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FALLING INTO HISTORY: FREUD'S CASE OF FRAU EMMY VON N.

The Psychoanalytic Century

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e-Book 2015 International Psychotherapy Institute

from *The Psychoanalytic Century* David E. Scharff M.D.

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> I made it impossible for her to see any of these melancholy things again, not only by wiping out her memories of them in the *plastic* form but by removing her whole recollection of them, as though they had never been present in her mind. [p. 61]

—Sigmund Freud

Studies on Hysteria is a curiously hybrid text. It belongs to the prehistory of psychoanalysis, and one of the interests it has for us is that in it we can see Freud in the process of breaking away from a variety of influences even as he is nourished by them: Meynert, Charcot, Breuer, and Bernheim, to name just a few. We can also see Freud staking out a terrain for psychoanalysis: the effects of the remembered past, mediated through desire, on the present.

The "effects of the past" that concerned Freud and Breuer were, of course, the symptoms of hysteria. Hysteric patients suffer mainly from reminiscences, they wrote, and their investigations in the 1890s were aimed at removing the potency of the past. Breuer and Freud were committed to the view that the reminiscences that caused hysterical suffering were historical in the sense that they were linked to actual past traumas in the patient's life. The affect associated with the past trauma provokes no balancing reaction, and it remains unacknowledged; the amnesia (or paramnesia) results from the force

of that affect being dammed up. They wrote that "the injured person's reaction to the trauma only exercises a completely cathartic effect if it is an *adequate* reaction" (p. 98). The past that continues to wound is the past that originally found no outlet. Denied an "appropriate" response, the ghost of past experience continues to haunt the hysteric: "The ideas which have become pathological have persisted with such freshness and affective strength because they have been denied the normal wearing-away process by means of abreaction and reproduction in states of uninhibited association" (p. 11).

In the Whiggish histories usually written by partisans of psychoanalysis, *Studies on Hysteria* is read as Freud's recognition of the value of "uninhibited association" for coming to terms with the past, and especially of the role of sexuality in that past and our present relation to it. The uninhibited Freud, the conquistador as he liked to say, was ready to go where no one had gone before—or at least where very few doctors were willing to linger. Where abreaction was, there association would come to be. In the demonic accounts of Freud's nefarious effects on our century, *Studies on Hysteria* is read as the tale of the psychoanalyst's first learning to listen to his female patients, but of his coming to ignore the realities of what they were telling him. According to this account, in *Studies on Hysteria* the patriarchal, authoritarian Freud was about to lose his nerve when confronted with the testimonies of women who were often the victims of male sexual violence.

The Whiggish and demonic emplotments of the history of psychoanalysis neglect both Freud's precursors in this terrain of release/understanding through association, as they simplify Freud's own reluctance to move into what was for him frighteningly uncertain ground. Conquistadors are not supposed to be dragged into the new territory by the natives. But in Freud's case, the natives of neurosis were the ones who best knew the terrain of dammed desire, and he had to learn to follow them. But like his patients, Freud was full of resistances: doctors were not supposed to learn from their patients, they were supposed to *make them better.* The doctor was the scientist, the man of reason, and the neurotic patient had to be brought onto *his* terrain: and it should be firm ground in contrast to the swamp of (feminine) hysterical desire. But who would conquer whom?

The case of Emmy von N. presents a complex Freud, neither hero nor villain, a theorist undecided about the relation of memory to real events, and a doctor not yet convinced that the "normal wearing-away process" is best achieved through a talking cure that allowed the patient to acknowledge the past as a way to escape its domination. When Freud began treating Fanny Moser (Emmy von N.'s real name) in 1889, he was intrigued by the possibility of simply removing the reminiscence that cause the hysterical suffering. Hypnosis, Freud had learned in France, could be used as an "amnesic technique," a tool for removing the past from patients so that they could get on with their lives. Amnesic techniques gave the doctor enormous authority,

the possibility of remaking the identity of the patient. But in order to become a real Freudian, Freud would have to dispense with the dream of removing the past in favor of a model of recollection, of constructing a past with which one could live.

In this paper I will discuss the school of forgetting against which Freud would define psychoanalysis. This school is most familiar to us as the group of researchers and clinicians around Charcot. Although Charcot and his colleagues at the Salpêtrière were locked in an intense rivalry with Bernheim and his students at Nancy, for Freud their use of hypnotism and suggestion linked them as a common temptation and as an "Other" against whom he would define himself. In the "Case of Emmy von N.," Freud was still trying out his French lessons as he attempted to assume the authority of suggestion and to wield the power of erasing the past. In this case study we see him working through the French forgetters, as he began to make the problem of suggestion an issue for any attempt to make sense of the past—not just as a price for erasing it. This issue—how can we actively recover the past for the present without simply inventing the past—would remain at the core of psychoanalysis and of modern historical thinking generally. It is not an issue that can be driven away through suggestion nor through the attack on suggestion. Modem historical thinking and psychoanalysis acknowledge the problem of suggestion, which is a version of the problem of epistemological contamination: there is not a pure place from which one can know the past.

Though they acknowledge suggestion as a possibility, neither psychoanalysis nor historical thinking claim this possibility as a reason for embracing the position of the skeptic, of the person who would reduce insight to imitation, knowledge to persuasion. Whether the position of the skeptic is ultimately a hysterical position is a question beyond the scope of this essay.

For Charcot and his school, hysteria could often be traced back to a shock to the nervous system that disrupted subsequent memory. An original trauma continued to produce a psychical piercing, or a dynamic lesion of the nervous system, and could be healed through forgetting. A good example of this psychical piercing can be found in the strange case of Mme. D.'s hysterical amnesia, which was discussed by Charcot, Janet, and other physicians of the 1880s.[2] Mme. D. was told by a stranger that her husband was killed at the job, and that she should "prepare a bed" for they would soon be bringing back the body. But the story was a practical joke. The "shock" came when she saw him still alive. Since the initial shock of this odd prank, she did not remember anything back to the previous July 14, nor did she seem to have any new memories. The trauma, when combined with a predisposition to hysteria, led to hysterical "retro-anterograde" amnesia. Charcot used the word "elaboration" to describe the process through which an idea or remembered event acquired hysterical potency over time. Through elaboration, or autosuggestion, the trauma accumulated force and became the root of the hysterical symptoms. Like hypnotic suggestion, elaboration was a process

that took place in the brain but not one that involved any conscious awareness. In the case of Mme. D., the shock of hearing of her husband's death and then seeing him continued to block her capacity to remember (and thus to experience) any new events.

The concept of elaboration depended on a new and complex notion of the brain and of memory. An original event is remembered by the subject in ways that are independent of consciousness. The subject, or perhaps we can say "part of the subject," registers the event neurologically, and its representation is stored in the brain. That stored event continues to have effects on the workings of the nervous system, even if the event itself cannot be recalled consciously by the subject. This process, of course, is very familiar (if still controversial) for us, but in the late nineteenth century the idea of memories having effects independently of consciousness was new and disturbing. Curiously, Charcot paid almost no attention to the significance of the stored event. The initial experience was treated like an electrical charge that continued to have consequences on the nervous system, not as an event that was cognitively or emotionally unbearable for the conscious subject.

Charcot saw the phenomenon under what he imagined as controlled conditions in hypnosis. Under hypnosis subjects are given access to a different set of memories than they would recall in their normal personalities. This access can often be remembered, with the proper hypnotic suggestion,

so as to integrate the different faculties of memory. In other words, once a forgotten event is remembered under hypnosis, it can often be opened to the normal faculties of recollection. Paradoxically, once it is part of these normal faculties of recollection, it can be forgotten—the normal wearing away process, as Freud put it. Alternatively, that which happens during the hypnotic trance can, through suggestion, be closed off from remembrance in the normal state. "You will remember nothing of what has happened here after I awaken you."

These techniques were long familiar to mesmerists and more mainstream scientific investigators by the time Charcot announced his serious interest in hypnosis in 1882.[3] But when Charcot leant his prestige to the study of hypnosis and related states, it seemed to make new phenomena visible and old explanations suddenly worth taking seriously. Charcot took a narrow view of his subject, one that legitimated his own expertise. There was nothing mysterious about the phenomena, no invisible fluids or forces from the beyond. Hypnotism was a series of several "nervous states," which, like the stages of hysteria, could be isolated and described in detail. As Anne Harrington notes, "Charcot manages, in one fell swoop, both to give an aura of medical respectability to a formerly shunned and suspect subject, and simultaneously to stake a clear claim to the medical profession's exclusive competency to deal with this subject."[4] For him, hypnotism was an artificially created hysteria, and thus could be used to investigate cases of the

spontaneously generated disease. One of the ways the master did this was by hypnotizing female hysterics and suggesting to them that they mimic the symptoms of male hysterics. His best patients performed splendidly.

In the case of Mme. D., hypnosis proved very valuable indeed. First, it allowed Charcot to determine that the woman was indeed registering her experiences, even though she could not recall them:

> This woman, who we have been able to hypnotize, rediscovers in her hypnotic sleep the memory of all the facts that have transpired until the present, and all these memories thus unconsciously recorded are revived in hypnosis, associated, uninterrupted, so as to form a continuous course and as a second self, but a latent, unconscious self, which strangely contrasts with the official self with whose profound amnesia you are acquainted.[5]

Hypnosis thus revealed a "second self' that did not suffer the effects of the trauma that afflicted her conscious self. The traumatic idea—the false report of her husband's death—had acted as a form of suggestion, cutting off a faculty of memory as did hypnotic sleep. For Charcot, the nervous system of the traumatized subject functioned much like the nervous system of the hypnotized subject. They were hysterical. The task for Charcot in the case of Mme. D. was to use hypnotism to overcome the disjunction between the first and second selves. Hypnosis functioned both as the sign of the pathology and the possibility of curing it. If the patient was willing to follow the hypnotic suggestion to remember, then the wound of the trauma could be healed.

But remembering for Charcot did not have any of the connotations of integrating the self or facing one's desires that it would come to have in the twentieth century. Remembering was a behavior that Charcot wanted to promote, a behavior currently inhibited by a (probably degenerate) nervous system that had not recovered from a shock (a trauma) it had received. Marcel Gauchet has emphasized Charcot's indebtedness to the neurophysiologists who, by 1870, had established that "the totality of the nervous system can and should be analyzed in terms of unities similar in structure and function; that is to say, in terms of sensori-motor connections and reflex processes."[6] The reflexive reactions of a degenerate nervous system following a trauma leave it vulnerable to suggestion—that is one of the key reasons for the production of symptoms. Suggestion can be used to get the system back on track.

From Pierre Janet's perspective, elaboration led to what he saw as the root of hysteria: the dissociation—the breaking apart into isolated fragments —of the personality. But how was the doctor to provide the hysteric with renewed capacities for psychological synthesis? One of the chief obstacles was the now elaborated memory of the trauma. Thus, forgetting was essential to cure: "One of the most precious discoveries of pathological psychology would be that which would give us the certain means to provoke the forgetting of a specific psychological phenomenon."[7] Since Janet regarded the memory of the report of her husband's death as Mrae. D.'s *idee fixe,* after some

months of failing to get her to make it a conscious memory, he concentrated his efforts on "suppressing" it, or at least at reducing its potency. The strength of the memory was such that it could not be removed, so Janet "modified it" by "transforming" the idea to make it less frightening. Instead of a stranger entering the house, during hypnosis Janet "modified his features" so that it was the psychologist himself who knocked at Mme. D.'s door! And instead of announcing the terrifying news, Janet's image said only: Mme. D., prepare a bed because I would like to sleep at your house in M."[8] Now, when Mme. had the recurrent dream about the incident, it aroused much less emotion, thus allowing her personality to integrate the various segments of the past into her personal memory. Janet de-elaborates the memory and thus removes its potency. In Charcot's terms, by manipulating the image he destroys its ability to continue to affect the nervous system. The past is in the way. By changing the past, the psychologist opens the possibilities of new memory for Mme. D. "In a word, after the disappearance of the obsessional idea *(idée fixe),* the unity of the spirit is reconstituted."[9]

The problem with hysterics, it seems, was that they neither remembered nor forgot—that is, they could not bring to mind consciously (by an act of will) the element in their past that disturbed them, or when they did so it was without any of the affect that seemed to have been linked to the memory. But the therapeutic task was not simply to help the patient forget or ignore the pathogenic past. Hypnotism was thought to be a way of giving the

hysteric access to this past; but whatever happens during the hypnosis was often forgotten upon awakening. Thus, only during hypnotism did some of Janet's patients feel connected with the past that otherwise haunted the present. As a result, a dependence on hypnotism and on the hypnotist often developed. Janet's patient, Marceline, would need to be hypnotized every two to three weeks (in secret, since her employers knew nothing about this) in order to avoid a relapse into a catatonic, anorectic state. Blanche Witt, a severely hysteric patient from the Salpatrière, grew even more dependent on Janet. "Blanche will now speak only to me, will only be touched by me. She does not pay any attention to the words addressed to her by the other people present."[10]

The hypno-psychologist may complain about dependence (or *"electivitè,"* as Janet called the attraction to the doctor), but this did not stop him from remaking the personality of his patient. In Blanche's case, he even named his new creation!

> I asked her what she thought of this new state (of hypnosis), she would tell me that she still feels herself to be Blanche Witt; but, on the other hand, she discovers a personality, inclinations and properties so different that she has difficulty believing that she is still the same. She accepts, therefore, very willingly the name "Louise" which 1 propose she take.[11]

Finding the right balance between memory and forgetting was very difficult. Who would define what the balance should be? In the case of the

hysteric patient, Irene, she remembered the *fact* of her mother's death, but displays none of the affect "appropriate" to the event. But in this age of mediums and spiritist reconnections with the dead, what *should* she have felt? How can the memory be brought into relation with the emotions "proper" to it? In the end, when Janet considers the great body of his own and his colleagues cases, he chooses another solution. The final sentence of his weighty book, L'E*tat Mental des Hysteriques,* runs as follows: "In conclusion, the biggest favor that the doctor can do for his patient is to direct his mind."[12]

If some form of autosuggestion or hypnoid state is at the root of hysteria, then a cure would be to replace the poisonous claim of the traumatic past with the hygienic claim of the benign physician. Suggestion through reason, or reason through suggestion, but if the idea of reason includes the independence of mind, how can it be achieved through suggestion? The replacement of *elaboration* by the direction of the physician would not cure hysterics of their vulnerability to suggestion. Indeed, the need for, demand for suggestion was one of the byproducts of the treatment. Janet called this the passion *somnambulique:* "The hysteric who awaits somnambulism resembles in many ways the morphine addict who awaits his shot, even though his anxiety has perhaps a more moral and less physical character."[13]

Although Janet seemed uneasy at times with the power these patients were willing to give him, as he wondered what it said about "the dependence

which exists naturally among people,"[14] he did not think through what it would mean to "cure" the hysteric of his or her need for suggestion, direction, or authority. After all, hysteria was an ancient illness perhaps always triggered by the power of suggestion, and hypnosis seemed to put this power into the (well-scrubbed) hands of the physician. The authority was immense, but in the hands of a truly scientific doctor it need not be infallible, only self-correcting. Pontalis quotes Charcot as saying: "What one does one can always undo."[15] Suggestion from the past was malignant; suggestion from the doctor as the voice of progress and reason was benign. Janet put the well-worn appeal to the weak predisposition of the patient in a new form: "Some minds more than others, have the need for perpetual imitation."[16] The problem was a technical one. How could the physician be present enough for the hysteric in constant need of direction? Janet states: "The true treatment of hysteria, Briquait said, is happiness. I have tried to understand what was this happiness which is proper to hysterics; it is, in my view, simplicity, almost the monotony of a simple existence which reduces the effort at adaptation."[17] The monotony of a simple existence would mean that hysterics would have less need for suggestion; little variety would mean they could continue imitating the tried and true models provided by the physician. Reason, when imitated, created normality: this happiness, which is proper to hysterics, is what Freud called "common unhappiness."

In addition to Bernheim's hypnotic techniques, Charcot and Janet's

views on suggestion and hysteria had a decisive impact on Freud's understanding of the etiology of hysteria and of the possibilities for cure. Freud, like Charcot, was intensely concerned with the process through which a memory could become a psychological wound; that is, a trauma. In his early work (writings that precede, roughly, *The Interpretation of Dreams)* Freud strove to remove the memory's potency, not through forgetting like Janet but through the discharge of energy through a particular form of recollection. Freud came to develop psychoanalysis as a mode of interpretation that would create a past that one could live with. Psychoanalysis emerged out of mourning, out of the work that enables a person to detach him or herself from the past even while retaining some (narrative) connection to it. The talking cure demands that one situate oneself (or one's desires) in relation to the past, not that one reconstruct *the* actual past in the present. The role of trauma has been of decisive significance in the history of psychoanalysis, and as Freud emerged from mourning for his father he also radically altered the place of childhood trauma in the theory of hysteria. This has led some writers to claim that Freud was either fleeing from an insight into the persecution of (especially female) children, that he was covering over his and his friend Fliess's gross incompetence, or that he was protecting his own abusive father. I shall not discuss these claims here, but want to emphasize that Freud created psychoanalysis as a mode for connecting with and representing the past that has important affinities to mourning, in contradistinction to

neurosis. He developed a hermeneutics of memory rather than a tool for some unmediated expression of the past (whatever that might be) that would pretend to get free of it. That is, Freud developed psychoanalysis as a way of using the past rather than revolting against it.[18]

But in *Studies on Hysteria* psychoanalysis had yet to emerge, or rather its early modes of inquiry and application were in competition with other approaches to dynamic psychology. One of the most fascinating aspects of Freud's treatment of Emmy von N. is his attempt to play the role of the powerful physician wielding the latest tool of science—hypnosis—to direct the mind of his patient, who happened to be one of the richest women in Europe. And when hypnosis didn't work, he reverted to overt command: If you don't accept my explanation for your stomach pains by tomorrow, I will ask you to leave. You'll be on your own and in need of another doctor. The normally independent woman returned docile and submissive (p. 82), we are told. Freud is clearly pleased with what he seems able to do (for a change), but he is also uncomfortable with the feeling, the illusion of power and authority. Fie is at best awkward in making his patient forget too much, and at worst irresponsible as he gives her a suggestion as a joke. Freud, who has great ambition for, but little confidence, in what he is doing, always feels about to be judged, perhaps dismissed by this "normally independent" and abnormally powerful woman. Emmy's adherence to his authority, when he has it, is itself a hysterical symptom of the patient's inability to live with the

powers of the past. Freud's dilemma is how to use this authority without merely producing new symptoms or acting out his own and the patient's fantasies.

Under hypnosis, Emmy described scenes from her past, and after she had done so, Freud would remove the fear of the visions associated with them: "My therapy consists in wiping away these pictures of [frightening episodes from the past], so that she is no longer able to see them before her. To give support to my suggestion I stroked her several times over the eyes" (p. 53). The therapy goes well as the patient "unburdens herself without being asked to. It is as though she had adopted my procedure and was making use of our conversations, apparently unconstrained and guided by chance, as a supplement to her hypnosis" (p. 56). While in hypnotic sleep, she would punctuate her stories of frightening memories with the "protective formula": "Keep still!—Don't say anything!—Don't touch me!" (p. 56). Emmy is afraid, she explains, that if her reminiscence is interrupted, then "everything would get confused and things would be even worse" (p. 56).

Freud listened to these stories and tried to piece together their significance. At the same time, he used the power of hypnotic suggestion to change the content of the memories that had given rise to the stories in the first place. Thus, there is a deep tension in the case between Freud's aggressive use of his authority through hypnosis to change his patient's

relation to her past, and his recognition that before the memory of the past could be successfully altered it had to be constructed in a conscious, possibly narrative form. “I cannot,” Freud complained, “evade listening to her stories in every detail to the very end” (p. 61). This tension is most evident when Emmy complained about Freud’s eagerness to erase her memories before she had had the chance to recount them for him: “Her answer, which she gave rather grudgingly, was that she did not know. I requested her to remember by tomorrow. She then said in a definitely grumbling tone that I was not to keep on asking her where this and that came from, but to let her tell me what she had to say. In fell in with this, and she went on . . .” (p. 63).

In this passage we can see the conquistador stopped (at least for a moment) in his tracks. It is the patient who sets a limit, or at least a context, for his authority. *Let me speak these memories before you try to explain them or wipe them away with the tool of hypnotic suggestion. Fall in with me before you use that authority to which I am supposedly so susceptible.* Freud described himself not as giving definitive explanations nor as wiping away the past with the tool of hypnotic suggestion but as “falling in” with the patient’s chosen procedure. *(Ich gehe daruf ein . .* .) Like Anna O. (at least in the stories told about her), Emmy teaches her doctor to listen.

By “falling in” with Emmy’s stories, Freud was falling into psychoanalysis and falling away from Charcot, Bernheim, and the road taken

from them by Janet. What is the significance of this fall, for psychoanalysis and for thinking about history generally?

The significance for psychoanalysis is well-known, if still controversial. By falling in with the patient's stories, the analyst becomes part of a relationship, a component in a process in which he or she has only limited (albeit important) control. Freud certainly recognized the phenomenon that so impressed the Janets: patients make an enormous—sometimes bottomless—investment in the relationship to the doctor; they reproduce their illnesses in this relationship. But whereas this phenomenon contributed to therapeutic pessimism about the capacities of the hysteric to lead a normal life, it also became a therapeutic opportunity for the psychoanalyst. That is, the "need for suggestion" and the "perpetual imitation" evinced by patients within the therapeutic process were exposures of the history of the illness, a revelation of the etiology of its symptoms, if only the analyst were prepared to read it properly. Freud would later understand this exposure through the concept of transference, and the psychoanalytic investigation of the therapeutic relationship itself became one of the defining elements of this new approach to the mind and to mental illness.

The concept of the transference also describes the power of the analyst in treatment. This power is a function of the unconsciously repetitive elements of the transference itself. How can analysts use this power without

sinking patients further into the dynamic that is itself at the root of their problems? How to use one's authority to expose one's authority as neurotic? These questions were already apparent in *Studies on Hysteria*, and would remain crucial for the criticism and defense of psychoanalysis as a clinical enterprise. By falling into Emmy's stories, Freud was falling into the domain demarcated by these questions.

Since Freud's time, psychiatrists and therapists have tried to escape this domain in two very general ways: (1) by denying they really have authority; (2) by denying that the basis of their authority is neurotic. Those who favor the first option often underline the *relational* aspects of the psychotherapeutic situation (as if these were not always present in Freud's work) apparently with the happy thought that by telling clients they are in an equal relationship they suddenly acquire equality. The power of suggestion obviously remains strong. The second option assumes that the legitimacy of the therapeutic practice (whether analytic, psychopharmacological, or both) somehow naturalizes and neutralizes the dependence that the client comes to have on the doctor. After all, so this reasoning goes, they *should* be dependent! This was the route Janet himself took when he defined the kind of happiness appropriate to the hysteric and attempted to provide that kind of happiness. Since the dependence is on a reasonable person—a source of reason and progress—it is suddenly no longer a symptom.

The domain demarcated by the transference is dangerous ground on which to stand because it is always in danger of shifting under one's feet. As critics of psychotherapy regularly remind us, there is no firm (epistemologically clean) place to stand in this domain. The analysand makes multiple investments in the possibilities for insight through the analytic relationship, and doing so is part of the conflicted history that leads the person to desire change; yet doing so is also part of that history, which in the present makes any change extremely difficult. The conflicted history of the person is the present, and any change that can occur must occur *through* that history. The French theorists of *amnesics,* who Freud was still trying to follow in the case of Emmy von N., were developing techniques that would remove the troublesome parts of the patient's history, or that would transform the reminiscences causing suffering in the present. They wanted to act on the person's contaminated past *from outside that past,* thereby protecting their intervention (and themselves) from contamination. In falling into Emmy's stories, Freud was falling into her history; there was no longer an intervention possible from a point outside it.

Freud's fall has been suggestive, if I can use that word, for theorists of history trying to understand the stories that are left to us from the past. Since the professionalization of history-writing in the mid-nineteenth century, there has been an effort to ensure that historians stand outside of—or at a distance from—the events that they are attempting to explain or interpret.

The standpoint of objectivity was supposed to ensure that the authority of the historian was derived from established scientific criteria in the present, not from some personal, biased connection to the material from the past being described.

Recent theorists of history have called into question the picture of the neutral, disconnected historian relating past events from the outside. The point of this questioning is not that all interpretations of the past are equally valid, but that it is important to interpret the complex ways historians establish connections between their own present and the past they are bringing to it. Some of these connections can, as Dominck LaCapra has stressed, be usefully described as transferential since they facilitate the unconscious repetition of past patterns in the present.[19] Historians represent the past, and often in doing so also act out their unconscious or hidden investments in the objects of their research, which are often objects of complex longing and loathing. An acknowledgement of the transferential relations between historians and the pasts we construct enables us to attend to the processes of mediation and unconscious repetition that contribute to any historical representation.

By falling in with Emmy's stories, Freud was beginning to develop psychoanalysis as a form of historical consciousness that focused on the role of desire vis-a-vis the past. How does our relationship to a remembered past,

or to the past which we imagine is inaccessible to us, serve particular desires in the present? And how does serving *those* desires make it impossible to serve others? These are questions Freud was already beginning to pose in *Studies on Hysteria,* and they would become crucial to the domain of psychoanalysis as a theoretical and clinical enterprise. I have argued in *The Ironist's Cage* that they are also central to the construction of history as a theoretical and practical enterprise. Historical representations attempt to satisfy or stimulate certain desires, and it is usually impossible for them to do so without denying others. Recent controversies surrounding the commemorations of World War II provide many examples in this regard. But the retreat from the transferential attempts to have uncontroversial museum exhibits, cool detached histories, or neat positive therapeutic experiences, are merely denials, not solutions of the problem. One can hope to make the workings of transference in historical representation more apparent, but one cannot avoid this dynamic through some properly hygienic stance towards the past.

How does the remembered or imagined past draw one to it? How does the traumatic past compel our attention, care, or obsession, even as it seems to demand acknowledgement that one can never comprehend what happened there? These questions are as important for psychoanalysts as they are for historians. The models of Charcot and Janet pointed in a different direction. They are alien to modem historical discourse and to psychoanalysis because

they are unconcerned with the investment one has in the past. Charcot and Janet employed technologies of memory or forgetting, but neither had conceptual space for the desire that one has for the past—a desire that results in an effort to narratively link present and past.

This conceptual space was what Fanny Moser opened up for Freud in "The Case of Emmy von N." It remains the space of modem historical consciousness, which understands freedom as the result of acknowledging one's past in a present containing possibilities for change. It is the space into which Freud was beginning to fall in *Studies on Hysteria.*

Notes

1 "Case Two of Josef Breuer and Sigmund Freud," *Studies on Hysteria*, in *The Standard Edition of the Complete Works of Sigmund Freud,* trans. and ed. James Strachey (London: Hogarth Press and The Institute of Psycho-Analysis, 1955), 48-105. All subsequent references to this work will be given parenthetically in the text.

2See Charcot, "Sur un cas d'amnesie retro-anterograde: Probablement d'origine hysterique." *Revue de medecine,* xii (1892), 81-96. Janet*, Neuroses et idees fixes: Etudes experimentales sur les troubles de la voluntem de I'attention, de la memoire, sur les* emotions, *les idees obsedantes et leur traitement* (Paris, 1898), 109ff. A. Souques, "Essai sur l'amnesie retro-anterograde dans l'hysterie, les tramatismes cerebraux et l'alcoholisme cronique," Revue *de medecine* xi. (1892), 366-401; 867-881. I discuss this case in "Hysterical Remembering," in MODERNISM/MODERNITY, 3, no. 2, (1996).

3 Adam Crabtree regards Charcot's paper delivered to the Academie des Sciences on February 13, 1882 as decisive. This was published in 1882 as "Sur les divers Stats nerveus determines par Phypnotisation chez les hysteriques," *Comptes- rendus hebdomadcdres de stacnes de I'Acaddmie des Sciences,* 94:403-405. Charcot had already published *Contribution a*

l'itude de l'hypnotisme ches les hystdriques (Paris: Progres medical, 1881). See Crabtree, From Mesmer to Freud: Magnetic Sleep and the Roots of Psychological Healing (New Haven, CT: Yale University Press, 1994), 166-167.

4 "Hysteria, hypnosis, and the lure of the invisible: the rise of neo-mesmerism in *fin-de'Siicle* French psychiatry," in vol. Ill, ed. W. F. Bynum, Roy Porter, and Michael Shepherd (London and New York: Routledge, 1988), 277.

5 Jean-Martin Charcot, "Sur un cas d'amnesie retro-anterograde: Probable- ment d'origine hysterique," *Revue de medecine,* xii (1892), 85.

6 Marcel Gauchet, *L'lnconscient Cerebral* (Paris: Seuil, 1992), 65. See also "Suffering and the Origins of Traumatic Memory" by Allan Young in *Social Suffering,* A. Kleinman, V. Das, and M. Lock, eds. (Berkeley, CA: The University of California Press, 1997).

7 *Ibid.,* 404.

8 *Ibid,* 146.

9 *Ibid,* 405.

10 Jules Janet, "L'hystérie et L'hypnotisme, d'après la théorie de la double personnalité", *Revue Scientifique,* no. 20 (1888), 618.

11 *Ibid.*

12 *L'Etat Mental des Hysteriques,* 618. "En resumé, le meillure service que le médecine puisse rendre à un hysterique, c'est de diriger son espit."

13 *Ibid,* 429.

14 *Ibid,* 423.

15 J. B. Pontalis, "Le Sèjour de Freud *à* Paris," *Nouvelle Revue de Psychanalyse,* 8 (1973), 236.

16 L'Etat Mental *des Hysteriques,* 479.

17 *Ibid,* 478.

18 On these general themes in psychoanalysis see my *Psycho-Analysis as History: Negation and Freedom in Freud* (Ithaca, NY, 1987, 1995) and "Freud's Use and Abuse of the Past," in M. Roth, *The Ironist's Cage: Memory, Trauma and the Construction of History* (NY: Columbia University Press, 1995), 186-200.

19 See, for example, the essays in *Representing the Holocaust,* D. LaCapra, ed. (Ithaca, NY: Cornell University Press, 1994).