



# Frau Emmy: From Catharsis to Psychoanalysis

**Irène Matthis**

On Freud's Couch

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### *Illustrations*

“Frau Emmy”: “Charcot demonstrates a case of hysteria” by Andre Brouillet. Sigmund

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# **Frau Emmy: From Catharsis to Psychoanalysis**

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Irène Matthis

The cathartic method in the treatment of hysteria and the theories about the genesis of hysteria on which the method is based were presented for the first time in 1895 by Joseph Breuer and Sigmund Freud in their joint work, *Studies on Hysteria*. Several case histories were included in the book. In this exposition of hysteria we will concentrate on some of these. Breuer is responsible for one of the case histories, the description of Anna O. and his treatment of her, which took place between the years 1880 and 1882. This text has the status of a minor classic by virtue of being the first known case in which the cathartic method was used, and

psychoanalytic literature abounds with references and allusions to “Fräulein Anna O.” In some strange way, however, the four case histories published by Freud at the same time have been eclipsed by Breuer’s single case.

The impression that Freud’s case histories in *Studies on Hysteria* (hereafter abbreviated to the *Studies*) have fallen into oblivion is strengthened when we consider that when Freud’s famous cases are discussed or referred to in an international context, the allusions are always to the five cases beginning with Dora (who was treated by Freud in 1900 but whose case was not published until five years later, 1905b), followed by Little Hans (1909a), the Rat Man (1909b), the Appeals Court Presiding Judge, Dr. Schreber (1911), and finally the Wolf Man (1918). The four case histories in the *Studies* have never been counted among Freud’s famous cases. One may justifiably wonder why, since they

are no less interesting as cases than Anna O. The descriptions are not second rate nor have they any obvious flaw in comparison with Breuer's presentation.

I think the answer can be found in the need for the psychoanalytical movement to define and delimit "pure" psychoanalytical practice in relation to the therapeutic attempts that preceded it and which ever since, in the form of new "schools" and offshoots from psychoanalytical practice, have challenged and threatened "pure" psychoanalysis. This tendency has sometimes led to an outright canonization of Freud and his *psychoanalytical* writings, for example the five case studies (Mahony 1993). No field of study could possibly gain from this kind of exaggerated need for purity. But the oblivion that has befallen Freud's studies of Frau Emmy, Miss Lucy, Katharina, Fräulein Elizabeth, and others in the *Studies* can be interpreted as evidence of such an

effort. For it is not until his treatment of Dora that the *psychoanalyst* Freud takes up his pen to pass on his experiences with the psychoanalytical cure. When the five famous cases are spoken of, the reference is quite simply to the studies that were made from a perspective of psychoanalytical theory. The four cases of hysteria described in the *Studies* were treated between 1888 and 1893 when psychoanalytical method and theory had not yet been “invented.” Accordingly, the cases belong to the prehistory of psychoanalysis. This circumstance, however, makes them *more* interesting from our point of view since we are going to attempt to shed light on the transition from catharsis to psychoanalysis. In the preface to the second edition of the *Studies*, Freud writes: “[I] can give no better advice to anyone interested in the development of catharsis into psycho-analysis than to begin with *Studies on Hysteria* and thus follow the path which I myself have trodden” (1895, p. xxxi).



We shall follow his advice, concentrating our interest on the *Studies* and in particular on some of the cases presented there. We shall accompany Freud in his daily work routines during this period, devoting our attention especially to two of the case studies published in the book, those of Frau Emmy and Miss Lucy. In this way we shall to some extent redress the oblivion that has fallen upon hysterical women, the wet nurses of psychoanalysis.

### **The Age of Hysteria**

Upon first entering it, the world of hysteria may look like a macabre waxwork museum, full of strange figures with distorted, partially paralyzed bodies. Hysterics suffer from hallucinations and delusions and are given to grandiloquent acting out, *absences*, and fainting fits. Charcot's performances—indeed, they really were shows—at La Salpêtrière in Paris come to mind, especially as portrayed in the famous painting by André Brouillet, in which

Charcot is exhibiting a hysterical woman in a pose of surrender. Lightly dressed, in a state of trance, she is reclining in the arms of a male assistant who is eyeing her vulnerable figure. The picture hung in Freud's consulting room in Vienna and may now be viewed at the Freud Museum in Maresfields Garden in London.



Charcot demonstrates a case of hysteria by André Brouillet

It would be easy to get the idea that Freud was one of those many voyeurs who, greedy for sensation, flocked to the acts and variety shows so

common at the time. Not only hysterics but people with every conceivable type of deformity and odd behavior were exhibited. No doubt Freud served as the scapegoat for this, for he was rejected and disdained in many circles for his interest in what many considered to be pure spectacle. This was, of course, especially evident when Freud began to call things by their proper names, openly and without euphemism. Sexuality was the thing, sex and instinct: sexuality as it might be manifested between men and women, between children and adults.

During the final years of the last century, in the age of hysteria, when Freud was laying the foundation for the creation of his great theory, he was thus isolated from the academic milieu surrounding him. This may be why he was able to learn and draw conclusions from aspects of the field of medical science that were ignored or taken for granted by others. In discussions of what especially

stimulated Freud during this period and thus contributed to the development of psychoanalysis, his cultural inheritance is often mentioned. An analysis of this kind places Freud in a larger context and situates the origin of psychoanalysis in the history of ideas.

More specifically, reference is often made to Freud's exchange of letters with Wilhelm Fliess, an ear, nose, and throat doctor in Berlin, and to Freud's systematic self analysis initiated in 1896 after his father's death. The letters to Fliess, which since 1985 have been available in their entirety (Masson 1985), testify to his lonely struggle, to deep mental crises bordering on madness, to hard work, and to a passion that against all odds, seeks wider horizons.

Freud did not become the creator of psychoanalysis by virtue of his cultural inheritance, however, or even through his scientific interchange with Fliess, but above all, I would like to maintain,

through his daily meetings with patients who, for several decades, occupy his consulting room and engage in a dialogue with him. From the start, in 1887, until the turn of the century, it is predominantly women who come to him with their hysterical symptoms. I think that their significance for Freud as the creator of psychoanalysis has been underestimated.

As a matter of fact it is their “directive” to Freud that—gradually, for it took time—proves to be worth following up. It is likewise their term for the treatment that points toward a definition of what kind of treatment it really is. As early as 1882, Breuer’s patient, Anna O., dubs the treatment a “talking cure,” a designation that singles out the main operative instrument and that, in time, has come to be integrated into the psychoanalytical vocabulary.

In other words it is the “hysterical women” who, with an intuition springing from their closeness to both body and soul, give a name to their experiences with the treatment. They have an inner knowledge of what it is all about, expressing this in words that have not yet become concepts. Freud’s creative intellectual achievement lies in his conceptualization of their words and expressions, nervous coughs and half-smothered screams. Freud inherits the concept of catharsis and the method from Breuer. Together with Emmy, Lucy, Katharina, and Elizabeth he administers it in such a way that its yield will be psychoanalysis.<sup>1</sup>

### **From Vienna to Paris and Back**

Let us not get ahead of the story, but begin instead to sketch Freud’s situation as it was in Vienna in the 1880s. Due to insufficient financial resources at this time Freud was forced to give up

his research career in neurology to take up a career as a clinician, working with patients who could pay.

During this period, little attention was devoted in Vienna to nervous disorders. The patients were spread out in different medical departments, and no one had an integrated grasp of the whole. You “had to be your own teacher,” as Freud notes in *An Autobiographical Study* (1925).

In Paris the situation was different. There the charismatic Charcot had gathered hysterical patients at the hospital La Salpêtrière where every week, in large, public stage performances, he demonstrated the bizarre movement patterns of hysterical symptoms. Freud applied for and received a grant, and in 1885 we find him in Paris with Charcot. At this point, Freud writes, “he understood nothing concerning neuroses,”<sup>2</sup> but he was enormously skillful at diagnosing organic nervous diseases. As a result of his diagnostic zeal, neurotic patients

sometimes received organic diagnoses. This happened, for example, with a nervous headache presented by Freud at a lecture as a case of chronic localized meningitis. His colleagues and the audience rose in unanimous protest and with that his teaching activity was ended in that department. It is Freud himself who tells this story with humor and self-irony in *An Autobiographical Study* (1925, p. 12).

Freud's visit to Charcot, however, was a significant turning point in his career. He began to realize that there was a connection between the outer phenomena, the symptoms, and the inner thought processes always circling around previous experiences in the lives of the patient. But when he returned to Vienna and presented his new impressions to his colleagues in the physician's association, he was not well received. They demanded evidence. For example, he said there were



male hysterics, which many of them contested. A surgeon colleague dismissed him with the argument that a male hysteric was completely impossible since the Greek word *hystera*, from which the word hysteria originates, means uterus. Demonstrably only women have uteruses, “So how can a man be hysterical?” (Freud 1925, p. 15).<sup>3</sup>

When Freud was looking for a male case of hysteria to demonstrate, he was refused permission to use the cases already at the clinic. Through a friend, an ophthalmologist, he at last got hold of a male out-patient who presented a classic picture of hemianesthesia (numbness on one side of the body). This case was demonstrated at the physicians’ association where his scientific colleagues applauded the presentation, while later choosing to ignore it. Rather uninteresting from a psychoanalytical point of view, the case was published in 1886.

There was no room for Freud in the academic world at this point. Realizing this, he withdrew to a practice as a private doctor for patients with nervous disorders. At the end of the 1880s Freud was fully occupied with installing himself in his new practice and, after his marriage to Martha Bernay in 1886, conceiving children. The children came close together, six in nine years.

### **The Neurasthenic's Doctor**

“Anyone who wants to make a living from the treatment of nervous patients,” Freud wrote, “must clearly be able to do something to help them” (1925, p. 16). At this point his therapeutic arsenal contained two weapons (Freud often expressed himself in belligerent terms): electrotherapy and hypnotism.

When it came to electrotherapy he followed a certain teacher's manual to the letter, without any success whatsoever. He soon realized that it was

ineffective and desisted. But he could not support himself by sending patients to hydropathic establishments and sanatoriums, which were a popular treatment alternative for rich patients; then only one consultation was required to get a referral. What remained was for him to give hypnotic treatment, considered in Viennese medical circles to be fraudulent, the work of charlatans—and dangerous in the bargain! Concentrating on hypnosis also meant that Freud had to end his treatment of organic nervous diseases. “For me,” he wrote, however, “there was something positively seductive in working with hypnotism. For the first time there was a sense of having overcome one’s helplessness; and it was highly flattering to enjoy the reputation of being a miracle worker” (1925, p. 17).

In his case histories from this period Freud does not emerge as a helpless weakling, either. There is no doubt that he met his patients with the grandiose

self-confidence of a man who could work miracles. So, for example, it once happened that in anger and desperation in the face of a treatment-resistant young girl with walking difficulties, he made a suggestion under hypnosis concerning her umbrella—on which she always supported herself when she tottered along through life at her father’s side: “Tomorrow morning that umbrella of yours will break in your hands and from that time on you will never need an umbrella again!” (1895, p. 100).

What an idiot! Giving a suggestion to an umbrella while its owner is lying in a hypnotic trance. But in the magic world of words even things obey the laws of language as soon as there is a listening ear. The next day the father came, himself a doctor who had been present at the sessions, and told how his daughter during their morning walk suddenly began singing and dancing, beating time with the umbrella on the pavement—until it

suddenly broke! After that walking without it was no problem (Breuer and Freud 1895, p. 100).

But Freud did not use hypnotic suggestion only to eliminate symptoms. He also wanted to find out how the patient's symptoms had come about. During hypnosis he asked for the connections that the patient was believed unable to recount when in a waking state. This proved to be a more effective way to use hypnotic treatments.

Freud had learned of this method from the renowned nerve specialist, Joseph Breuer, 14 years his senior, whom Freud knew and had worked closely with all during the 1880s. Earlier Breuer had told Freud about a case, later to become world famous as "Anna O.," whom he had treated in 1880-1882 with good results. The Breuer method implied that patients under hypnosis could name the traumatic situations that had originally caused their symptoms and at the same time it allowed the affect

associated with the memories to be expressed fully. It was an emotional abreaction, and so what is known as the “cathartic method” was born. (We can easily recognize this method in the many treatment forms that have flooded the Western world since the 1960s: Janov’s primal therapy, bio-energetics, certain types of Gestalt therapy, and so on. These methods are not thus entirely new but rather pour old wine into new bottles.) Anna O. had herself dubbed the procedure the “talking-cure” or, jokingly, “chimney-sweeping.” (Her use of English for this dubbing had come about because one of her hysterical symptoms was that she no longer spoke or understood her native language, German. Instead she spoke only English or Italian.)

After 1889 Freud used only this method in his practice. He convinced Breuer that together they should publish their case studies with accompanying theoretical commentaries. And he had wondered for

a long while why Breuer had not already published the case of Anna O., which in Freud's view was a sensational demonstration of something that was entirely new in medicine.

### **The Shameful Secret**

We now think we know the answer to the question of why Breuer did not want to publish the case of Anna O., and we now also understand why so much persuasion on Freud's part was necessary before Breuer finally agreed to report the case, 13 years after it was finished. There was something Breuer did not want to talk about, something he wanted to hold back, not only from Freud, but perhaps especially from himself.

Breuer took the criticism that greeted the publication of the *Studies* in Vienna very much to heart. Freud did not. Perhaps, I would suggest, it was not the criticism of *what was written there* that

Breuer was offended by, as Freud thought. Breuer's having left something essential out of the case history, that is, the sexual theme, paved the way for his excessive reaction to the criticism. What made Breuer vulnerable was what *was not written there*, precisely that which was not spoken: the secret of the shameful sexuality.

So here we find an aversion to "telling all," which we will encounter again, as explicitly, among the patients. The aversion has to do with the sexual; it borders on taboo.

We now know that Anna O. developed a strong transference neurosis to Breuer. In the last stages of the treatment she believed she was pregnant and was about to give birth to a child whose father, she declared, was Dr. Breuer himself. Breuer fled, never to return.



Thus it was the shameful, sexual secret Breuer harbored and wanted to keep on hiding. But we know, of course, that sooner or later, one way or another, secrets always leak out. It would be Freud who would rediscover and unearth the treasure concealed in the sexual theme. But it did not happen quickly, not in one step, not without difficulties. He had not yet arrived.

Let us thus begin from the beginning and accompany the doctor for nervous disorders, Professor Sigmund Freud, from Rathausstrasse 7. It is 1 May 1888, and 3 more years will pass before he moves to the famous address at Berggasse 19—now a Freud museum—where he will remain until he is driven into exile by the Nazis in 1938.

### **Frau Emmy**

On this day, 1 May 1889,<sup>4</sup> Freud writes in his text that he visits Frau Emmy von N., age 40, from

Livonia.

Emmy, born and brought up in a very wealthy family, is the thirteenth child in a family of fourteen, only four of whom survive. After a strict upbringing she marries, at the age of 23, an intelligent and rich, but considerably older, man. After a short time he dies of a stroke, just after the birth of their second child. Frau Emmy is left alone with two little girls. During the succeeding fourteen years, she has suffered from constant symptoms: depression and insomnia, continual pains all over her body, together with migraine, horror-filled hallucinations, cramps, tics, and speech difficulties. For six weeks she has been treated by another doctor in Vienna, without success. Now it is Freud's turn, and at this point he is a physician with relatively little clinical experience.

The Frau Emmy who Freud meets is a woman with fine, still youthful features. She is intelligent

and talented, director of a large industrial empire and manager of several estates. She carries on an extensive correspondence.

This first day she receives Freud while lying on a sofa, her head resting on a leather cushion. The expression on her face is anguished; she is suffering. She speaks with great difficulty in a low voice. Sometimes her speech is interrupted by spasms resembling a stammer. Her facial expressions are marked by tics. There are sudden jerks and shuddering convulsive movements. Her fingers move incessantly. In addition, her stammering speech is interrupted by a kind of clacking bird call; she sounds like a wood grouse.

What she is saying, however, is completely coherent, revealing “education and intelligence,” Freud writes. “This made it seem all the more strange when every two or three minutes she suddenly broke off, contorted her face into an

expression of horror and disgust, stretched out her hand towards me, spreading and crooking her fingers, and exclaimed, in a changed voice, charged with anxiety: ‘Keep still!—Don’t say anything!—Don’t touch me!’” (1895, p. 49).

“Keep still! Don’t say anything! Don’t touch me!” Looking back, we may ask ourselves whether we are listening to an exhortation to the psychoanalyst that would eventually become the rule of every psychoanalytic treatment: “Keep still. Don’t talk when there is no need to do so; don’t intrude with opinions, questions, advice, or comments. Don’t touch the patient.”

But Freud has not yet learned to listen to the literal meanings of his patient’s speech. That is why he now offers an opinion that he believes is in accordance with what a physician should recommend. He suggests that Frau Emmy should separate from her two daughters for the time being—

after all, they have their governess— and go into a nursing home where Freud can visit and treat her on a daily basis. In reality, he will be spending a lot of time with Frau Emmy, and he visits her twice a day, every morning and evening, for 7 weeks. During the first couple of weeks he notes down what has happened every day. It is a detailed, vivid description, and these notes, covering about forty pages, make up the actual case history (1895, p. 48-85).

### **On Symptoms and States of Split Consciousness**

The first thing Freud notices when he visits Frau Emmy is that every time someone comes through the door she jumps as if she has been frightened. Never losing an opportunity to make arrangements when he thinks it is for the good of the patient, Freud orders everyone to knock and not to enter until she has given permission, but even with these precautionary measures the patient continues with

her tics, jumping out of her chair every time the door is opened.

Frau Emmy complains of pains and a sensation of cold in her leg. Freud prescribes warm baths and decides that he himself shall massage her whole body twice a day. There is no detailed description of this massage in Freud's account and he never comments on it. We can thus only speculate about its effect; the fantasies it may arouse I leave to the reader himself or herself to formulate.

He also treats her with hypnotism, for Freud the only truly therapeutic expedient. She has never been hypnotized before. In the hypnotic treatment of this time the pathological ideas that the patient had were countered by assurances and prohibitions on the part of the doctor and by his presenting other, contradictory notions. For example, if the patient had the idea that she could not tolerate mineral water and therefore never drank it, this could be driven

away by suggestion. The belief that mineral water was delicious and good for her could replace the original notion. (This is reminiscent of the treatment ideas we meet today in cognitive therapy, for example.)

Frau Emmy is easy to hypnotize. Freud needs only to hold his finger up in front of her and mumble, “Sleep, sleep,” and she does. When she has fallen asleep Freud suggests to her that all her symptoms will abate and that she will begin to sleep soundly. He continues this for a few days, and lo and behold, she sleeps better, and her symptoms also diminish. So far we are still completely within the framework of traditional medicine and hypnosis.

But one week later, on the morning of the May 8, an agitated Frau Emmy relates a story she has just read in the *Frankfurter Zeitung*, which is lying on the table in her room. It is about an apprentice who has tied up a boy and put a white mouse in his

mouth. The boy died of fright! “Keep still! Don’t say anything! Don’t touch me!—Supposing a creature like that was in the bed!” She is shaking with fright, clenching and unclenching her hands again and again. “Dr. K. has sent a whole case of white rats to Tiflis. ...Only think, when it’s unpacked. There’s a dead rat in among them—one that’s been gn-aw-aw-ed at!” (1895, p. 51).

Freud hypnotizes her and tries to drive away the animal hallucinations by suggestion. While she is sleeping he takes the newspaper, which is still on the table, and reads the little story of the boy who has been maltreated: there is nothing mentioned about rats or mice.

During their opening talk that same evening Freud mentions the mice and rats to her. She knows nothing of it, seems surprised, and laughs. We can see this episode as an illustration of the special states of consciousness that were thought to account for



the appearance of hysterical symptoms. We might say that the symptoms were created during a twilight state of consciousness—what Breuer called the “hypnoid state.” The symptoms were caused by something that happened during this state, something which was associated with affects such as shame, fright, or psychic pain—a trauma, in other words. It did not need to be a physical trauma, and it was often a question of several events, the sum total of which had a traumatic effect. Freud was, as we mentioned, curious about this original reason for the symptom, and he now asked Frau Emmy, after first hypnotizing her, to tell him why she was so easily frightened.

### **The First Story**

Frau Emmy answers that her fear has to do with memories from her childhood and youth. When she was 5 years old her brothers and sisters threw dead animals at her. That was when she had her first

spasm and fainting fit. But her aunt said that that was “disgraceful” and she “ought not to have attacks like that” and so the attacks stopped. Later on, when she was 7, she was again frightened, this time when she unexpectedly saw her sister in her coffin. And again when she was 8 and her brother dressed up in a sheet like a ghost. And yet again when she was 9 and saw her aunt lying in her coffin, and her aunt’s mouth suddenly fell open.

This account brings back my own memories from pre-puberty when, with a feeling of mingled dread and delight, friends and I listened to ghost stories and other horror tales. I remember especially one told by a girl who was a few years older. She (or was it someone she knew?) worked in a hospital. She went into a ward to help an old fellow to get out of bed. She took his hand to pull him up—and it came off in her hand ... We scarcely dared to breathe as we sat there huddled together in the dusk.

Silence. A jumble of sensations, wordless horror and wonder. Then came the password: bone cancer. “He had bone cancer.” All those small, vulnerable bodies breathed more freely, the soul’s high tension eased a few volts. Now we could once again look at each other, speak of the awful thing or talk about something else, about school or a film someone had seen the day before. It was obviously of minor importance that no one in this little group of children really had any idea of what bone cancer was. Or was it perhaps that just because we did not know but realized that it was a significant word, or chose to make it one, that this was exactly why the word could work almost magically? The word was something we could hang the inexplicable on, as if it would thereby become explicable.

The story naturally left a residue of wonder in our childish imaginations, ruminations that we might here summarize in the phrase: What can bone cancer

lead to?<sup>5</sup> Are not our adult lives spent in seeking the answers to all the puzzles left behind in the depths of our souls and bodies by the stories and myths of our childhood?

(Hereafter I will refer to the special occurrence of “naming” frightening events or those that are hard to understand—words that have an anxiety-alleviating effect—by using the pithy term, “bone word”—bones that make up the skeleton.)

Accordingly, while Frau Emmy is recounting her awful memories, waves of horror and dread wash over her face. When she finishes her mouth is still open—as if she were panting for air. Then she calms down. In reply to Freud’s question she says that she sees these scenes before her—as three dimensional, in their natural colors—while she is describing them. She has often thought of these events, especially during the last few days.

“During the last few days.” It is precisely during the last week that Freud has worked so intensively with her and this is the first account of traumatic memories he reports on in the case history. Is it Freud who is there throwing dead things in her face and getting her to remember what she has fought so hard to keep back? It sneaks through the back door, in the symptoms, in her delusions about dead rats and mice and about someone who dies of fright when he gets a mouse in his mouth.

Has Frau Emmy now developed sufficient confidence in her new doctor to begin to tell him of the reasons for her spasms and fainting fits without the risk of hearing: “This is disgraceful; it isn’t done”? The situation involves an ambiguity: On the one hand, it allows everything to come out. “Tell,” says Freud, “tell more!” (This is the Breuer method inspired by Anna O.) He is interested in the whole situation and how it has come about, for he has

learned from Breuer that this is exactly what is of importance in curing those who are ill. On the other hand, he enters intensively into the task of eliminating these telling symptoms and getting the patient to forget the connection. Just like the aunt he exhorts the patient “to put an end to them.” This is actually the whole point of suggestive hypnosis: it is based on banishing these connections and pictures from the patient’s mental world. This is also what Freud tries to do. To support his suggestions he strokes the patient over the eyes several times.

### **Tell! Forget What You Told!**

Right here we begin to suspect a conflict in the method. On the one hand the doctor asks the patient to tell, indeed to tell all— since it is important. On the other hand he asks her to forget what she has told—as if it were not important any more. Freud is not yet aware of this contradiction in the method, and it will take him many more years to solve it. But it is

exactly when this type of contradiction becomes apparent in the actual work—between theory and clinical practice or within the theory itself—that an impetus is provided to development, if you are sensitive to its expressions, open-minded about your own mistakes, and prepared to recognize your own lack of knowledge.

It is apparent to later readers, familiar with theories about transference and counter-transference, that this case presents us with an instance of positive transference between patient and physician. Freud himself, of course, does not know that, for the concept of transference has not yet been recognized or named. If it had been expressed more forcefully (as it would be a few years later when a patient suddenly throws herself around Freud's neck), he might, like Breuer almost 10 years earlier, have been so terrified that for lack of words and concepts with which to grasp that which could not yet be fully

understood, he might have abstained from continuing his search for understanding. Then he might, like Breuer, have developed an aversion—a symptom—to the sexual implications of the treatment relation between patient and doctor.

If Freud's case histories are read in the light of today's knowledge, one sees clearly, however, how the patient, Frau Emmy, makes every possible effort to please Freud, who has now become an important person for her. This means, though, that the hypnotic method which Freud used, or the baths he ordered, or the daily massages he gave the patient, may not actually have been the active, result-producing components in the treatment. There was something quite different going on—something that took place between the patient and the physician. That this was the case becomes even more apparent when we consider that the hypnosis is only effective, as we shall see, when the patient desires it to be.



But I am getting ahead of the story. Without using words like *transference* or any other “bone word” for it, let us see how Frau Emmy after the first week is already trying to draw Freud’s attention to the importance of the positive relation between them. For the first time since the start of the treatment she is cheerful and talkative. She says she now feels much better and begins to speak disparagingly about the previous doctor’s treatment. For a long time she had wanted to stop going to him but did not know how she should go about it until a hint from Doctor Breuer helped her to break off the treatment and turn to Freud instead. When Freud expresses surprise at what she has confided in him, Frau Emmy becomes fearful and begins vehemently to charge herself with having been indiscreet. Freud tries to reassure her.

At his next visit, during the massage, she says that she is ashamed at having revealed the day

before that it was Dr. Breuer who had recommended that she seek out Freud. In reality the shame may be related to the positive attachment to Freud that has indirectly come to light. Clearly things have shown up here which may be disgraceful—“It isn’t done”—and Frau Emmy consequently looks worse. She shivers with cold and is angry. Freud soothes her, he writes, “with a white lie.” He says he already knew all this; she has not revealed anything unwarranted and need not feel ashamed.

Here for the first time a lie is described as a sedative.

### **Free Association**

Freud continues the massages, noting with satisfaction that thanks to those massages his influence begins to have an effect even before he has hypnotized her: she is calmer, her mind is clearer, and even without hypnosis she can discover causal

relations. She is beginning to talk during the massage, unreservedly, going wherever her thoughts lead her. On this day, on the morning of May 10, 1888, Frau Emmy von N., age 40, from Livonia, inaugurates the method of free association in Freud's clinical practice.

With a look of horror she tells about a cousin who was a bit queer in the head and whose parents had all his teeth pulled out at the same time. She repeats several times, "Keep still! Don't say anything! Don't touch me!" Freud, who continues throughout to ask probing questions while he massages her whole body, does not heed Frau Emmy's desperate exhortations but instead hears her utterances as a protective formula, a magic jingle.

Nevertheless something is being communicated. Freud is being alerted, and during the hypnosis immediately following the massage he asks what she means by the phrase. She explains that when she

was having frightening thoughts she was afraid of being interrupted in the middle, for then everything would only get confused and things would grow even worse. (Isn't Frau Emmy here stressing the importance of allowing the patient to finish making his point and the patient's unequivocal prerogative in the dialogue?) She also relates every expression in the phrase to several specific episodes, which all, in spite of the fact that they are far apart in time, are mentioned in one sentence without a period, as if they were acts in the same play. In other words, the flow of free talk becomes something that may link together disparate experiences and in that way create a connection, a story.

Freud assumes, however, that the expression, "Keep still! Don't say anything! Don't touch me!" has been created as a formula to shield Frau Emmy from a repetition of similar experiences. He banishes her fear by "suggesting away" the phrase. The

patient shows her appreciation of his solicitude and obeys. Or, she realizes that Freud will not understand the words as she would like to have them understood and thus there is no point in repeating them. In any case, she never lets Freud hear the full expression again.

### **Incipient Conflict**

In the evening Frau Emmy is agitated; a little dog has barked at her in the garden, and she is afraid that Freud has been annoyed by something she said in the morning during the massage. Is it Freud who is the dog, barking fiercely? Was he annoyed because she had said, “Keep still! Don’t say anything! Don’t touch me!” to him during the massage? That would, of course, have meant that most of what he was doing with her ought not be done: no prescriptions, no questions or long explanations, no massage. Instead he does what the aunt has done: recommends that she stop this

behavior: It is disgraceful; it isn't done! The patient obeys, now as then. But the battle between doctor and patient has begun.

Freud still can not listen to these reactions and counterreactions in a way that allows him to use the knowledge to a therapeutic end. He answers on the level of conventional conversation and says only that he is not annoyed—absolutely not. At this point in the treatment, he refrains from any further questions.

Frau Emmy, however, tries once more to catch Freud's attention. When he asks her during hypnosis what she remembers of what she told him last, she answers, "Don't touch me!" That is not, however, what Freud wants to hear: he had in mind the stammering of yesterday evening. Here another theme is struck, one which has to do with the various levels of meaning in psychoanalysis. Freud still can not consciously admit to himself that he is actively taking part in a stammering set in progress by his

constantly interrupting the patient's attempts to make her point, to say *what* she wants to, *when* she wants to, in the therapeutic relation. Freud contributes to this stammering when he does not allow the patient to get to the point where the phrase unfolds from within, so to speak.

But Frau Emmy's patience is admirable. She never completely gives up her struggle to get the doctor to understand something other than what he takes for granted. After a couple of days, Freud notes that his suggestions do not help if the patient has not first been allowed to tell everything she wants to, without being interrupted. Frau Emmy, it seems, is keeping a watchful eye on Freud, even when she is under hypnosis. "I can not evade listening to her stories in every detail to the very end," Freud declares (1895, p. 61).

### **The Sexual Theme**

Knowing now that several years later Freud would constantly see sexual themes reflected in his patients' stories, it is remarkable to us that he seems not to be aware of them in Frau Emmy's case. Freud offers no sexual explanation whatsoever for her symptoms. Still, he reports many details concerning her words and behavior, on the basis of which we can (re)construct a sexual theme.<sup>6</sup> Frau Emmy stages a varied production of hallucinations, many of them zoological and vibrating with passion. We remember the mouse in a boy's mouth. She even says, somewhat equivocally, to Freud that she has had a number of misadventures with animals, the most terrible one with a bat that had got caught in her wardrobe so that she had rushed naked out of the room. Mice sit in the branches of trees in the garden, toads crowd the paths, enormous mice whisk over her hands, and, in this world of imagination, the horses stamp madly in their stalls.



Gradually these signs multiply, particularly as the end of the treatment approaches. She is worried that she will be worse again, that everything will just pile up inside her without an outlet. Freud reassures her, saying that she is so much healthier, that she is more capable of resistance and that she has formed the habit of telling her thoughts to someone, which she can continue doing with someone she is on close terms with. Also, he says, she will henceforth be indifferent to a number of things that have hitherto weighed on her. Freud is thus still convinced that good results will follow on the hypnotic suggestions.

Frau Emmy responds that she is worried, too, because she has not thanked Freud for his visits to her so late in the day, and because she fears he will lose patience with her since she has had a relapse of her symptoms. Frau Emmy relates how terribly upset and unhappy she was when she heard the doctor at the nursing home ask a male patient, sitting

in the garden with his wife, if he was prepared to undergo his operation. She could not help thinking that this might be, would be, his last evening.

Of course, Frau Emmy was right. We do not know whether the male patient had his operation or not but in Freud's detailed report of the Emmy case, which covers the first three weeks, this was his last evening. In a report of no more than a few lines, Freud writes that on this evening he devotes himself chiefly to her right leg, to which he restores sensibility. But unfortunately, as soon as he has awakened her out of hypnosis (a sign that he is soon going to leave) the sensibility partly disappears again. Frau Emmy comforts him by saying that at least she has not had any neck cramps, though they usually come on before every approaching thunderstorm.

The next morning, May 18, she, of course, has neck cramps and receives Freud's intensive massage.

Freud draws the conclusion that the previous evening had been a matter of an unconscious premonition about what was to come, and that it functions as folklore says it does: you must not say anything is good or it will instantly turn bad. (“Knock on wood, keep your fingers crossed!”) He does not see the threads extending to himself, his comings and goings in her room, or the storm threatening inside her that will break when eventually he will leave for good.

We do not know why at this point Freud breaks off his painstaking day-by-day reporting. He himself says he hopes these extracts “will be enough to give a clear picture of the patient’s state, of the character of my therapeutic efforts and of the measure of their success” (1895, p. 76). He then proceeds to write a more concise report of what happens during the next few years. Among other things, Freud visits Frau Emmy on one of her estates. From this material

(1895, pp. 76-85), I will distill what may be of particular interest to us in this connection, that is, the sexual theme. Freud himself never gives it a name, but the message is there to be read between the lines.

### **The Male Seducer**

When after 7 weeks the first series of treatments comes to an end, Freud “allowed” Frau Emmy (this is what he writes) to return to her home. For several months afterward she remained in relatively good health. But when her eldest daughter started to develop symptoms, Frau Emmy once more became very ill. She was fully convinced that Freud bore a large share of the responsibility for her daughter’s symptoms because during Frau Emmy’s time in Vienna her daughter had developed symptoms similar to her mother’s. Above all she had begun to suffer from pains in walking, due, according to Freud, to a retroverted uterus. Who diagnosed this position of the uterus is not disclosed, but it is Freud

who refers the girl, 16 years old, to a distinguished gynecologist who puts the uterus in a better position by massage! Now, however, the girl's nervous troubles have recurred and her mother is reproaching herself for the unfortunate outcome of the treatment—ultimately blaming Freud and the eminent doctor to whom Freud had sent the girl.

Thus, exactly one year after the first treatment, the patient is back with Freud. Freud finds her much better than he expected, her chief complaint being “storms in her head,” sleeplessness, and crying fits lasting for hours. At exactly five o'clock every afternoon she feels sad—the time she was accustomed to visiting her daughter at the nursing home where she had been placed. (One is led to wonder whether there is a connection between this hour and the time “late in the day” when Freud visited her during the first round of treatments. Freud never provides any exact information about time.)

Frau Emmy stammers, wringing her hands as if in anger, and when Freud asks her if she sees a great many animals, she answers only, “Oh, keep quiet, don’t touch me!” (1895, p. 78).

Later on, in answer to Freud’s question about why she is stammering again, she tells him that she has been doing it ever since the time she had a shock while staying in D, where her daughter’s nursing home is located. Frau Emmy entered her bedroom and saw there a shadow which she took to be an overcoat. When she put out her hand to take hold of it, it suddenly shot up into the air, revealing itself to be a man. A servant had hidden in her bedroom. Under hypnotic suggestion Freud attempted to remove the memory.

Upon his return the same evening, Freud can not resist testing the effect of his suggestion, and asks her in an innocent voice how he should close her door when he leaves (and she is sleeping) so that no

one will be able to come in. To his surprise, she starts up, beginning to grind her teeth and wring her hands. She indicates, however, that she had previously had a shock of this kind in D, but she can not be persuaded to tell the story, Freud writes. Later, however, while under hypnosis, she tells the rest of the story: In her agitation she had been walking up and down the hall and had at last come to the chambermaid's bedroom door, which was open. She wanted to go in and sit down there, but the maid had blocked the way. She nevertheless forced her way into the room, seeing there, too, a dark object pressed against the wall. The object proved to be a man. She had plainly and simply surprised them in an erotic affair.

The stories tell what ideas several women—Frau Emmy, mother and mistress, and the subordinate young girl, the daughter and in turn the chambermaid—might harbor about men: dark, rising

shadows in their bedrooms. Reading the stories, our imagination is stirred and we get the impression that the picture also conveys how Frau Emmy on one level might have perceived her own and her daughter's relations with Freud and his gynecological colleague in Vienna. And it also emerges that, mother and daughter bear the same name.

### **The Seducer's Blindness**

Freud does not notice these connections at the time but they are there all the same, reported by Freud himself for us, wise after the event. In the years that follow, these experiences will lie dormant in Freud's mind. As for this episode he writes at the time that the inescapable conclusion to be drawn is that every story that does not bring about an improvement is incomplete. He will be proved right about that. He says also that he gradually learned to read his patients' faces in such a way that he could



see whether they were concealing some important detail in their confessions.

This time the treatment seems to be aimed at freeing Frau Emmy from all unpleasant memories and impressions arising from where her daughter was treated and from her own visits to the sanatorium. She expresses her irritation over one of the doctors at the establishment who hypnotized her and forced her to spell out the word K-r-ö-t-e (frog). In this connection, it is as though a devil has taken possession of Freud. He allows himself, he writes, to play a “practical joke” on her. He suggests to her under hypnosis that her visit to the sanatorium will come to feel so remote that she will not even be able to remember the name of the place. Whenever she wants to refer to the place she will hesitate between *berg* (hill), *tal* (valley), and *wald* (wood). This in fact happens and continues until Breuer induces

Freud to free the patient from the burden of the symptom the doctor himself has imposed on her.

We may ask ourselves whether Freud played this practical joke on his patient because he felt his power threatened. The patient had, of course, complained about a hypnotizing doctor. In any case the struggle between doctor and patient once more occupies the stage.

Some time later when Freud tries to force Frau Emmy to eat more than she wants to eat and drink what she does not want to drink, the result is open rebellion on Frau Emmy's part. She obediently eats and drinks what Freud recommends but becomes ill with violent stomach pains. Freud can no longer hypnotize her (which was so easy in the beginning). She is in open rebellion and Freud writes that the situation is "very grave." He gives up the attempt to hypnotize her and announces she will have a 24-hour grace period to think things over and to accept his

theory that her stomach pains are caused only by her fear and not, as she maintained, by mineral water. After 24 hours he would return and ask her if she was still of the opinion that her digestion could be ruined for a week if she drank a glass of mineral water and ate a normal meal. If she answered “yes” he would ask her to leave.

This little scene, Freud adds, was in sharp contrast to their usual relations, which were as pleasant and comfortable as one could imagine. Today as we read of this episode we can not ignore the impression that it is also a romantic tiff. It is not only a struggle between a doctor and a patient but also between a man and a woman.

Twenty-four hours later Freud is back on the scene to ask his question about the stomach pains. Frau Emmy, who is a wise woman, answers, “I think that they come from my anxiety, but only because you say so!” (1895, p. 82).

Freud hypnotizes her again, painstakingly going through the whole of her “food” history, so to speak. After this she eats and drinks heartily and writes, in a letter to Freud, “[I] have put on a great deal of weight. I have already drunk forty bottles of the water. Do you think I should go on with it?” (p. 83).

Should we interpret this to mean that Freud’s word has become Frau Emmy’s law—or is she poking fun at him? Perhaps both. Some years later, however, she writes to Freud to ask his permission to let another doctor hypnotize her. At first Freud does not understand why his permission is necessary. Then he remembers that once, at her request he says, he had under hypnosis forbidden her to let herself be hypnotized by anyone else. Could it have been infidelity, which neither then nor later has been considered fitting in a woman, that Freud tried to remove by suggestion?

“I accordingly renounced my exclusive prerogative in writing,” he wrote (p. 85). With those words Freud ends his presentation of the case of Emmy von N., and this gives us a free hand to step in.

### **Affect and Consciousness**

Frau Emmy von N. is the first case of hysteria on which Freud makes a detailed report, sometimes hour by hour, and the first he treats with Breuer’s cathartic method. What is stressed in these inquiries and descriptions is the significance of the emotional life.

In other words, it is a matter of affects, named during hypnosis and followed back to their sources. There, the appearance of the symptom can be traced to pent-up affects, forces—Freud even speaks of quantities of energy—that have been repressed and led on to the “wrong” tracks, that is, transformed and

used in the “wrong way” or in the “wrong place.” They can cause the paralysis of a leg or give rise to an eye disorder, a migraine, or stomach problems, that is what are called conversion symptoms.

In clinical work with the affects of these patients, for example with Frau Emmy’s fear, the clinician must distinguish between psychic acts that are unconscious and those that are conscious, or can become conscious. Two basic premises of future psychoanalytical work have here been established: the first deals with tracing the affects back along their tracks forking off in different directions in the patient’s history; the second with the existence of two psychic levels: the unconscious and the conscious.

There was no disagreement between Breuer and Freud on these matters. Actually it was Breuer who first pointed out these relationships, having illustrated and worked with them as a point of

departure in the case of Anna O. Freud tries to repeat Breuer's treatment experiences with Frau Emmy.

In order to measure properly the significance of Breuer's and Freud's ideas in the context of the history of ideas, it may be important to mention, if only in parenthesis, that both Breuer and Freud took a stand against the "degeneration theory" that during this period was the traditional, dominant view of hysteria among doctors in Vienna. Illness was considered a sign of brain degeneration, a progressive breaking down that occurred within certain families. For the doctors of that day, heredity and disposition were self-evident factors in the emergence of hysteria. Even though Freud includes heredity as a necessary element in the outbreak of hysteria—as he does, for example, in Frau Emmy's case history—for him it is never a question of degeneration. For the most part, the importance of hereditary gradually diminishes even if it never

completely disappears. Although the issue is important I have decided not to take up the theme in detail in this presentation.

If Breuer and Freud were united against their contemporaries in these questions, we nevertheless have a premonition that they will soon come to a parting of the ways if we take as our point of departure the following cases published by Freud in the *Studies*. These are the patients Freud treats 3 to 4 years after Frau Emmy: Miss Lucy, Katharina, and Fräulein Elizabeth von R. (For a presentation of Miss Lucy, see the next chapter.)

In the matter of the affect and its vicissitudes, a doctor of this period faced the question of what made the affect take the “wrong” turn. In other words, when does a mental process become pathogenic? What differentiates the sick from the healthy? Breuer—a typical doctor, not only for his



own time—preferred a physiological explanation for the origin of symptoms: the hypnoid state.

### **The Hypnoid State and Hypnosis**

When I have tried to understand why the twilight zone of the soul called hypnoid was regarded as a physical reality, I have been helped by thinking in terms of an analogy to another bodily phenomenon familiar to doctors. In elderly people we often find a decalcification of the skeleton, which is a common cause of bone fractures. A doctor tends to think along the same lines even when the symptoms are psychic and mental. The hypnoid state is thus viewed as a sort of weakened condition (decalcification) that facilitates the rise of symptoms (bone fracture). Freud's contemporaries thought that these twilight states made it impossible for the affect to traverse the normal path; instead, it got on to side tracks and by conversion turned into a physical symptom. In hypnosis, which re-created the hypnoid

state, access was gained to the affect and the situation that prevailed at its origin—which was not accessible in the normal, conscious state—and the doctor could liberate the affect in an *Abreaction*, a letting off of steam. This meant, however, that hypnosis was a requirement in the treatment method, and we now understand why it was so essential, indeed so absolutely crucial, for Freud during the treatment of Frau Emmy.

The question of how these hypnoid states arose nevertheless remained. And what was to be done with the patients who could not be hypnotized?

In the next case reported by Freud in the *Studies*, Miss Lucy R., age 30, an English governess in Vienna, hypnosis fails, hoist by its own petard. It is not possible to hypnotize Miss Lucy! Another doctor might have given up the struggle and let it go as a therapy-resistant case. Freud responds differently. He asks himself whether the connections may not

also be elicited by treatment in the waking state; he is supported in this by Bernheim, whom he visits in 1889. Bernheim maintains, giving examples, that memories during somnambulism are only apparently forgotten in the waking state. In Freud's description of Emmy's case we have noticed that he was already aware of this.

Thus, for example, almost as though in passing, Freud points out on May 14, 1888, after only two weeks of treating Frau Emmy, that what she says *before* the hypnosis is becoming more and more significant. She knew more than she wanted to let on. A seed of doubt must even then have been planted in Freud's mind concerning the ever more dominant position of hypnosis. Soon something else appears that points to the weakness or difficulties of hypnosis, which is that the best results vanished as though into thin air as soon as the doctor's relation to the patient deteriorated. This showed that the

personal, affective relation between doctor and patient was an important factor; indeed it seemed to be more powerful than any other cathartic effort. But up to that time there had been no investigation as to its implications.

Now that it was impossible to hypnotize the patient, Miss Lucy, Freud does more than just push on, encouraging her to tell everything she thinks she does not know. Again inspired by Bernheim, Freud hits on another course of action.

When he is confronted with the patient's reluctance or refusal to tell something, he places his hand on her forehead or takes her head between his hands and says, "You will think of it under the pressure of my hand. At the moment I relax my pressure you will see something in front of you or something will come into your head. Catch hold of it. It will be what we are looking for!—Now then, what have you seen or what has occurred to you? ...

On the first occasion on which I used this procedure,” Freud writes, “I myself was surprised that it yielded me the precise results that I needed” (1895, p. 110-111).

Another reason Freud began to abandon the hypnotic method was that he quite simply began to tire of reeling off exhortations to his patients, “Sleep, sleep, sleep. Now you are going to sleep ...” and over and over again having to point out that this was not ordinary sleep, but a hypnotic state: “You are asleep, you are asleep, you are hypnotized, you can’t open your eyes,” and so on.

### **A New Thought Pattern Takes Shape**

If it were now not a question of special hypnoid states during which impressions and events had pathogenic consequences for the patient, what was it that gave rise to the symptoms? Freud had to create a new explanatory model. He began to think along the

lines of a power play, a kind of tug of war within the individual between different motives and tendencies, like those which could also be observed in normal life. (Here we might interpose that the battle situation we have seen enacted between Frau Emmy and Freud may have had a certain significance.) Freud called these hysterias “defence neuroses” (*Abwehrneurose*) and differentiated them from hypnoid hysteria.

In the neurotic state, Freud said, the affect was separated from the idea to which it had originally been linked because the ego, perhaps, for example, for moral reasons, repudiated the idea. (“It isn’t done!” “You can’t think that way!”) The affect was reinforced and transformed into a somatic symptom, while the idea was decathezed, watered down, and “forgotten” — “repressed” he would soon come to put it. It vanished into the unconscious, leaving only the result of the transformation: the conversion

symptom. When a leg ached this was, so to speak, a manifestation of the soul's agony. And the idea, the experience, or the perception that had originally been bound to this pain and which was unseemly was no longer accessible to the conscious ego.

As early as 1893 Freud and Breuer had written in their article “Der Psychische Mechanismus hysterischer Phänomene” (On the Psychological Mechanism of Hysterical Phenomena) that the affect can be discharged by language instead of by symptoms: “[L]anguage serves as a substitute for action” (p. 8). The talking cure.

If a person is not allowed to give a name to his experiences or name his thoughts, a conflict arises. In the case of Katherina, a young girl of 18 from the mountains with whom Freud had only one interview, he shows how aware he was of the significance of language—of words—as early as the first years of the 1890s. He and Breuer tell of their discovery that

what the patient says can be likened to an illegible pictographic script. If this is compared with other bilingual inscriptions, the alphabet of the symptom can be translated into a more intelligible language.<sup>7</sup> So, for example, “being indisposed, sick,” means that the patient is saying that she has been disgusted by something she saw or experienced. In other words, when Katherina says she was sick and one day had to go to bed, Freud needs only to ask what it was that disgusted her so much.

In Freud’s new reasoning we find, first, the basis for his conflict theory, the idea that is at the core of the entire psychoanalytical construction. Second, here is the idea that it is in a phenomenon related to the structure of language that the conflict finds expression. The conflict—the symptom—is characterized by a linguistic structure. Finally there is the idea that psychic symptoms represent problems and conflicts that are universal and that we



all encounter sooner or later. In other words, it is a question of normal conflicts where, however, the normal process has stumbled against a barrier of some kind. The thought that the ideals and the social milieu of the world around us can act as such a barrier lies close at hand.

Concerning women—and only women are the subject of the *Studies*—Freud explicitly calls attention to their need for intellectual stimulation and further development after their basic schooling. All the women he works with seem to be gifted and intelligent. But when they reach their teens their intellectual curiosity is suddenly and categorically brought to a standstill, blocked. Their brothers can go on to the university and other seats of learning, but they are confined to their homes under constant supervision. They have to do only what is considered suitable for marriageable women of their

class: sewing, household duties, and a little piano playing.

In Freud's description of Elizabeth von R., one reads between the lines that Freud considers her hysteria entirely a cultural illness. However, in the case of Frau Emmy, who had been treated four years earlier, he writes that "undoubtedly she was a person with a severe neuropathologic heredity. It seems likely that there can be no hysteria apart from a disposition of this kind" (1895, p. 102). During the first years of the 1890s a significant shift in Freud's thinking takes place, from heredity and physiology to environment, culture, and psychic conflict.

### **Describing Pain**

At the beginning of Fräulein Elizabeth von R.'s case history Freud emphasizes the difference between, on the one hand, the description of his pain given by a patient suffering from real organic

infirmities and, on the other hand, one put forward by a neurotic. The former, Freud says, seeks to describe it clearly and calmly. The patient says, for example, that it is a shooting pain coming at certain intervals, that he feels it in exactly this or that place, that it comes immediately after a meal, and so on.

Freud continues:

Again, when a neurasthenic 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 the 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.

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This passage records an observation concerning the important differences in speech, description, and action between a symptom with an organic cause and a neurotic symptom. It is no surprise that Freud's case histories will bear the imprint of this distinction; indeed, they will reflect it. The epicrisis to the same case history, that of Fräulein Elizabeth, begins as follows: "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" (1886, p. 160).

The "story telling" will gain greater and greater importance for Freud and will be crucial to psychoanalysis, which views speech and language as critical psychoanalytical fields. In *Über Deckerinnerungen* (*Screen Memories*, 1899), Freud

writes that these stories, so psychically meaningful, create a continuity in our lives; indeed, they are just what creates the continuity in our lives, the connection between what we otherwise would perceive as a series of disparate, disconnected episodes.

Our earliest childhood memories tell us not how things really were but how events appeared to us during later phases of our development. They are actually created and formed then, *nachträglich*—after the event—not in order to be faithful to history but for numerous other reasons. As human beings, we are fated to give shape to what we have perceived and experienced. Among other things, we do this by telling our own stories—stories that, indeed, are our very own.

In the next case presented by Freud in the *Studies* we can follow in detail how such a “hysterical history” is created. Partly, the creation

takes place during the cure to which Freud exposes his patient. Then we will return to the theme of sexuality, which we only touched upon in the case of Frau Emmy.

### *Notes*

1. For a penetrating description of the concept of catharsis, psychoanalytical in its best sense, see Judy Gammelgaard (1993).
2. Actually Freud went to Paris not to study hysteria or hypnosis but rather to investigate “secondary atrophies and degenerations that follow on affections of the brain in children” (1886, p. 8).
3. A critical study of Freud’s presentation of this meeting has been published by Ellenberger (1993). I take up this issue in detail in my study of the case of Katharina, presented to the Swedish Psychoanalytical Society, March 25, 1996 (not yet published).
4. The date of this case is uncertain. Freud gives conflicting times, and he may quite simply have shifted the time of this first treatment ahead a year. Actually it had already started May 1, 1888 (Tögel 1994).
5. Someone has suggested that my own choice of profession, medicine, was decided by this story, among other things.

6. In his chapter on psychotherapy in cases of hysteria—written just before the publication of the *Studies* in the spring of 1895—Freud writes that when he started Frau Emmy’s treatment (1888) the idea of a sexual basis for her disturbance was far from his mind. A connection of this kind would have been taken as an insult both by the patient and himself. When he looked back at these notes, however, he was convinced that this had been a case of “severe anxiety neurosis accompanied by anxious expectation—an anxiety neurosis which originated from sexual abstinence and had become combined with hysteria” (1895, pp. 259-260).
7. Of course, this a reference to the Rosetta stone whose trilingualism—a demotic, late Egyptian inscription and a Greek inscription side by side with the Egyptian hieroglyphics—allowed Champollion to solve the riddle of the hieroglyphics.

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