the future which it was impossible to clear up. But at this point the approach of summer made it urgent for us to bring the analysis to an end. Her condition was once more improved and there had been no more talk of her pains since we had been investigating their causes. We both had a feeling that we had come to a finish, though I told myself that the abreaction of the love she had so long kept down had not been carried out very fully. I regarded her as cured and pointed out to her that the solution of her difficulties would proceed on its own account now that the path had been opened to it. This she did not dispute. She left

Vienna with her mother to meet her eldest sister and her family and to spend the summer together.

I have a few words to add upon the further course of Fraulein Elisabeth von R.'s case. Some weeks after we had separated I received a despairing letter from her mother. At her first

[PEP]This page can be read in German in GESAMMELTE WERKE Vol 1, Page 224

159

attempt, she told me, to discuss her daughter's affairs of the heart with her, the girl had rebelled violently and had since then suffered from severe pains once more. She was indignant with me for having betrayed her secret. She was entirely inaccessible, and the treatment had been a complete failure. What was to be done now? she asked. Elisabeth would have nothing more to do with me. I did not reply to this. It stood to reason that Elisabeth after leaving my care would make one more attempt to reject her mother's intervention and once more take refuge in isolation. But I had a kind of conviction that everything would come right and that the trouble I had taken had not been in vain. Two months later they were back in Vienna, and the colleague to whom I owed the introduction of the case gave me news that Elisabeth felt perfectly well and was behaving as though there was nothing wrong with her, though she still suffered occasionally from slight pains. Several times since then she has sent me similar messages and each time promised to come and see me. But it is a characteristic of the personal relationship which arises in treatments of this kind that she has never done so. As my colleague assures me, she is to be regarded as cured. Her brother-in-law's connection with the family has remained unaltered.

In the spring of 1894 I heard that she was going to a private ball for which I was able to get an invitation, and I did not allow the opportunity to escape me of seeing my former patient whirl past in a lively dance. Since then, by her own inclination, she has married someone unknown to me.

Discussion

I have not always been a psychotherapist. Like other neuropathologists, I was trained to employ local diagnoses and electro-prognosis, and it still strikes me myself as strange that the case histories I write should read like short stories and that, as one might say, they lack the serious stamp of science. I must console myself with the reflection that the nature of the subject is evidently

responsible for this, rather than any preference of my own. The fact is that local diagnosis and electrical reactions lead nowhere in the study of hysteria, whereas a detailed description of mental processes such as we are accustomed to find in the works of imaginative writers enables me, with the use of a

[*PEP*] *This page can be read in German in GESAMMELTE WERKE Vol 1, Page 226*
160

few psychological formulas, to obtain at least some kind of insight into the course of that affection. Case histories of this kind are intended to be judged like psychiatric ones; they have, however, one advantage over the latter, namely an intimate connection between the story of the patient's sufferings and the symptoms of his illness—a connection for which we still search in vain in the biographies of other psychoses.

In reporting the case of Fräulein Elisabeth von R. I have endeavoured to weave the explanations which I have been able to give of the case into my description of the course of her recovery. It may perhaps be worth while to bring together the important points once more. I have described the patient's character, the features which one meets with so frequently in hysterical people and which there is no excuse for regarding as a consequence of degeneracy: her giftedness, her ambition, her moral sensibility, her excessive demand for love which, to begin with, found satisfaction in her family, and the independence of her nature which went beyond the feminine ideal and found expression in a considerable amount of obstinacy, pugnacity and reserve. No appreciable hereditary taint, so my colleague told me, could be traced on either side of her family. It is true that her mother suffered for many years from a neurotic depression which had not been investigated; but her mother's brothers and sisters and her father and his family could be regarded as well-balanced people free from nervous trouble. No severe case of neuro-psychosis had occurred among her close relatives.

Such was the patient's nature, which was now assailed by painful emotions, beginning with the lowering effect of nursing her beloved father through a long illness.

There are good reasons for the fact that sick-nursing plays such a significant part in the prehistory of cases of hysteria. A number of the factors at work in this are obvious: the disturbance of one's physical health arising from interrupted sleep, the neglect of one's own person, the effect of constant worry on one's vegetative functions. But, in my view, the most important determinant

is to be looked for elsewhere. Anyone whose mind is taken up by the hundred and one tasks of sick-nursing which follow one another in endless succession over a period of weeks and months will, on the one hand, adopt a habit of suppressing every sign of his own emotion, and on the other, will soon

[*PEP*] *This page can be read in German in GESAMMELTE WERKE Vol 1, Page 227*

161

divert his attention away from his own impressions, since he has neither time nor strength to do justice to them. Thus he will accumulate a mass of impressions which are capable of affect, which are hardly sufficiently perceived and which, in any case, have not been weakened by abreaction. He is creating material for a 'retention hysteria'.¹ If the sick person recovers, all these impressions, of course, lose their significance. But if he dies, and the period of mourning sets in, during which the only things that seem to have value are those that relate to the person who has died, these impressions that have not yet been dealt with come into the picture as well; and after a short interval of exhaustion the hysteria, whose seeds were sown during the time of nursing, breaks out.

We also occasionally come across this same fact of the traumas accumulated during sick-nursing being dealt with subsequently, where we get no general impression of illness but where the mechanism of hysteria is nevertheless retained. Thus I am acquainted with a highly-gifted lady who suffers from slight nervous states and whose whole character bears evidence of hysteria, though she has never had to seek medical help or been unable to carry on her duties. She has already nursed to the end three or four of those whom she loved. Each time she reached a state of complete exhaustion; but she did not fall ill after these tragic efforts. Shortly after her patient's death, however, there would begin in her a work of reproduction which once more brought up before her eyes the scenes of the illness and death. Every day she would go through each impression once more, would weep over it and console herself—at her leisure, one might say. This process of dealing with her impressions was dovetailed into her everyday tasks without the two activities interfering with each other. The whole thing would pass through her mind in chronological sequence. I cannot say whether the work of recollection corresponded day by day with the past. I suspect that this depended on the amount of leisure which her current household duties allowed.²

In addition to these outbursts of weeping with which she made up arrears and which followed close upon the fatal termination

[PEP]This page can be read in German in GESAMMELTE WERKE Vol 1, Page 228

¹[See p. 211 and footnote]

²[In this account of the 'work of recollection' Freud seems to be anticipating the 'work of mourning' which he described much later in his paper 'Mourning and Melancholia' (1917e).]

162

of the illness, this lady celebrated annual festivals of remembrance at the period of her various catastrophes, and on these occasions her vivid visual reproduction and expressions of feeling kept to the date precisely. For instance, on one occasion I found her in tears and asked her sympathetically what had happened that day. She brushed aside my question half-angrily: 'Oh no,' she said, 'it is only that the specialist was here again to-day and gave us to understand that there was no hope. I had no time to cry about it then.' She was referring to the last illness of her husband, who had died three years earlier. I should be very much interested to know whether the scenes which she celebrated at these annual festivals of remembrance were always the same ones or whether different details presented themselves for abreaction each time, as I suspect in view of my theory.¹ But I cannot discover with certainty. The lady,

[PEP]This page can be read in German in GESAMMELTE WERKE Vol 1, Page 229

¹I once learnt to my surprise that an 'abreaction of arrears' of this kind—though the impressions concerned were not derived from sick-nursing—can form the subject-matter of an otherwise puzzling neurosis. This was so in the case of *Fräulein Mathilde H.*, a good-looking, nineteen-year-old girl. When I first saw her she was suffering from a partial paralysis of the legs. Some months later, however, she came to me for treatment on account of a change in her character. She had become depressed to the point of a *taedium vitae*, utterly inconsiderate to her mother, irritable and inaccessible. The patient's picture as a whole forbade my assuming that this was a common melancholia. She was very easily put into a state of deep somnambulism, and I availed myself of this peculiarity of hers in order to give her commands and suggestions at every visit. She listened to these in deep sleep, to the accompaniment of floods of tears; but, apart from this, they caused very little change in her condition. One day she became talkative in her hypnosis and told me that the cause of her depression was the breaking off of her engagement, which had occurred several months earlier. Closer acquaintance with her fiancé had brought out more and more things that were unwelcome to her and her mother. On the other hand, the material advantages

of the connection had been too obvious for it to be easy to decide to break it off. So for a long time they had both wavered and she herself had fallen into a state of indecision in which she regarded all that happened to her with apathy. In the end her mother uttered the decisive negative on her behalf. A little later she had woken up as though from a dream and begun to occupy her thoughts busily with the decision that had already been made and to weigh the pros and cons. This process, she told me, was still going on: she was living in the period of doubt, and every day she was possessed by the mood and thoughts which were appropriate to the day in the past with which she was occupied. Her irritability with her mother, too, had its basis only in the circumstances which prevailed at that time. In comparison with these activities of her thoughts, her present life seemed like a mere appearance of reality, like something in a dream.—I did not succeed in inducing the girl to talk again. I continued to address her while she was in deep somnambulism and saw her burst into tears each time without ever answering me; and one day, round about the anniversary of her engagement, her whole state of depression passed off—an event which brought me the credit of a great therapeutic success by hypnotism.

163

who had no less strength of character than intelligence, was ashamed of the violent effect produced in her by these reminiscences.

I must emphasize once more: this woman is not ill; her postponed abreaction was not a hysterical process, however much it resembled one. We may ask why it should be that one instance of sick-nursing should be followed by a hysteria and another not. It cannot be a matter of individual predisposition, for this was present to an ample degree in the lady I have in mind.

But I must now return to Fräulein Elisabeth von R. While she was nursing her father, as we have seen, she for the first time developed a hysterical symptom—a pain in a particular area of her right thigh. It was possible by means of analysis to find an adequate elucidation of the mechanism of the symptom. It happened at a moment when the circle of ideas embracing her duties to her sick father came into conflict with the content of the erotic desire she was feeling at the time. Under the pressure of lively self-reproaches she decided in favour of the former, and in doing so brought about her hysterical pain.

According to the view suggested by the conversion theory of hysteria what happened may be described as follows. She repressed her erotic idea from consciousness and transformed the amount of its affect into physical sensations of pain. It did not become clear whether she was presented with this first conflict on one occasion only or on several; the latter alternative is the

more likely. An exactly similar conflict—though of higher ethical significance and even more clearly established by the analysis—developed once more some years later and led to an intensification of the same pains and to an extension beyond their original limits. Once again it was a circle of ideas of an erotic kind that came into conflict with all her moral ideas; for her inclinations centred upon her brother-in-law, and, both

[PEP] *This page can be read in German in GESAMMELTE WERKE Vol 1, Page 230*

164

during her sister's lifetime and after her death, the thought of being attracted by precisely this man was totally unacceptable to her. The analysis provided detailed information about this conflict, which constituted the central point in the history of the illness. The germs of the patient's feeling for her brother-in-law may have been present for a long time; its development was favoured by physical exhaustion owing to more sick-nursing and by moral exhaustion owing to disappointments extending over many years. The coldness of her nature began to yield and she admitted to herself her need for a man's love. During the several weeks which she passed in his company at the health resort her erotic feelings as well as her pains reached their full height.

The analysis, moreover, gave evidence that during the same period the patient was in a special psychical state. The connection of this state with her erotic feelings and her pains seems to make it possible to understand what happened on the lines of the conversion theory. It is, I think, safe to say that at that time the patient did not become clearly conscious of her feelings for her brother-in-law, powerful though they were, except on a few occasions, and then only momentarily. If it had been otherwise, she would also inevitably have become conscious of the contradiction between those feelings and her moral ideas and would have experienced mental torments like those I saw her go through after our analysis. She had no recollection of any such sufferings; she had avoided them. It followed that her feelings themselves did not become clear to her. At that time, as well as during the analysis, her love for her brother-in-law was present in her consciousness like a foreign body, without having entered into relationship with the rest of her ideational life. With regard to these feelings she was in the peculiar situation of knowing and at the same time not knowing—a situation, that is, in which a psychical group was cut off. But this and nothing else is what we mean when we say that these feelings were not clear to her. We do not mean that their consciousness was of a lower quality or of a lesser degree, but that they were cut off from any free associative connection of thought with the rest of the ideational content of her mind.

But how could it have come about that an ideational group with so much emotional emphasis on it was kept so isolated? In general, after all, the part played in association by an idea increases in proportion to the amount of its affect.

[PEP] *This page can be read in German in GESAMMELTE WERKE Vol 1, Page 231*
165

We can answer this question if we take into account two facts which we can make use of as being established with certainty. (1) Simultaneously with the formation of this separate psychical group the patient developed her hysterical pains. (2) The patient offered strong resistance to the attempt to bring about an association between the separate psychical group and the rest of the content of her consciousness; and when, in spite of this, the connection was accomplished she felt great psychical pain. Our view of hysteria brings these two facts into relation with the splitting of her consciousness by asserting that the second of them indicates the *motive* for the splitting of consciousness, while the first indicates its *mechanism*. The motive was that of defence, the refusal on the part of the patient's whole ego to come to terms with this ideational group. The mechanism was that of conversion: i.e. in place of the mental pains which she avoided, physical pains made their appearance. In this way a transformation was effected which had the advantage that the patient escaped from an intolerable mental condition; though, it is true, this was at the cost of a psychical abnormality—the splitting of consciousness that came about—and of a physical illness—her pains, on which an astasia-abasia was built up.

I cannot, I must confess, give any hint of how a conversion of this kind is brought about. It is obviously not carried out in the same way as an intentional and voluntary action. It is a process which occurs under the pressure of the motive of defence in someone whose organization—or a temporary modification of it—has a proclivity in that direction.¹

This theory calls for closer examination. We may ask: what *is* it that turns into physical pain here? A cautious reply would be: something that might have become, and should have become, *mental* pain. If we venture a little further and try to represent the ideational mechanism in a kind of algebraical picture, we may attribute a certain quota of affect to the ideational complex of these erotic feelings which remained unconscious, and say that this quantity (the quota of affect) is what was converted. It would follow directly from this description that the 'unconscious love' would have lost so much of its intensity through a conversion of this kind that it would have been reduced to

[^{PEP}]This page can be read in German in *GESAMMELTE WERKE* Vol 1, Page 233

¹[Cf. p. 122. The term 'somatic compliance' used in the 'Dora' case (Standard Ed., 7, 40-2) may perhaps refer to this proclivity.]

166

no more than a weak idea. This reduction of strength would then have been the only thing which made possible the existence of these unconscious feelings as a separate psychical group. The present case, however, is not well fitted to give a clear picture of such a delicate matter. For in this case there was probably only partial conversion; in others it can be shown with likelihood that complete conversion also occurs, and that in it the incompatible idea has in fact been 'repressed', as only an idea of very slight intensity can be. The patients concerned declare, after associative connection with the incompatible idea has been established, that their thoughts had not been concerned with it since the appearance of the hysterical symptoms.

I have asserted [p. 165] that on certain occasions, though only for the moment, the patient recognized her love for her brother-in-law consciously. As an example of this we may recall the moment when she was standing by her sister's bed and the thought flashed through her mind: 'Now he is free and you can be his wife' [p. 156]. I must now consider the significance of these moments in their bearing on our view of the whole neurosis. It seems to me that the concept of a 'defence hysteria' in itself implies that at least *one* moment of this kind must have occurred. Consciousness, plainly, does not know in advance when an incompatible idea is going to crop up. The incompatible idea, which, together with its concomitants, is later excluded and forms a separate psychical group, must originally have been in communication with the main stream of thought. Otherwise the conflict which led to their exclusion could not have taken place.¹ It is these moments, then, that are to be described as 'traumatic': it is at these moments that conversion takes place, of which the results are the splitting of consciousness and the hysterical symptom. In the case of Fräulein Elisabeth von R. everything points to there having been several such moments—the scenes of the walk, the morning reverie, the bath, and at her sister's bedside. It is even possible that new moments of the same kind happened during the treatment. What makes it possible for there to be *several* of these traumatic moments is that an experience similar to the one which originally introduced the incompatible idea adds

[^{PEP}]This page can be read in German in *GESAMMELTE WERKE* Vol 1, Page 234

¹*It is otherwise in hypnoid hysteria, where the content of the separate psychical group would never have been in the ego-consciousness. [Cf. p. 286.]*

167

fresh excitement to the separated psychical group and so puts a temporary stop to the success of the conversion. The ego is obliged to attend to this sudden flare-up of the idea and to restore the former state of affairs by a further conversion. Fräulein Elisabeth, who was much in her brother-in-law's company, must have been particularly liable to the occurrence of fresh traumas. From the point of view of my present exposition, I should have preferred a case in which the traumatic history lay wholly in the past.

I must now turn to a point which I have described [pp. 147-8] as offering a difficulty to the understanding of this case history. On the evidence of the analysis, I assumed that a first conversion took place while the patient was nursing her father, at the time when her duties as a nurse came into conflict with her erotic desires, and that what happened then was the prototype of the later events in the Alpine health resort which led to the outbreak of the illness. But it appeared from the patient's account that while she was nursing her father and during the time that followed—what I have described as the 'first period'—*she had no pains whatever and no locomotor weakness*. It is true that once during her father's illness she was laid up for a few days with pains in her legs, but it remained a question whether this attack was already to be ascribed to hysteria. No causal connection between these first pains and any psychical impression could be traced in the analysis. It is possible, and indeed probable, that what she was suffering from at that time were common rheumatic muscular pains. Moreover, even if we were inclined to suppose that this first attack of pains was the effect of a hysterical conversion as a result of the repudiation of her erotic thoughts at the time, the fact remains that the pains disappeared after only a few days, so that the patient had behaved differently in reality from what she seemed to indicate in the analysis. During her reproduction of what I have called the first period she accompanied all her stories about her father's illness and death, about her impressions of her dealings with her first brother-in-law, and so on, with manifestations of pain, whereas at the time of actually experiencing these impressions she had felt none. Is not this a contradiction which is calculated to reduce very considerably our belief in the explanatory value of an analysis such as this?

I believe I can solve this contradiction by assuming that the

[^{PEP}] *This page can be read in German in GESAMMELTE WERKE Vol 1, Page 235*

pains—the products of conversion—did not occur while the patient was experiencing the impressions of the first period, but only after the event, that is, in the second period, while she was reproducing those impressions in her thoughts. That is to say, the conversion did not take place in connection with her impressions when they were fresh, but in connection with her memories of them. I even believe that such a course of events is nothing unusual in hysteria and indeed plays a regular part in the genesis of hysterical symptoms. But since an assertion like this is not self-evident, I will try to make it more plausible by bringing forward some other instances.

It once happened to me that a new hysterical symptom developed in a patient during the actual course of an analytic treatment of this kind so that I was able to set about getting rid of it on the day after its appearance. I will interpolate the main features of the case at this point. It was a fairly simple one, yet not without interest.

Fräulein Rosalia H., aged twenty-three, had for some years been undergoing training as a singer. She had a good voice, but she complained that in certain parts of its compass it was not under her control. She had a feeling of choking and constriction in her throat so that her voice sounded tight. For this reason her teacher had not yet been able to consent to her appearing as a singer in public. Although this imperfection affected only her middle register, it could not be attributed to a defect in the organ itself. At times the disturbance was completely absent and her teacher expressed great satisfaction; at other times, if she was in the least agitated, and sometimes without any apparent cause, the constricted feeling would reappear and the production of her voice was impeded. It was not difficult to recognize a hysterical conversion in this very troublesome feeling. I did not take steps to discover whether there was in fact a contracture of some of the muscles of the vocal cords.¹ In the course of the hypnotic analysis which I

[^{PEP}] *This page can be read in German in GESAMMELTE WERKE Vol 1, Page 236*

¹*I had another case of a singer under my observation in which a contracture of the masseters made it impossible for her to practise her art. This young woman had been obliged to go on the stage by unfortunate events in her family. She was singing at a rehearsal in Rome at a time when she was in a state of great emotional excitement, and suddenly had a feeling that she could not close her open mouth and fell to the floor in a faint. The doctor who was called in brought her jaws together forcibly. But thenceforward the patient was unable to open her*

jaws by more than a finger's breadth and had to give up her new profession. When, several years later, she came to me for treatment, the causes of her emotional excitement had obviously long since disappeared, for some massage while she was in a state of light hypnosis sufficed to enable her mouth to open wide. Since then the lady has sung in public.

169

carried out with the girl, I learned the following facts about her history and consequently about the cause of her trouble. She lost her parents early in life and was taken to live with an aunt who herself had numerous children. In consequence of this she became involved in a most unhappy family life. Her aunt's husband, who was a manifestly pathological person, brutally ill-treated his wife and children. He wounded their feelings more particularly by the way in which he showed an open sexual preference for the servants and nursemaids in the house; and the more the children grew up the more offensive this became. After her aunt's death Rosalia became the protector of the multitude of children who were now orphaned and oppressed by their father. She took her duties seriously and fought through all the conflicts into which her position led her, though it required a great effort to suppress the hatred and contempt which she felt for her uncle.¹ It was at this time that the feeling of constriction in her throat started. Every time she had to keep back a reply, or forced herself to remain quiet in the face of some outrageous accusation, she felt a scratching in her throat, a sense of constriction, a loss of voice—all the sensations localized in her larynx and pharynx which now interfered with her singing. It was not to be wondered at that she sought an opportunity of making herself independent and escaping the agitations and distressing experiences which were of daily occurrence in her uncle's house. A highly competent teacher of singing came to her assistance disinterestedly and assured her that her voice justified her in choosing the profession of singer. She now began to take lessons with him in secret. But she used often to hurry off to her singing lesson while she still had the constriction in her throat that used to be left over after violent scenes at home. Consequently a connection was firmly established between her singing and her hysterical paraesthesia—a connection for which the way was prepared by the organic

[PEP] *This page can be read in German in GESAMMELTE WERKE Vol 1, Page 237*

¹(Footnote added 1924:) *In this instance, too [cf. p. 134 n. 2], it was in fact the girl's father, not her uncle.*

170

sensations set up by singing. The apparatus over which she ought to have had full control when she was singing turned out to be cathected with residues of innervations left over from the numerous scenes of suppressed emotion. Since then, she had left her uncle's house and had moved to another town in order to be away from her family. But this did not get over her difficulty.

This good-looking and unusually intelligent girl exhibited no other hysterical symptoms.

I did my best to get rid of this 'retention hysteria'¹ by getting her to reproduce all her agitating experiences and to abreact them after the event. I made her abuse her uncle, lecture him, tell him the unvarnished truth, and so on, and this treatment did her good. Unfortunately, however, she was living in Vienna under very unfavourable conditions. She had no luck with her relatives. She was being put up by another uncle, who treated her in a friendly way; but for that very reason her aunt took a dislike to her. This woman suspected that her husband had a deeper interest in his niece, and therefore chose to make her stay in Vienna as disagreeable as possible. The aunt herself in her youth had been obliged to give up a desire for an artistic career and envied her niece for being able to cultivate her talent, though in the girl's case it was not her desire but her need for independence that had determined her decision. Rosalie² felt so constrained in the house that she did not venture, for instance, to sing or play the piano while her aunt was within earshot and carefully avoided singing or playing to her uncle (who, incidentally, was an old man, her mother's brother) when there was a possibility of her aunt coming in. While I was trying to wipe out the traces of old agitations, new ones arose out of these relations with her host and hostess, which eventually interfered with the success of my treatment as well as bringing it to a premature end.

One day the patient came for her session with a new symptom, scarcely twenty-four hours old. She complained of a disagreeable pricking sensation in the tips of her fingers, which, she said, had been coming on every few hours since the day before and compelled her to make a peculiar kind of twitching

[PEP] This page can be read in German in GESAMMELTE WERKE Vol 1, Page 238

¹*[See below, p. 211 and footnote.]*

²*[The name is given this form at this point and below in all the German editions.]*

movement with her fingers. I was not able to observe an attack; otherwise I should no doubt have been able to guess from the nature of the movements

what it was that had occasioned them. But I immediately tried to get on the track of the explanation of the symptom (it was in fact a minor hysterical attack) by hypnotic analysis. Since the whole thing had only been in existence such a short time I hoped that I should quickly be able to explain and get rid of the symptom. To my astonishment the patient produced a whole number of scenes, without hesitation and in chronological order, beginning with her early childhood.¹ They seemed to have in common her having had some injury done to her, against which she had not been able to defend herself, and which might have made her fingers jerk. They were such scenes, for instance, as of having had to hold out her hand at school and being struck on it with a ruler by her teacher. But they were quite ordinary occasions and I should have been prepared to deny that they could play a part in the aetiology of a hysterical symptom. But it was otherwise with one scene from her girlhood which followed. Her bad uncle, who was suffering from rheumatism, had asked her to massage his back and she did not dare to refuse. He was lying in bed at the time, and suddenly threw off the bed-clothes, sprang up and tried to catch hold of her and throw her down. Massage, of course, was at an end, and a moment later she had escaped and locked herself in her room. She was clearly loth to remember this and was unwilling to say whether she had seen anything when he suddenly uncovered himself. The sensations in her fingers might be explained in this case by a suppressed impulse to punish him, or simply by her having been engaged in massaging him at the time. It was only after relating this scene that she came to the one of the day before, after which the sensations and jerking in her fingers had set in as a recurrent mnemonic symbol. The uncle with whom she was now living had asked her to play him something. She sat down to the piano and accompanied herself in a song, thinking that her aunt had gone out; but suddenly she appeared in the door. Rosalie jumped up, slammed the lid of the piano and threw the music away. We can guess what the memory was that rose in her mind and what the train of thought was that she was fending

[PEP] This page can be read in German in GESAMMELTE WERKE Vol 1, Page 240

¹*[Apparently an exception to the general rule of inverse chronological order stated in the footnote on p. 75.]*

off at that moment: it was a feeling of violent resentment at the unjust suspicion to which she was subjected and which should have made her leave the house, while in fact she was obliged to stay in Vienna on account of the treatment and had nowhere else where she could be put up. The movement of

her fingers which I saw her make while she was reproducing this scene was one of twitching something away, in the way in which one literally and figuratively brushes something aside—tosses away a piece of paper or rejects a suggestion.

She was quite definite in her insistence that she had not noticed this symptom previously—that it had not been occasioned by the scenes she had first described. We could only suppose, therefore, that the event of the previous day had in the first instance aroused the memory of earlier events with a similar subject-matter and that thereupon a mnemonic symbol had been formed which applied to the whole group of memories. The energy for the conversion had been supplied, on the one hand, by freshly experienced affect and, on the other hand, by recollected affect.

When we consider the question more closely we must recognize that a process of this kind is the rule rather than the exception in the genesis of hysterical symptoms. Almost invariably when I have investigated the determinants of such conditions what I have come upon has not been a *single* traumatic cause but a group of similar ones. (This is well exemplified in the case of Frau Emmy—Case History 2.) In some of these instances it could be established that the symptom in question had already appeared for a short time after the first trauma and had then passed off, till it was brought on again and stabilized by a succeeding trauma. There is, however, in principle no difference between the symptom appearing in this temporary way after its first provoking cause and its being latent from the first. Indeed, in the great majority of instances we find that a first trauma has left no symptom behind, while a later trauma of the same kind produces a symptom, and yet that the latter could not have come into existence without the co-operation of the earlier provoking cause; nor can it be cleared up without taking all the provoking causes into account.

Stated in terms of the conversion theory, this incontrovertible fact of the summation of traumas and of the preliminary

[^{PEP}] *This page can be read in German in GESAMMELTE WERKE Vol 1, Page 241*
173

latency of symptoms tells us that conversion can result equally from fresh symptoms and from recollected ones. This hypothesis completely explains the apparent contradiction that we observed between the events of Fräulein Elisabeth von R.'s illness and her analysis. There is no doubt that the continued existence in consciousness of ideas whose affect has not been dealt with can be

tolerated by healthy individuals up to a great amount. The view which I have just been putting forward does no more than bring the behaviour of hysterical people nearer to that of healthy ones. What we are concerned with is clearly a quantitative factor—the question of how much affective tension of this kind an organism can tolerate. Even a hysteric can retain a certain amount of affect that has not been dealt with; if, owing to the occurrence of similar provoking causes, that amount is increased by summation to a point beyond the subject's tolerance, the impetus to conversion is given. Thus when we say that the construction of hysterical symptoms can proceed on the strength of recollected affects as well as fresh ones, we shall not be making any unfamiliar assertion, but stating something that is almost accepted as a postulate.

I have now discussed the motives and mechanism of this case of hysteria; it remains for me to consider how precisely the hysterical symptom was determined. Why was it that the patient's mental pain came to be represented by pains in the legs rather than elsewhere? The circumstances indicate that this somatic pain was not *created* by the neurosis but merely used, increased and maintained by it. I may add at once that I have found a similar state of things in almost all the instances of hysterical pains into which I have been able to obtain an insight. [Cf. above, pp. 96-7.] There had always been a genuine, organically-founded pain present at the start. It is the commonest and most widespread human pains that seem to be most often chosen to play a part in hysteria: in particular, the periosteal and neuralgic pains accompanying dental disease, the headaches that arise from so many different sources and, not less often, the rheumatic muscular pains that are so often unrecognized [p. 71 *n.*]. In the same way I attribute an organic foundation to Fräulein Elisabeth von R.'s first attack of pain which occurred as far back as while she was nursing her father. I obtained no result when I tried to discover a psychical cause for it—and I am inclined, I must confess, to attribute a power

[*PEP*] *This page can be read in German in GESAMMELTE WERKE Vol 1, Page 242*

174

of differential diagnosis to my method of evoking concealed memories, provided it is carefully handled. This pain, which was rheumatic in its origin,¹ then became a mnemonic symbol of her painful psychical excitations; and this happened, so far as I can see, for more than one reason. The first and no doubt the most important of these reasons was that the pain was present in her consciousness at about the same time as the excitations. In the second place, it was connected, or could be connected, along a number of lines with the ideas in her mind at the time. The pain, indeed, may actually have been a

consequence, though only a remote one, of the period of nursing—of the lack of exercise and reduced diet that her duties as a sick-nurse entailed. But the girl had no clear knowledge of this. More importance should probably be attached to the fact that she must have felt the pain during that time at significant moments, for instance, when she sprang out of bed in the cold of winter in response to a call from her father [p. 147]. But what must have had a positively decisive influence on the direction taken by the conversion was another line of associative connection [p. 148]: the fact that on a long succession of days one of her painful legs came into contact with her father's swollen leg while his bandages were being changed. The area on her right leg which was marked out by this contact remained thereafter the focus of her pains and the point from which they radiated. It formed an artificial hysterogenic zone whose origin could in the present case be clearly observed.

If anyone feels astonished at this associative connection between physical pain and psychical affect, on the ground of its being of such a multiple and artificial character, I should reply that this feeling is as little justified as astonishment at the fact that it is the rich people who own the most money.² Where there are no such numerous connections a hysterical symptom will not, in fact, be formed; for conversion will find no path open to it. And I can affirm that the example of Fräulein Elisabeth von R. was among the simpler ones as regards its determination. I have had the most tangled threads to unravel, especially in the case of Frau Cäcilie M.

[PEP] *This page can be read in German in GESAMMELTE WERKE Vol 1, Page 243*

¹ *It may, however, have been of a spinal-neurasthenic sort. [Cf. p. 148 n.]*

² *[The allusion is to an epigram of Lessing's which Freud quotes again in The Interpretation of Dreams (Standard Ed., 4, 176).]*

175

I have already discussed in the case history [p. 150 ff.] the way in which the patient's astasia-abasia was built up on these pains, after a particular path had been opened up for the conversion. In that passage, however, I also expressed my view that the patient had created, or increased, her functional disorder by means of symbolization, that she had found in the astasia-abasia a somatic expression for her lack of an independent position and her inability to make any alteration in her circumstances, and that such phrases as 'not being able to take a single step forward', 'not having anything to lean upon', served as the bridge for this fresh act of conversion [p. 152].

I shall try to support this view by other examples. Conversion on the basis of simultaneity, where there is also an associative link, seems to make the smallest demands on a hysterical disposition; conversion by symbolization, on the other hand, seems to call for the presence of a higher degree of hysterical modification. This could be observed in the case of Fräulein Elisabeth, but only in the later stage of her hysteria. The best examples of symbolization that I have seen occurred in Frau Cäcilie M., whose case I might describe as my most severe and instructive one. I have already explained [p. 69 *n.*] that a detailed report of her illness is unfortunately impossible.

Frau Cäcilie suffered among other things from an extremely violent facial neuralgia which appeared suddenly two or three times a year, lasted for from five to ten days, resisted any kind of treatment and then ceased abruptly. It was limited to the second and third branches of one trigeminal, and since an abnormal excretion of urates was undoubtedly present and a not quite clearly defined 'acute rheumatism' played some part in the patient's history, a diagnosis of gouty neuralgia was plausible enough. This diagnosis was confirmed by the different consultants who were called in at each attack. Treatment of the usual kind was ordered: the electric brush, alkaline water, purges; but each time the neuralgia remained unaffected until it chose to give place to another symptom. Earlier in her life—the neuralgia was fifteen years old—her teeth were accused of being responsible for it. They were condemned to extraction, and one fine day, under narcosis, the sentence was carried out on seven of the criminals. This was not such an easy matter; her teeth were so firmly attached that the roots of most of them

[PEP] *This page can be read in German in GESAMMELTE WERKE Vol 1, Page 244*
176

had to be left behind. This cruel operation had no result, either temporary or permanent. At that time the neuralgia raged for months on end. Even at the time of my treatment, at each attack of neuralgia the dentist was called in. On each occasion he diagnosed the presence of diseased roots and began to get to work on them; but as a rule he was soon interrupted. For the neuralgia would suddenly cease, and at the same time the demand for the dentist's services. During the interval her teeth did not ache at all. One day, when an attack was raging once more, the patient got me to give her hypnotic treatment. I laid a very energetic prohibition on her pains, and from that moment they ceased. I began at that time to harbour doubts of the genuineness of the neuralgia.

About a year after this successful hypnotic treatment Frau Cäcilie's illness took a new and surprising turn. She suddenly developed new pathological states, different from those that had characterized the last few years. But after some reflection the patient declared that she had had all of them before at various times during the course of her long illness, which had lasted for thirty years. There now developed a really surprising wealth of hysterical attacks which the patient was able to assign to their right place in her past. And soon, too, it was possible to follow the often highly involved trains of thought that determined the order in which these attacks occurred. They were like a series of pictures with explanatory texts. Pitres must have had something of the sort in mind in putting forward his description of what he termed '*délire ecmnésique*'.¹ It was most remarkable to see the way in which a hysterical state of this kind belonging to the past was reproduced. There first came on, while the patient was in the best of health, a pathological mood with a particular colouring which she regularly misunderstood and attributed to some commonplace event of the last few hours. Then, to the accompaniment of an increasing clouding of consciousness, there followed hysterical symptoms: hallucinations, pains, spasms and long declamatory speeches. Finally, these were succeeded by the emergence in a hallucinatory form of an experience from the past which made it possible to explain her

[^{PEP}] *This page can be read in German in GESAMMELTE WERKE Vol 1, Page 245*

¹ [*'Ecmnesia', according to Pitres (1891, 2, 290), 'is a form of partial amnesia, in which the memory of events prior to a particular period in the patient's life is preserved in its entirety, whereas the memory of events subsequent to that period is completely abolished.'*]

177

initial mood and what had determined the symptoms of her present attack. With this last piece of the attack her clarity of mind returned. Her troubles disappeared as though by magic and she felt well once again—till the next attack, half a day later. As a rule I was sent for at the climax of the attack, induced a state of hypnosis, called up the reproduction of the traumatic experience and hastened the end of the attack by artificial means. Since I assisted at several hundreds of such cycles with the patient, I gained the most instructive information on the way in which hysterical symptoms are determined. Indeed, it was the study of this remarkable case, jointly with Breuer, that led directly to the publication of our 'Preliminary Communication' [of 1893, which introduces the present volume].

In this phase of the work we came at last to the reproduction of her facial neuralgia, which I myself had treated when it appeared in contemporary attacks. I was curious to discover whether this, too, would turn out to have a psychical cause. When I began to call up the traumatic scene, the patient saw herself back in a period of great mental irritability towards her husband. She described a conversation which she had had with him and a remark of his which she had felt as a bitter insult. Suddenly she put her hand to her cheek, gave a loud cry of pain and said: 'It was like a slap in the face.' With this her pain and her attack were both at an end.

There is no doubt that what had happened had been a symbolization. She had felt as though she had actually been given a slap in the face. Everyone will immediately ask how it was that the sensation of a 'slap in the face' came to take on the outward forms of a trigeminal neuralgia, why it was restricted to the second and third branches, and why it was made worse by opening the mouth and chewing—though, incidentally, not by talking.

Next day the neuralgia was back again. But this time it was cleared up by the reproduction of *another* scene, the content of which was once again a supposed insult. Things went on like this for nine days. It seemed to be the case that for years insults, and particularly spoken ones, had, through symbolization, brought on fresh attacks of her facial neuralgia.

But ultimately we were able to make our way back to her first attack of neuralgia, more than fifteen years earlier. Here there was no symbolization but a conversion through simultaneity. She saw a painful sight which was accompanied by feelings

[PEP] *This page can be read in German in GESAMMELTE WERKE Vol 1, Page 246*
178

of self-reproach, and this led her to force back another set of thoughts. Thus it was a case of conflict and defence. The generation of the neuralgia at that moment was only explicable on the assumption that she was suffering at the time from slight toothache or pains in the face, and this was not improbable, since she was just then in the early months of her first pregnancy.

Thus the explanation turned out to be that this neuralgia had come to be indicative of a particular psychical excitation by the usual method of conversion, but that afterwards it could be set going through associative reverberations from her mental life, or symbolic conversion. In fact, the same behaviour that we found in Fräulcin Elisabeth von R.

I will give a second example which demonstrates the action of symbolization under other conditions. At a particular period, Frau Gäcilie was afflicted with a violent pain in her right heel— a shooting pain at every step she took, which made walking impossible. Analysis led us in connection with this to a time when the patient had been in a sanatorium abroad. She had spent a week in bed and was going to be taken down to the common dining-room for the first time by the house physician. The pain came on at the moment when she took his arm to leave the room with him; it disappeared during the reproduction of the scene, when the patient told me she had been afraid at the time that she might not 'find herself on a right footing' with these strangers.

This seems at first to be a striking and even a comic example of the genesis of hysterical symptoms through symbolization by means of a verbal expression. Closer examination of the circumstances, however, favours another view of the case. The patient had been suffering at the time from pains in the feet generally, and it was on their account that she had been confined to bed so long. All that could be claimed on behalf of symbolization was that the fear which overcame the patient, as she took her first steps, picked out from among all the pains that were troubling her at the time the one particular pain which was symbolically appropriate, the pain in her right heel, and developed it into a psychical pain and gave it special persistence.

In these examples the mechanism of symbolization seems to be reduced to secondary importance, as is no doubt the general rule. But I have examples at my disposal which seem to prove the genesis of hysterical symptoms through symbolization alone. The following is one of the best, and relates once more to Frau

[PEP] This page can be read in German in GESAMMELTE WERKE Vol 1, Page 248

179

Cäcilie. When a girl of fifteen, she was lying in bed, under the watchful eye of her strict grandmother. The girl suddenly gave a cry; she had felt a penetrating pain in her forehead between her eyes, which lasted for weeks. During the analysis of this pain, which was reproduced after nearly thirty years, she told me that her grandmother had given her a look so 'piercing' that it had gone right into her brain. (She had been afraid that the old woman was viewing her with suspicion.) As she told me this thought she broke into a loud laugh, and the pain once more disappeared. In this instance I can detect nothing other than the mechanism of symbolization, which has its place, in some sense, midway between autosuggestion and conversion.

My observation of Frau Cäcilie M. gave me an opportunity of making a regular collection of symbolizations of this kind. A whole set of physical sensations which would ordinarily be regarded as organically determined were in her case of psychical origin or at least possessed a psychical meaning. A particular series of experiences of hers were accompanied by a stabbing sensation in the region of the heart (meaning 'it stabbed me to the heart'). The pain that occurs in hysteria of nails being driven into the head was without any doubt to be explained in her case as a pain related to thinking. ('Something's come into my head.') Pains of this kind were always cleared up as soon as the problems involved were cleared up. Running parallel to the sensation of a hysterical 'aura'¹ in the throat, when that feeling appeared after an insult, was the thought 'I shall have to swallow this'. She had a whole quantity of sensations and ideas running parallel with each other. Sometimes the sensation would call up the idea to explain it, sometimes the idea would create the sensation by means of symbolization, and not infrequently it had to be left an open question which of the two elements had been the primary one.

I have not found such an extensive use of symbolization in any other patient. It is true that Frau Cäcilie M. was a woman who possessed quite unusual gifts, particularly artistic ones, and whose highly developed sense of form was revealed in some poems of great perfection. It is my opinion, however, that when a hysteric creates a somatic expression for an emotionally-coloured idea by symbolization, this depends less than one

[PEP] This page can be read in German in GESAMMELTE WERKE Vol 1, Page 249

¹*[See footnote, p. 126.]*

180

would imagine on personal or voluntary factors. In taking a verbal expression literally and in feeling the 'stab in the heart' or the 'slap in the face' after some slighting remark as a real event, the hysteric is not taking liberties with words, but is simply reviving once more the sensations to which the verbal expression owes its justification. How has it come about that we speak of someone who has been slighted as being 'stabbed to the heart' unless the slight had in fact been accompanied by a precordial sensation which could suitably be described in that phrase and unless it was identifiable by that sensation? What could be more probable than that the figure of speech 'swallowing something', which we use in talking of an insult to which no rejoinder has been made, did in fact originate from the innervatory sensations which arise in the pharynx when we refrain from speaking and prevent ourselves from reacting to the insult? All

these sensations and innervations belong to the field of 'The Expression of the Emotions', which, as Darwin [1872] has taught us, consists of actions which originally had a meaning and served a purpose. These may now for the most part have become so much weakened that the expression of them in words seems to us only to be a figurative picture of them, whereas in all probability the description was once meant literally; and hysteria is right in restoring the original meaning of the words in depicting its unusually strong innervations. Indeed, it is perhaps wrong to say that hysteria creates these sensations by symbolization. It may be that it does not take linguistic usage as its model at all, but that both hysteria and linguistic usage alike draw their material from a common source.¹

[PEP] *This page can be read in German in GESAMMELTE WERKE Vol 1, Page 250*

¹*In states in which mental alteration goes deeper, we clearly also find a symbolic version in concrete images and sensations of more artificial turns of speech. Frau Cäcilie M. passed through a period during which she transformed every thought she had into a hallucination, the explanation of which often called for much ingenuity. She complained to me at that time of being troubled by a hallucination that her two doctors—Breuer and I—were hanging on two trees next each other in the garden. The hallucination disappeared after the analysis had brought out the following explanation. The evening before, Breuer had refused to give her a drug she had asked for. She had then set her hopes on me but had found me equally hard-hearted. She was furious with us over this, and in her anger she thought to herself: 'There's nothing to choose between the two of them; one's the pendant [match] of the other.'—[A short summary of the case history of Fräulein Elisabeth was given by Freud in the second of his Five Lectures (1910a).]*

Authorized Users

For use only by 2240a5. Reproduction prohibited. Usage subject to PEP terms & conditions (see terms.pep-web.org).

PEP-Web Copyright

Copyright. The PEP-Web Archive is protected by United States copyright laws and international treaty provisions.

- 1. All copyright (electronic and other) of the text, images, and photographs of the publications appearing on PEP-Web is retained by the original publishers of the Journals, Books, and Videos. Saving the exceptions noted below, no portion of any of the text, images, photographs, or videos may be reproduced or stored in any form without prior permission of the Copyright owners.*
- 2. Authorized Uses. Authorized Users may make all use of the Licensed Materials as is consistent with the Fair Use Provisions of United States and international law. Nothing in this Agreement is intended to limit in any way whatsoever any Authorized User's rights under the Fair Use provisions of United States or international law to use the Licensed Materials.*
- 3. During the term of any subscription the Licensed Materials may be used for purposes of research, education or other non-commercial use as follows:*
 - 1. Digitally Copy. Authorized Users may download and digitally copy a reasonable portion of the Licensed Materials for their own use only.*
 - 2. Print Copy. Authorized Users may print (one copy per user) reasonable portions of the Licensed Materials for their own use only.*