Sigmund Freud
The Collected Works

STUDIES ON HYSTERIA
Translated by A. A. Brill

First published in 1893 and written in collaboration with Josef Breuer (1842–1925), a distinguished Austrian physician that made key discoveries in neurophysiology, *Studies on Hysteria* introduces the famous case study of Anna O., whose real name was Bertha Pappenheim (1859–1936), an Austrian-Jewish feminist and the founder of the Judischer Frauenbund (League of Jewish Women). The book features a joint introductory paper, followed by five individual studies of "hysterics", seminal for the development of psychoanalysis, and four more studies solely by Freud; finishing with a theoretical essay by Breuer and a more practice-oriented essay on therapy by Freud.

Freud regards symptomology in this book as stratified in an almost geological way, with the outermost strata being easily remembered and accepted, while "the deeper one goes the more difficult it is to recognise the recollections that are surfacing". Breuer's work with Bertha Pappenheim provided the founding impetus for psychoanalysis, as Freud himself would

later acknowledge. In their preliminary paper, both physicians agree that "the hysteric suffers mainly from reminiscences". Freud however would come to lay more stress on the causative role of sexuality in producing hysteria, as well as gradually repudiating Breuer's use of hypnosis as a means of treatment. Some of the theoretical scaffolding of the *Studies on Hysteria* — "strangulated affect", hypnoid state — would be abandoned with the crystallisation of psychoanalysis as an independent technique. However, many of Freud's clinical observations — on mnenmic symbols or deferred action for example — would continue to be confirmed in his later work. At the same time, Breuer's theoretical essay, with its examination of the principle of constancy, and its differentiation of bound and mobile cathexis, would continue to inform Freud's thinking as late as the 1920's.

At the time of its first release, the book tended to polarise opinion, both within and outside by the medical community. Though many were critical, Havelock Ellis offered an appreciative account, while a leading Viennese paper would characterise the work as "the kind of psychology used by poets". *Studies on Hysteria* also received a positive review from psychiatrist Eugen Bleuler, although Bleuler nevertheless suggested that the results Freud and Breuer reported could have been the result of suggestion.

CHAPTER I. The Psychic Mechanism of Hysterical Phenomena (PRELIMINARY COMMUNICATION.)

I.

INSTIGATED [1] by a number of accidental observations we have investigated for a number of years the different forms and symptoms of hysteria in order to discover the cause and the process which provoked the phenomena in question for the first time, in a great many cases years back. In the great majority of cases we did not succeed in elucidating this starting point from the mere history, no matter how detailed it might have been, partly because we had to deal with experiences about which discussion was disagreeable to the patients, but mainly because they really could not recall them; often they had no inkling of the causal connection between the occasioning process and the pathological phenomenon. It was generally necessary to hypnotize the patients and reawaken the memory of that time in which the symptom first appeared, and we thus succeeded in exposing that connection in a most precise and convincing manner.

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[1] Written in collaboration with Dr. Joseph Breuer.

This method of examination in a great number of cases has furnished us with results which seem to be of theoretical as well as of practical value.

It is of theoretical value because it has shown to us that in the determination of the pathology of hysteria the accidental moment plays a much greater part than is generally known and recognized. It is quite evident that in "traumatic" hysteria it is the accident which evokes the syndrome. Moreover in hysterical crises, if patients state that they hallucinate in each attack the same process which evoked the first attack, here too, the causal connection seems quite clear. The state of affairs is more obscure in the other phenomena.

Our experiences have shown us *that the most varied symptoms which pass as spontaneous, or so to say idiopathic attainments of hysteria, stand in just as stringent connection with the causal trauma as the transparent phenomena mentioned.* To such causal moments we were able to refer neuralgias as well as the different kinds of anesthesias often of years' duration, contractures and paralyses, hysterical attacks and epileptiform convulsions which every observer has taken for real epilepsy, petit mal and tic-like affections, persistent vomiting and anorexia, even the refusal of nourishment, all kinds of visual disturbances, constantly recurring visual hallucinations, and similar affections. The disproportion between the hysterical symptoms of years' duration and the former cause is

the same as the one we are regularly accustomed to see in the traumatic neurosis. Very often they are experiences of childhood which have established more or less intensive morbid phenomena for all succeeding years.

The connection is often so clear that it is perfectly manifest how the causal event produced just this and no other phenomenon. It is quite clearly determined by the cause. Thus let us take the most banal example; if a painful affect originates while eating but is repressed, it may produce nausea and vomiting and continue for months as a hysterical symptom. A girl was anxiously distressed while watching at a sick bed. She fell into a dreamy state and experienced a frightful hallucination, and at the same time her right arm hanging over the back of a chair became numb. This resulted in a paralysis, contracture, and anesthesia of that arm. She wanted to pray but could find no words, but finally succeeded in uttering an English prayer for children. Later, on developing a very grave and most complicated hysteria, she spoke, wrote, and understood only English, whereas her native tongue was incomprehensible to her for a year and a half. A very sick child finally falls asleep. The mother exerts all her will power to make no noise to awaken it, but just because she resolved to do so she emits a clicking sound with her tongue (“hysterical counter-will”). This was later repeated on another occasion when she

wished to be absolutely quiet, developing into a tic which in the form of tongue clicking accompanied every excitement for years. A very intelligent man was present while his brother was anesthetized and his ankylosed hip stretched. At the moment when the joint yielded and crackled he perceived severe pain in his own hip which continued for almost a year.

In other cases the connection is not so simple, there being only as it were a symbolic relation between the cause and the pathological phenomenon, just as in the normal dream. Thus psychic pain may result in neuralgia, or the affect of moral disgust may cause vomiting. We have studied patients who were wont to make the most prolific use of such symbolization. In still other cases such a determination is at first sight incomprehensible, yet to this group belong the typical hysterical symptoms such as hemianesthesia, contraction of visual field, epileptiform convulsions and many others. The explanation of our views on this group we have to reserve for the more detailed discussion of the subject.

Such observations seem to demonstrate the pathogenic analogy between simple hysteria and traumatic neurosis and justify a broader conception of "traumatic hysteria." The active etiological factor in traumatic neurosis is really not the insignificant bodily injury but the affect of the fright, that is, the psychic trauma. In an analogous manner our investigations

show that the causes of many, if not of all, cases of hysteria can be designated as psychic traumas. Every experience which produces the painful affect of fear, anxiety, shame or of psychic pain may act as a psychic trauma. Whether an experience becomes of traumatic importance naturally depends on the person affected as well on the determination to be mentioned later. In ordinary hysteria instead of one big trauma we not seldom find many partial traumas, grouped causes which can be of traumatic significance only when summarized and which belong together in so far as they form small fragments of the sorrowful tale. In still other cases apparently indifferent circumstances gain traumatic dignity through their connection with the real effective event or with a period of time of special excitability which they then retain but which otherwise would have no significance.

Nevertheless the causal connection between the provoking psychic trauma and the hysterical phenomena does not perhaps resemble the trauma which as the *agent provocateur* would call forth the symptom which would become independent and continue to exist. We have to claim still more, namely, that the psychic trauma or the memory of the same acts like a foreign body which even long after its penetration must continue to influence like a new causative factor. The proof of this we see in a most remarkable phenomenon which at the same time gives

to our discoveries a distinct practical interest.

We found, at first to our greatest surprise, *that the individual hysterical symptoms immediately disappeared without returning if we succeeded in thoroughly awakening the memories of the causal process with its accompanying affect, and if the patient circumstantially discussed the process giving free play to the affect.* Affectless memories are almost utterly useless. The psychic process originally rebuffed must be reproduced as vividly as possible so as to bring it back into the *statum nascendi* and then be thoroughly "talked over." At the same time if we deal with such exciting manifestations as convulsions, neuralgias and hallucinations they appear once more with their full intensity and then vanish forever. Functional attacks like paralyses and anesthesias likewise disappear, but naturally without any appreciable distinctness of their momentary aggravation.[2]

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[2] The possibility of such a therapy was clearly recognized by Delboeuf and Binet, as is shown by the accompanying quotations: Delboeuf, Le magnetisme animal, Paris, 1889: "On s'expliquerait des lors comment le magnetiseur aide a guerison. Il remet le sujet dans l'etat ou le mal s'est manifeste et combat par la parole le meme mal, mais renaissant." (Binet, Les alterations de la personnalite, 1892, p. 243): "…peut-etre verra-ton qu'en reportant le malade par un artifice mental, au moment meme ou le symptome a apparu paur la premiere fois, on rend ce malade plus docile a une suggestion curative." In the interesting book of Janet,

It is quite reasonable to suspect that one deals here with an unintentional suggestion. The patient expects to be relieved of his suffering and it is this expectation and not the discussion that is the effectual factor. But this is not so. The first observation of this kind in which a most complicated case of hysteria was analyzed and the individual causal symptoms separately abrogated, occurred in the year 1881, that is, in a "pre-suggestive" time. It was brought about through a spontaneous autohypnosis of the patient and caused the examiner the greatest surprise.

In reversing the sentence: *cessante causa cessat effectus,* we may conclude from this observation that the causal process continues to act in some way even after years, not indirectly by means of a chain of causal connecting links but directly as a provoking cause, just perhaps as in the awakened consciousness where the memory of a psychic pain may later call forth tears. *The hysteric suffers mostly from reminiscences.*[3]

L'Automatism Psychologique, Paris, 1889, we find the description of a cure brought about in a hysterical girl by a process similar to our method.

[3] We are unable to distinguish in this preliminary contribution what there is new in this content and what can be found in such other authors as Moebius and Strumpell who present similar views on hysteria. The greatest similarity to our theoretical and therapeutical accomplishments we accidentally found in some published observations of Benedict which we shall discuss

II.

It would seem at first rather surprising that long-forgotten experiences should effect so intensively, and that their recollections should not be subject to the decay into which all our memories merge. We will perhaps gain some understanding of these facts by the following examinations.

The blurring or loss of an affect of memory depends on a great many factors. In the first place it is of great consequence whether there was an energetic reaction to the affectful experience or not. By reaction we here understand a whole series of voluntary or involuntary reflexes, from crying to an act of revenge, through which according to experience affects are discharged. If the success of this reaction is of sufficient strength it results in the disappearance of a great part of the affect. Language attests this fact of daily observation, in such expressions as “to give vent to one’s feeling,” to be “relieved by weeping,” etc.

If the reaction is suppressed the affect remains united with the memory. An insult retaliated, be it only in words, is differently recalled than one that had to be taken in silence. Language also recognizes this distinction between the psychic and physical results and designates most characteristically the silently endured

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hereafter.

suffering as "grievance." The reaction of the person injured to the trauma has really no perfect "cathartic" effect unless it is an adequate reaction like revenge. But man finds a substitute for this action in speech through which help the affect can well nigh be ab-reacted[4] ("abreagirt"). In other cases talking in the form of deploring and giving vent to the torments of the secret (confession) is in itself an adequate reflex. If such reaction does not result through deeds, words, or in the lightest case through weeping, the memory of the occurrence retains above all the affective accentuation.

The ab-reaction (abreagiren), however, is not the only form of discharge at the disposal of the normal psychic mechanism of the healthy person who has experienced a psychic trauma. The memory of the trauma even where it has not been ab-reacted enters into the great complex of the association. It joins the other experiences which are perhaps antagonistic to it and thus undergoes correction through the other ideas. For example, after an accident the memory of the danger and (dimmed) repetition of the fright is accompanied by the recollection of the further course,

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[4] The German abreagiren has no exact English equivalent. It will therefore be rendered throughout the text by "ab-react," the literal meaning is to react away from or to react off. It has different shades of meaning, from defense reaction to emotional catharsis, which can be discerned from the context.

the rescue, and the consciousness of present security. The memory of a grievance may be corrected by a rectification of the state of affairs by reflecting upon one's own dignity and similar things. Thus the normal person is able to cause a disappearance of the accompanying affect by means of association.

In addition there appears that general blurring of impressions, that fading of memories which we call "forgetting," and which above all wears out the affective ideas no longer active.

It follows from our observations that those memories which become the causes of hysterical phenomena have been preserved for a long time with wonderful freshness and with their perfect emotional tone. As a further striking and a later realizable fact we have to mention that the patients do not perhaps have the same control of these as of their other memories of life. On the contrary, *these experiences are either completely lacking from the memory of the patients in their usual psychic state or at most exist greatly abridged.* Only after the patients are questioned in the hypnotic state do these memories appear with the undiminished vividness of fresh occurrences. Thus one of our patients in a hypnotic state reproduced with hallucinatory vividness throughout half a year all that excited her during an acute hysteria on the same days of the preceding year. Her mother's diary which was unknown to the patient proved the faultless accuracy of

the reproduction. Another patient, partly in hypnosis and partly in spontaneous attacks, went through with a hallucinatory distinctness all experiences of a hysterical psychosis which she passed through ten years before and for the greatest part of which she was amnesic until its reappearance. She also showed with surprising integrity and sentient force some etiologically important memories of fifteen to twenty-five years' duration which on their return acted with the full affective force of new experiences.

The reason for this we can only find in the fact that in all the aforesaid relations these memories assume an exceptional position in reference to disappearance. *It was really shown that these memories correspond to traumas which were not sufficiently ab-reacted to* ("abreagirt"). On closer investigation of the reasons for this prevention we can find at least two series of determinants through which the reaction to the trauma was discontinued.

To the first group we add those cases in which the patient has not reacted to psychic traumas because the nature of the trauma precluded a reaction as in the case of an irremediable loss of a beloved person or because social relations made the reaction impossible, or because it concerned things which the patient wished to forget and which he therefore intentionally inhibited and repressed from his conscious memory. It is just those painful things which in the hypnotic state are

found to be the basis of hysterical phenomena (hysterical delirium of saints, nuns, abstinent women, and well-bred children).

The second series of determinants is not conditioned by the content of the memories but by the psychic states with which the corresponding experiences in the patient have united. As a cause of hysterical symptoms one really finds in hypnosis presentations which are insignificant in themselves but which owe their preservation to the fact that they originated during a severe paralyzing affect like fright or directly in abnormal psychic conditions, as in the semi-hypnotic dreamy states of reveries, in auto-hypnosis and similar states. Here it is the nature of these conditions which makes a reaction to the incident impossible.

To be sure both determinants may unite, and as a matter of fact they often do. This is the case when a trauma in itself effective occurs in a state of a powerful paralyzing affect or in a transformed consciousness. But due to the psychic trauma it may also happen that in many persons one of these abnormal states occurs which in turn makes a reaction impossible.

What is common to both groups of determinants is the fact that those psychic traumas which are not rectified by reaction are also prevented from adjustment by associative elaboration. In the first group it is due to the resolution of the patient who wishes to forget the

painful experiences and in this way, if possible, to exclude them from association, and in the second group the associative elaboration does not succeed because there is no productive associative relationship between the normal and pathological state of consciousness in which these presentations originated. We shall soon have occasion to discuss more fully these relationships.

Hence we can say, that the reason why the pathogenically formed presentations retain their freshness and affective force is because they are not subject to the normal waste through ab-reaction and reproduction in conditions of uninhibited association.

III.

When we discussed the conditions which, according to our experience, are decisive in the development of hysterical phenomena from psychic traumas, we were forced to speak of abnormal states of consciousness in which such pathogenic presentations originate, and we had to emphasize the fact that the recollection of the effective psychic trauma is not to be found in the normal memory of the patient but in the hypnotized memory. The more we occupied ourselves with these phenomena the more certain became our convictions *that the splitting of consciousness, so striking in the familiar classical cases of double consciousness, exists rudimentarily in every hysteria,*

and that the tendency to this dissociation, and with it the tendency towards the appearance of abnormal states of consciousness which we comprehend as "hypnoid states," is the chief phenomenon of this neurosis. In this view we agree with Binet and with both the Janets about whose most remarkable findings in anesthetics we have had no experience.

Hence, to the often cited axiom, "Hypnosis is artificial hysteria," we would like to add another: "The existence of hypnoid states is the basis and determination of hysteria." These hypnoid states in all their diversities agree among themselves and with hypnosis in the fact that their emerged presentations are very intensive but are excluded from the associative relations of the rest of the content of consciousness. The hypnoid states are associable among themselves, and their ideation may thus attain various high degrees of psychic organization. In other respects the nature of these states and the degree of their exclusiveness differ from the rest of the conscious processes as do the various states in hypnosis, which range from light somnolence to somnambulism, and from perfect memory to absolute amnesia.

If such hypnoid states already exist before the manifested disease they prepare the soil upon which the affect establishes the pathogenic memories and their somatic resulting manifestations. This behavior corresponds to the predisposed hysteria. But the results

of our observations show that a severe trauma (like that of a traumatic neurosis) or a painful suppression (perhaps of a sexual affect) may bring about a splitting of presentation groups even in persons otherwise not predisposed. This would then be the mechanism of the psychically acquired hysteria. Between the extremes of these two forms we have to admit a series in which the facility of dissociation in the concerned individuals and the magnitude of the affect of the trauma vary inversely.

We are unable to give anything new concerning the formation of the predisposed hypnoid states. We presume that they often develop from "reveries" very common to the normal for which, for example, the feminine handwork offers so much opportunity. The questions why "the pathological associations" formed in such states are so firm and why they exert a stronger influence on the somatic processes than other presentations, all fall together with the problem of the effectivity of hypnotic suggestions in general. Our experiences in this matter do not show us anything new, on the other hand they throw light on the contradiction between the sentence "Hysteria is a psychosis" and the fact that among hysterics one may meet persons of the clearest intellects, the strongest wills, greatest principles, and of the subtlest minds. In these cases such characteristics are only true for the waking thought of the person, for in his hypnotic state he is

alienated just as we are in the dream. Yet, whereas our dream psychoses do not influence our waking state, the products of hypnotic states project as hysterical phenomena into the waking state.

IV.

Almost the same assertions that we have advanced in reference to the continuous hysterical symptoms we may also repeat concerning hysterical crises. As is known we have Charcot's schematic description of the "major" hysterical attack which when complete shows four phases: (1) The epileptoid, (2) the grand movements, (3) the emotional — *attitudes passionnelles* (hallucinatory phase), and (4) the delirious. By shortening or prolonging the attack and by isolating the individual phases Charcot caused a succession of all those forms of the hysterical attack which are really observed more frequently than the complete *grande attaque.*

Our attempted explanation refers to the third phase, that is the *attitudes passionnelles.* Wherever it is prominent it contains the hallucinatory reproduction of a memory which was significant for the hysterical onset. It is the memory of a grand trauma, the so called [Greek] of traumatic hysteria or of a series of connected partial traumas found at the basis of the common hysteria. Finally the attack may bring back that

occurrence which on account of its meeting with a moment of special predisposition was raised to a trauma.

There are also attacks which ostensibly consist only of motor phenomena and lack the passionnelle phase. It is possible during such an attack of general twitching, cataleptic rigidity or an *attaque de sommeil*, to put one's self *en rapport* with the patient, or still better, if one succeeds in evoking the attack in a hypnotic state, it will then be found that here, too, the root of it is the memory of a psychic trauma, or of a series of traumas which make themselves otherwise prominent in an hallucinatory phase. A little girl had suffered for years from attacks of general convulsions which could be and were taken for epileptic. She was hypnotized for purposes of differential diagnosis and she immediately merged into one of her attacks. On being asked what she saw she said, "The dog, the dog is coming," and it was really found that the first attack of this kind appeared after she was pursued by a mad dog. The success of the therapy then verified our diagnosis.

An official who became hysterical as a result of ill treatment on the part of his employer suffered from attacks, during which he fell to the floor raging furiously without uttering a word or displaying any hallucinations. The attack was provoked in a state of hypnosis and he then stated that he lived through the scene during which his employer insulted him in the

street and struck him with a cane. A few days later he came to me complaining that he had the same attack, but this time it was shown in the hypnosis that he went through the scene which was really connected with the onset of his disease; it was the scene in the court room when he was unable to get satisfaction for the ill treatment which he received, etc.

The memories which appear in hysterical attacks or which can be awakened in them correspond in all other respects to the causes which we have found as the basis of the continuous hysterical symptoms. Like these they refer to psychic traumas which were prevented from alleviation by ab-reaction or by associative elaboration, like these they lack entirely or in their essential components the memory possibilities of normal consciousness and appear to belong to the ideation of hypnoid states of consciousness with limited associations. Finally they are also amenable to therapeutic proof. Our observations have often taught us that a memory which has always evoked attacks becomes incapacitated when in a hypnotic state it is brought to reaction and associative correction.

The motor phenomena of the hysterical attack can partly be interpreted as the memory of a general form of reaction of the accompanying affect, or partly as a direct motor expression of this memory (like the fidgeting of the whole body which even infants make use of), and partly, like the hysterical stigmata — the

continuous symptoms — they are inexplainable on this assumption.

Of special significance for the hysterical attack is the aforementioned theory, namely, that in hysteria there are presentation groups which come to light in hypnoid states which are excluded from the rest of the associative process but are associable among themselves, thus representing a more or less highly organized rudimentary second consciousness, a *condition seconde.* A persistent hysterical symptom therefore corresponds to a projection of this second state into a bodily innervation otherwise controlled by the normal consciousness. A hysterical attack gives evidence of a higher organization of this second state, and if of recent origin it signifies a moment in which this hypnoid consciousness gained control of the whole existence, and hence we have an acute hysteria, but if it is a recurrent attack containing a memory we simply have a repetition of the same. Charcot has already given utterance to the fact that the hysterical attack must be the rudiment of a *condition seconde.* During the attack the control of the whole bodily innervation is transferred to the hypnoid consciousness. As familiar experiences show, the normal consciousness is not always repressed, it may even perceive the motor phenomena of the attack while the psychic processes of the same escape its cognizance.

The typical course of a grave hysteria, as

everybody knows, is as follows: At first an ideation is formed in the hypnoid state which after sufficient development gains control in a period of "acute hysteria" of the bodily innervation and the existence of the patient thus forming persistent symptoms and attacks, and then with the exception of some remnants there is a recovery. If the normal personality can regain the upper hand, all that survived the hypnoid ideation then returns in hysterical attacks and at times it reproduces, in the personality, states which are again amenable to influences and capable of being affected by traumas. Frequently a sort of equilibrium then results among the psychic groups which are united in the same person; attack and normal life go hand in hand without influencing each other. The attack then comes spontaneously just as memories are wont to come; it may also be provoked just as memories may be by the laws of association. The provocation of the attack results either through stimulating a hysterogenic zone or through a new experience which by similarity recalls the pathogenic experience. We hope to be able to show that there is no essential difference between the apparently two diverse determinants, and that in both cases the hyperesthetic memory is touched. In other cases there is a great lability of equilibrium, the attack appears as a manifestation of the hypnoid remnant of consciousness as often as the normal person becomes exhausted and incapacitated. We cannot disregard the

fact that in such cases the attack becomes denuded of its original significance and may return as a contentless motor reaction.

It remains a task for future investigation to discover what conditions are decisive in determining whether a hysterical individuality should manifest itself in attacks, in persistent symptoms, or in a mingling of both.

V.

We can now understand in what manner the psychotherapeutic method propounded by us exerts its curative effect. It abrogates the efficacy of the original not ab-reacted presentation of affording an outlet to the strangulated affect through speech. It brings it to associative correction by drawing it into normal consciousness *(*in mild hypnosis*)* or it is done away with through the physician's suggestion just as happens in somnambulism with amnesia.

We maintain that the therapeutic gain obtained by applying this process is quite significant. To be sure we do not cure the hysterical predisposition as we do not block the way for the recurrence of hypnoid states; moreover, in the productive stage of acute hysteria our procedure is unable to prevent the replacement of the carefully abrogated phenomena by new ones. But when this acute stage has run its course and its remnants

continue as persistent hysterical symptoms and attacks, our radical method usually removes them forever, and herein it seems to surpass the efficacy of direct suggestion as practiced at present by psychotherapists.

If by disclosing the psychic mechanisms of hysterical phenomena we have taken a step forward on the path so successfully started by Charcot with his explanation and experimental imitation of hystero-traumatic paralysis, we are well aware that in doing this we have only advanced our knowledge in the mechanisms of hysterical symptoms and not in the subjective causes of hysteria. We have but touched upon the etiology of hysteria and could only throw light on the causes of the acquired forms, the significance of the accidental moments in the neurosis.

CHAPTER II. The Case of Miss Lucy R

TOWARDS the end of 1892 a friendly colleague recommended to me a young lady whom he had been treating for chronic recurrent purulent rhinitis. It was later found that the obstinacy of her trouble was caused by a caries of the ethmoid. She finally complained of new symptoms which this experienced physician could no longer refer to local affections. She had lost all perception of smell and was almost constantly bothered by one or two subjective sensations of smell. This she found very irksome. In addition to this she was

depressed in spirits, weak, and complained of a heavy head, loss of appetite, and an incapacity for work.

This young lady visited me from time to time during my office hours — she was a governess in the family of a factory superintendent living in the suburbs of Vienna. She was an English lady of rather delicate constitution, anemic, and with the exception of her nasal trouble was in good health. Her first statements concurred with those of her physician. She suffered from depression and lassitude, and was tormented by subjective sensations of smell. Of hysterical signs, she showed a quite distinct general analgesia without tactile impairment, the fields of vision showed no narrowing on coarse testing with the hand, the nasal mucous membrane was totally analgesic and reflexless, tactile sensation was absent, and the perception of this organ was abolished for specific as well as for other stimuli, such as ammonia or acetic acid. The purulent nasal catarrh was then in a state of improvement.

On first attempting to understand this case the subjective sensations of smell had to be taken as recurrent hallucinations interpreting persistent hysterical symptoms. The depression was perhaps the affect belonging to the trauma and there must have been an episode during which the present subjective sensations were objective. This episode must have been the trauma, the symbols of which recurred in memory as sensations of smell. Perhaps it would be more correct

to consider the recurring hallucinations of smell with the accompanying depression as equivalents of hysterical attacks. The nature of recurrent hallucinations really makes them unfit to take the part of continuous symptoms, and this really did not occur in this rudimentarily developed case. On the other hand it was absolutely to be expected that the subjective sensations of smell would show such a specialization as to be able to correspond in its origin to a very definite and real object.

This expectation was soon fulfilled, for on being asked what odor troubled her most she stated that it was an odor of burned pastry. I could then assume that the odor of burned pastry really occurred in the traumatic event. It is quite unusual to select sensations of smell as memory symbols of traumas, but it is quite obvious why these were here selected. She was afflicted with purulent rhinitis, hence the nose and its perceptions were in the foreground of her attention. All I knew about the life of the patient was that she took care of two children whose mother died a few years ago from a grave and acute disease.

As a starting point of the analysis I decided to use the "odor of burned pastry." I will now relate the history of this analysis. It could have occurred under more favorable conditions, but as a matter of fact what should have taken place in one session was extended over a number of them. She could only visit me during

my office hours, during which I could devote to her but little of my time. One single conversation had to be extended for over a week as her duties did not permit her to come to me often from such a distance, so that the conversation was frequently broken off and resumed at the next session.

On attempting to hypnotize Miss Lucy R. she did not merge into the somnambulic state. I therefore was obliged to forego somnambulism and the analysis was made while she was in a state not perhaps differing much from the normal.

I feel obliged to express myself more fully about the point of the technique of my procedure. While visiting the Nancy clinics in 1889 I heard Dr. Liebeault, the old master of hypnotism, say, "Yes, if we had the means to put everybody into the somnambulic state, hypnotism would then be the most powerful therapeutic agent." In Bernheim's clinic it almost seemed that such an art really existed and that it could be learned from Bernheim. But as soon as I tried to practice it on my own patients I noticed that at least my powers were quite limited in this respect. Whenever a patient did not merge into the somnambulistic state after one to three attempts I possessed no means to force him into it. However, the percentage of somnambulists in my experience were far below that claimed by Bernheim.

Thus I had my choice, either to forbear using the cathartic method in most of the cases suitable for it, or

to venture the attempt without somnambulism by using hypnotic influence in light or even doubtful cases. It made no difference of what degree (following the accepted scales of hypnotism) the hypnotism was which did not correspond to somnambulism, for every direction of suggestibility is independent of the other and nothing is prejudicial towards the evocation of catalepsy, automatic movements and similar phenomena for the purpose of facilitating the awakening of forgotten recollections. I soon relinquished the habit of deciding the degree of hypnotism, as in a great number of cases it incited the patients' resistance, and clouded the confidence which I needed for the more important psychic work. Moreover, in mild grades of hypnotism I soon tired of hearing, after the assurance and command, "You will sleep, sleep now!" such protests as, "But, Doctor, I am not sleeping." I was then forced to bring in the very delicate distinction, saying, "I do not mean the usual sleep, I mean the hypnotic, — you see, you are hypnotized, you cannot open your eyes"; or, "I really don't want you to sleep." I, myself, am convinced that many of my colleagues using psychotherapy know how to get out of such difficulties more skilfully than I; they can proceed differently. I, however, believe that if through the use of a word one can so frequently become embarrassed, it is better to avoid the word and the embarrassment. Wherever the first attempt did not

produce either somnambulism or a degree of hypnotism with pronounced bodily changes, I dropped the hypnosis and demanded only "concentration," I ordered the patient to lie on his back and close his eyes as a means of reaching this "concentration." With little effort I obtained as profound a degree of hypnotism as was possible.

But inasmuch as I forebore using somnambulism, I perhaps robbed myself of a preliminary stipulation without which the cathartic method seems inapplicable. For it is based on the fact that in the altered state of consciousness the patients have at their disposal such recollections and recognize such connections which do not apparently exist in their normal conscious state. Wherever the somnambulic broadening of consciousness lacks there must also be an absence of the possibility of bringing about a causal relation which the patient cannot give to the doctor as something known to him, and it is just the pathogenic recollections "which are lacking from the memory of the patients in their usual psychic states or only exist in a most condensed state" (preliminary communication).

My memory helped me out of this embarrassment. I, myself, saw Bernheim adduce proof that the recollections of somnambulism are only manifestly forgotten in the waking state and can be readily reproduced by slight urging accompanied by hand pressure which is supposed to mark another

conscious state. He, for instance, imparted to a somnambulist the negative hallucination that he was no more present, and then attempted to make himself noticeable to her by the most manifold and regardless attacks, but was unsuccessful. After the patient was awakened he asked her what he did to her during the time that she thought he was not there. She replied very much astonished, that she knew nothing, but he did not give in, insisting that she would recall everything; and placed his hand on her forehead so that she should recall things, and behold, she finally related all that she did not apparently perceive in the somnambulic state and about which she ostensibly knew nothing in the waking state.

This astonishing and instructive experiment was my model. I decided to proceed on the supposition that my patients knew everything that was of any pathogenic significance, and that all that was necessary was to force them to impart it. When I reached a point where to the question "Since when have you this symptom?" or, "Where does it come from?" I receive the answer, "I really don't know this," I proceeded as follows: I placed my hand on the patient's forehead or took her head between my hands and said, "Under the pressure of my hand it will come into your mind. In the moment that I stop the pressure you will see something before you, or something will pass through your mind which you must note. It is that which we are seeking.

Well, what have you seen or what came into your mind?"

On applying this method for the first time (it was not in the case of Miss Lucy R.) I was surprised to find just what I wanted, and I may say that it has since hardly ever failed me, it always showed me the way to proceed in my investigations and enabled me to conclude all such analyses without somnambulism. Gradually I became so bold that when a patient would answer, "I see nothing," or "Nothing came into my mind," I insisted that it was impossible. They probably had the right thought but did not believe it and repudiated it. I would repeat the procedure as often as they wished, and every time they saw the same thing. Indeed, I was always right; the patients had not as yet learned to let their criticism rest. They repudiated the emerging recollection or fancy because they considered it as a useless intruding disturbance, but after they imparted it, it was always shown that it was the right one. Occasionally after forcing a communication by pressing the head three or four times I got such answer as, "Yes, I was aware of it the first time, but did not wish to say it," or "I hoped that it would not be this."

By this method it was far more laborious to broaden the alleged narrowed consciousness than by investigating in the somnambulic state, and it made me independent of somnambulism and afforded me an insight into the motives which are frequently decisive

for the “forgetting” of recollections. I am in position to assert that this forgetting is often intentional and desired. It is always only manifestly successful.

It appeared to me even more remarkable that apparently long forgotten numbers and dates can be reproduced by a similar process, thus proving an unexpected faithfulness of memory.

The insignificant choice which one has in searching for numbers and dates especially allows us to take to our aid the familiar axiom of the theory of aphasia, namely, that recognition is a slighter accomplishment of memory than spontaneous recollection.

Hence to a patient who is unable to recall in what year, month or day a certain event took place, enumerate the years during which it might have occurred as well as the names of the twelve months and the thirty-one days of the month, and assure him that at the right number or name his eyes will open themselves or that he will feel which number is the correct one. In most cases the patients really decide on a definite date and frequently enough (as in the case of Mrs. Cacilie N.) it could be ascertained from existing notes of that time that the date was correctly recognized. At other times and in different patients it was shown from the connection of the recollected facts that the dates thus found were incontestable. A patient, for instance, after a date was found by enumerating for her the dates,

remarked, “This is my father’s birthday,” and added “Of course I expected this episode [about which we spoke] because it was my father’s birthday.”

I can only slightly touch upon this theme. The conclusion which I wished to draw from all these experiences is that the pathogenic important experiences with all their concomitant circumstances are faithfully retained in memory, even where they seem forgotten, as when the patient seems unable to recall them.[5]

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[5] As an example of the technique mentioned above, that is, of investigating in a non-somnambulic state or where consciousness is not broadened, I will relate a case which I analyzed recently. I treated a woman of thirty-eight who suffered from an anxiety neurosis (agoraphobia, fear of death, etc.). Like many patients of that type she had a disinclination to admit that she acquired this disease in her married state and was quite desirous of referring it back to early youth. She informed me that at the age of seventeen when she was in the street of her small city she had the first attack of vertigo, anxiety, and faintness, and that these attacks recurred at times up to a few years ago when they were replaced by her present disease. I thought that the first attacks of vertigo, in which the anxiety was only blurred, were hysterical and decided to analyze the same. All she knows is that she had the first attack when she went out to make purchases in the main street of her city.- “What purchases did you wish to make?”- “Various things, I believe it was for a ball to which I was invited.”- “When was the ball to take place?”- “I believe two days later.”- “Something must have happened a few days before this which excited you, and which made an impression on you.”- “But I don’t know, it is now

twenty-one years."- "That does not matter, you will recall it. I will exert some pressure on your head and when I stop it you will either think of or see something which I want you to tell me." I went through this procedure, but she remained quiet.- "Well, has nothing come into your mind?"- "I thought of something, but that can have no connection with it."- "Just say it."- "I thought of a young girl who is dead, but she died when I was eighteen, that is, a year later."- "Let us adhere to this. What was the matter with your friend?"- "Her death affected me very much, because I was very friendly with her. A few weeks before another young girl died, which attracted a great deal of attention in our city, but then I was only seventeen years old."- "You see, I told you that the thought obtained under the pressure of the hands can be relied upon. Well now, can you recall the thought that you had when you became dizzy in the street?"- "There was no thought, it was vertigo."- "That is quite impossible, such conditions are never without accompanying ideas. I will press your head again and you will think of it. Well, what came to your mind?"- "I thought, 'now I am the third.'"- "What do you mean?"- "When I became dizzy I must have thought, now I will die like the other two."- "That was then the idea, during the attack you thought of your friend, her death must have made a great impression on you."- "Yes, indeed, I recall now that I felt dreadful when I heard of her death, to think that I should go to a ball while she lay dead, but I anticipated so much pleasure at the ball and was so occupied with the invitation that I did not wish to think of this sad event." (Notice here the intentional repression from consciousness which caused the reminiscences of her friend to become pathogenic.)

The attack was now in a measure explained, but I still needed the occasional moment which just then provoked this recollection, and accidentally I formed a happy supposition about it.- "Can you recall through which street you passed at that time?"- "Surely, the

After this long but unavoidable digression I now return to the history of Miss Lucy R. As aforesaid, she did not merge into somnambulism when an attempt was

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main street with its old houses, I can see it now."- "And where did your friend live?"- "In the same street. I had just passed her house and was two houses farther when I was seized with the attack."- "Then it was the house which you passed that recalled your dead friend, and the contrast which you then did not wish to think about that again took possession of you."

Still I was not satisfied, perhaps there was something else which provoked or strengthened the hysterical disposition in a hitherto normal girl. My suppositions were directed to the menstrual indisposition as an appropriate moment, and I asked, "Do you know when during that month you had your menses?" — She became indignant: "Do you expect me to know that? I only know that I had them then very rarely and irregularly. When I was seventeen I only had them once."- "Well let us enumerate the days, months, etc., so as to find when it occurred." — She with certainty decided on a month and wavered between two days preceding a date which accompanied a fixed holiday. — Does that in any way correspond with the time of the ball? — She answered quietly: "The ball was on this holiday. And now I recall that I was impressed by the fact that the only menses which I had had during the year occurred just when I had to go to the ball. It was the first invitation to a ball that I had received."

The combination of the events can now be readily constructed and the mechanism of this hysterical attack readily viewed. To be sure the result was gained after painstaking labor. It necessitated on my side full confidence in the technique and individual directing ideas in order to reawaken such details of forgotten experiences after twenty-one years in a sceptical and awakened patient. But then everything agreed.

made to hypnotize her, but lay calmly in a degree of mild suggestibility, her eyes constantly closed, the features immobile, the limbs without motion. I asked her whether she remembered on what occasion the smell perception of burned pastry originated.- “Oh, yes, I know it well. It was about two months ago, two days before my birthday. I was with the children (two girls) in the school room playing and teaching them to cook, when a letter just left by the letter carrier was brought in. From its postmark and handwriting I recognized it as one sent to me by my mother from Glasgow and I wished to open it and read it. The children then came running over, pulled the letter out of my hand and exclaimed, ‘No you must not read it now, it is probably a congratulatory letter for your birthday and we will keep it for you until then.’ While the children were thus playing there was a sudden diffusion of an intense odor. The children forgot the pastry which they were cooking and it became burned. Since then I have been troubled by this odor, it is really always present but is more marked during excitement.”

“Do you see this scene distinctly before you?”- “As clearly as I experienced it.”- “What was there in it that so excited you?”- “I was touched by the affection which the children displayed towards me.”- “But weren’t they always so affectionate?”- “Yes, but I just got the letter from my mother.”- “I can’t understand in what way the affection of the little ones and the letter

from the mother contrasted, a thing which you appear to intimate."- "I had the intention of going to my mother and my heart became heavy at the thought of leaving those dear children."- "What is the matter with your mother? Was she so lonesome that she wanted you, or was she sick just then and you expected some news?"- "No, she is delicate but not really sick, and has a companion with her."- "Why then were you obliged to leave the children?"- "This house had become unbearable to me. The housekeeper, the cook, and the French maid seemed to be under the impression that I was too proud for my position. They united in intriguing against me and told the grandfather of the children all sorts of things about me, and when I complained to both gentlemen I did not receive the support which I expected. I then tendered my resignation to the master (father of the children) but he was very friendly, asking me to reconsider it for two weeks before taking any definite steps. It was while I was in that state of indecision that the incident occurred. I thought that I would leave the house but have remained."- "Aside from the attachment of the children is there anything particular which attracts you to them?"- "Yes, my mother is distantly related to their mother and when the latter was on her death bed I promised her to do my utmost in caring for the children, that I would not forsake them, and be a mother to them, and this promise I broke when offering

my resignation."

The analysis of the subjective sensation of smell seemed completed. It was once objective and intimately connected with an experience, a small scene, in which contrary affects conflicted, sorrow at forsaking the children, and the mortification which despite all urged her to this decision. Her mother's letter naturally recalled the motives of this decision because she thought of returning to her mother. The conflict of the affects raised this moment to a trauma and the sensation of smell which was connected with it remained as its symbol. The only thing to be explained was the fact that out of all the sensory perceptions of that scene, the perception of smell was selected as the symbol, but I was already prepared to use the chronic nasal affliction as an explanation. On being directly questioned she stated that just at that time she suffered from a severe coryza and could scarcely smell anything but in her excitement she perceived the odor of burned pastry, it penetrated the organically motived anosmia.

As plausible as this sounded it did not satisfy me; there seemed to be something lacking. There was no acceptable reason wherefore this series of excitements and this conflict of affects should have led to hysteria. Why did it not all remain on a normal psychological basis? In other words, what justified the conversion under discussion? Why did she not recall the scenes themselves instead of the sensations connected with

them which she preferred as symbols for her recollection? Such questions might seem superfluous and impertinent when dealing with old hysterias in whom the mechanism of conversion was habitual, but this girl first acquired hysteria through this trauma, or at least through this slight distress.

From the analysis of similar cases I already knew that where hysteria is to be newly acquired one psychic determinant is indispensable; namely, that some presentation must intentionally be repressed from consciousness and excluded from associative elaboration.

In this intentional repression I also find the reason for the conversion of the sum of excitement, be it partial or total. The sum of excitement which is not to enter into psychic association more readily finds the wrong road to bodily innervation. The reason for the repression itself could only be a disagreeable feeling, the incompatibility of one of the repressible ideas with the ruling presentation-mass of the ego. The repressed presentation then avenges itself by becoming pathogenic.

From this I concluded that Miss Lucy R. merged into that moment of hysterical conversion, which must have been under the determinations of that trauma which she intentionally left in the darkness and which she took pains to forget. On considering her attachment for the children and her sensitiveness towards the other

persons of the household, there remained but one interpretation which I was bold enough to impart to her. I told her that I did not believe that all these things were simply due to her affection for the children, but that I thought that she was rather in love with her master, perhaps unwittingly, that she really nurtured the hope of taking the place of the mother, and it was for that reason that she became so sensitive towards the servants with whom she had lived peacefully for years. She feared lest they would notice something of her hope and scoff at her.

She answered in her laconic manner: "Yes, I believe it is so."- "But if you knew that you were in love with the master, why did you not tell me so?"- "But I did not know it, or rather, I did not wish to know it. I wished to crowd it out of my mind, never to think of it, and of late I have been successful."[6]

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[6] A better description of this peculiar state in which one knows something and at the same time does not know it, I could never obtain. It can apparently be understood only if one has found himself in such a state. I have at my disposal a very striking recollection of this kind which I can vividly see. If I make the effort to recall what passed through my mind at that time my output seems very poor. I saw at that time something which was not at all appropriate to my expectations, and what I saw did not in the least divert me from my definite purpose, whereas this perception ought to have done away with my purpose. I did not become conscious of this contradiction nor did I remark the affect

"Why did you not wish to admit it to yourself? Were you ashamed because you loved a man?"- "O, no, I am not unreasonably prudish; one is certainly not responsible for one's own feelings. I only felt chagrined because it was my employer in whose service I was and in whose house I lived, and toward whom I could not feel as independent as towards another. What is more, I am a poor girl and he is a rich man of a prominent family, and if anybody should have had any inkling about my feelings they would have ridiculed me."

After this I encountered no resistances in elucidating the origin of this affection. She told me that the first years of her life in that house were passed uneventfully. She fulfilled her duties without thinking about unrealizable wishes. One day, however, the serious, and very busy and hitherto very reserved master, engaged her in conversation about the exigencies of rearing the children. He became milder and more cordial than usual, he told her how much he counted on her in the bringing up of his orphaned children, and looked at her rather peculiarly. It was in this moment that she began to love him, and gladly occupied herself with the pleasing hopes which she

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of the repulsion to which it was undoubtedly due that this perception did not attain any psychic validity. I was struck with that form of blindness in seeing eyes, which one admires so much in mothers towards their daughters, in husbands towards their wives, and in rulers towards their favorites.

conceived during that conversation. However, as this was not followed by anything else, and despite her waiting and persevering no other confidential heart-to-heart talk followed, she decided to crowd it out of her mind. She quite agreed with me that the look in connection with the conversation was probably intended for the memory of his deceased wife. She was also perfectly convinced that her love was hopeless.

After this conversation I expected a decided change in her condition but for a time it did not take place. She continued depressed and moody — a course of hydrotherapy which I ordered for her at the same time refreshed her somewhat mornings. The odor of burned pastry did not entirely disappear; though it became rarer and feebler it appeared only, as she said, when she was very much excited.

The continuation of this memory symbol led me to believe that besides the principal scene it represented many smaller side traumas and I therefore investigated everything that might have been in any way connected with the scene of the burned pastry. We thus passed through the theme of family friction, the behavior of the grandfather and others, and with that the sensation of burned odor gradually disappeared. Just then there was a lengthy interruption occasioned by a new nasal affliction which led to the discovery of the caries of the ethmoid.

On her return she informed me that she received

many Christmas presents from both gentlemen as well as from the household servants, as if they were trying to appease her and wipe away the recollection of the conflicts of the last months. These frank advances made no impression on her.

On questioning her on another occasion about the odor of burned pastry she stated that it had entirely disappeared, but instead she was now bothered by another and similar odor like the smoke of a cigar. This odor really existed before; it was only concealed by the odor of the pastry but now appeared by itself.

I was not very much pleased with the success of my treatment. What occurred here is what a mere symptomatic treatment is generally blamed for, namely, that it removes one symptom only to make room for another. Nevertheless, I immediately set forth to remove this new memory symbol by analysis.

This time I did not know whence this subjective sensation of smell originated, nor on what important occasion it was objective. On being questioned she said, “They constantly smoke at home, I really don’t know whether the smell which I feel has any particular significance.” I then proposed that she should try to recall things under the pressure of my hands. I have already mentioned that her recollections were plastically vivid, that she was a “visual.” Indeed under the pressure of my hands a picture came into her mind — at first only slowly and fragmentarily. It was the

dining room of the house in which she waited with the children for the arrival of the gentlemen from the factory for dinner.- “Now we are all at the table, the gentlemen, the French maid, the housekeeper, the children and I. It is the same as usual.”- “Just keep on looking at that picture. It will soon become developed and specialized.”- “Yes, there is a guest, the chief accountant, an old gentleman who loves the children like his own grandchildren, but he dines with us so frequently that it is nothing unusual.”- “Just have patience, keep on looking at the picture, something will certainly happen.”- “Nothing happens. We leave the table, the children take leave and go with us up to the second floor as usual.”- “Well?”- “It really is something unusual, I now recognize the scene. As the children take leave the chief accountant attempts to kiss them, but my master jumps up and shouts at him, ‘Don’t kiss the children!’ I then experienced a stitch in the heart, and as the gentlemen were smoking, this odor remained in my memory.”

This, therefore, was the second, deeper seated scene causing the trauma and leaving the memory symbol. But why was this scene so effective? I then asked her which scene happened first, this one or the one with the burned pastry? — “The last scene happened first by almost two months.”- “Why did you feel the stitch at the father’s interference? The reproof was not meant for you.”- “It was really not right to

rebuke an old gentleman in such manner who was a dear friend and a guest; it could have been said quietly."- "Then you were really affected by your master's impetuosity? Were you perhaps ashamed of him, or have you thought, 'If he could become so impetuous to an old friend guest over such a trifle, how would he act towards me if I were his wife?'"- "No, that is not it."- "But still it was about his impetuosity?"- "Yes, about the kissing of the children; he never liked that." Under the pressure of my hands there emerged a still older scene which was the real effective trauma and which bestowed on the scene with the chief accountant the traumatic effectivity.

A few months before a lady friend visited the house and on leaving kissed both children on the lips. The father, who was present, controlled himself and said nothing to the lady, but when she left he was very angry at the unfortunate governess. He said that he held her responsible for this kissing; that it was her duty not to tolerate it; that she was neglecting her duties in allowing such things, and that if it ever happened again he would entrust the education of his children to some one else. This occurred while she believed herself loved and waited for a repetition of that serious and friendly talk. This episode shattered all her hopes. She thought: "If he can upbraid and threaten me on account of such a trifle, of which I am entirely innocent, I must have been mistaken, he never entertained any tenderer feelings

towards me, else he would have been considerate." — It was evidently this painful scene that came to her as the father reprimanded the chief accountant for attempting to kiss the children.

On being visited by Miss Lucy R. two days after the last analysis I had to ask her what pleasant things happened to her. She looked as though transformed, she smiled and held her head aloft. For a moment I thought that after all I probably mistook the conditions and that the governess of the children had now become the bride of the master. But she soon dissipated all my suppositions, saying, "Nothing new happened. You really do not know me. You have always seen me while I was sick and depressed. I am otherwise always cheerful. On awaking yesterday morning my burden was gone and since then I feel well."- "What do you think of your chances in the house?"- "I am perfectly clear about that. I know that I have none, and I am not going to be unhappy about it."- "Will you now be able to get along with the others in the house?"- "I believe so, because most of the trouble was due to my sensitiveness."- "Do you still love the master?"- "Certainly I love him, but that does not bother me much. One can think and feel as one wishes."

I now examined her nose and found that the pain and the reflex sensations had almost completely reappeared. She could distinguish odors, but she was uncertain when they were very intense. What part the

nasal trouble played in the anosmia I must leave undecided.

The whole treatment extended over a period of nine weeks. Four months later I accidentally met the patient at one of our summer resorts — she was cheerful and stated that her health continued to be good.

Epicrisis.

I would not underestimate the aforesaid case even though it only represents a young and light hysteria presenting but few symptoms. Moreover, it seems to me instructive that even such a slight neurotic affliction requires so many psychic determinants, and on a more exhaustive consideration of this history I am tempted to put it down as an illustration of that form of hysteria which even persons not burdened by heredity may acquire if their experiences favor it. It should be well noted that I do not speak of a hysteria which may be independent of all predisposition; such form does not probably exist, but we speak of such a predisposition only after the person became hysterical, as nothing pointed to it before this. A neuropathic disposition as commonly understood is something different. It is determined even before the disease by a number of hereditary burdens, or a sum of individual psychic abnormalities. As far as I know none of these moments could be demonstrated in the case of Miss Lucy R. Her

hysteria could therefore be called acquired and presupposes nothing except probably a very marked susceptibility to acquire hysteria, a characteristic about which we know hardly anything. The chief importance in such cases lies in the nature of the trauma, to be sure in connection with the reaction of the person to the trauma. It is an indispensable condition for the acquirement of hysteria that there should arise a relation of incompatibility between the ego and some of its approaching presentations. I hope to be able to show in another place how a variety of neurotic disturbances originate from the different procedures which the "ego" pursues in order to free itself from that incompatibility. The hysterical form of defence, for which a special adaptation is required, consists in converting the excitement into physical innervation. The gain brought about by this process is the crowding out of the unbearable presentation from the ego consciousness, which then contains instead the physical reminiscences produced by conversion — in our case the subjective sensation of smell — and suffers from the affect which is more or less distinctly adherent to these reminiscences. The situation thus produced is no longer changeable, for changing and conversion annihilate the conflict which helped towards the adjustment of the affect. Thus the mechanism producing hysteria corresponds on the one hand to an act of moral faint heartedness; on the other hand it presents itself as a

protective arrangement at the command of the ego. There are many cases in which it must be admitted that the defense of the increased excitement through the production of hysteria may actually have been most expedient, but more frequently one will naturally come to the conclusion that a greater measure of moral courage would have been an advantage to the individual.

Accordingly the real traumatic moment is that in which the conflict thrusts itself upon the ego and the latter decides to banish it. Such banishment does not annihilate the opposing presentation but merely crowds it into the unconscious. This process, occurring for the first time, forms a nucleus and point of crystallization for the formation of a new psychic group separated from the ego, around which, in the course of time, everything collects in accord with the opposing presentation. The splitting of consciousness in such cases of acquired hysteria is thus a desired and intentional one, and is often initiated by at least one arbitrary act. But literally, something different happens than the individual expects, he would wish to eliminate a presentation as though it never came to pass but only succeeds in isolating it psychically.

The traumatic moment in the history of our patient corresponds to the scene created by the master on account of the kissing of the children. For the time being this scene remained without any palpable effects;

perhaps it initiated the depression and sensitiveness, but I leave this open; — the hysterical symptoms, however, commenced later in moments which can be designated as “auxiliary,” and which may be characterized by the fact that in them there is a simultaneous flowing together of both separated groups just as in the broadened somnambulic consciousness. The first of these moments in which the conversion took place in Miss Lucy R., was the scene at the table when the chief accountant attempted to kiss the children. The traumatic memory helped along, and she acted as though she had not entirely banished her attachment for her master. In other cases we find that these different moments come together and the conversion occurs directly under the influence of the trauma.

The second auxiliary moment repeated almost precisely the mechanism of the first. A strong impression transitorily re-established the unity of consciousness and the conversion takes the same route opened to it in the first. It is interesting to note that the symptom occurring second concealed the first so that it could not be distinctly perceived until the second was eliminated. The reversal of the succession of events to which also the analysis must be adapted seems to me quite remarkable. In a whole series of cases I found that the symptoms which came later covered the first, and only the last thing in the analysis contained the key to the whole.

The therapy here consisted in forcing the union of the dissociated psychic groups with the ego consciousness. It is remarkable that the success did not run parallel with the accomplished work, the cure resulted suddenly only after the last part was accomplished.

CHAPTER III.
The Case of Miss Elisabeth v. R

IN the fall of 1892 I was requested by a friendly colleague to examine a young lady who had suffered from pains in her legs for over two years and who walked badly. He also added that he diagnosed the case as hysteria, though none of the usual symptoms of the neurosis could be found. He stated that he knew something of the family and that the last few years had brought them much misfortune and little pleasure. At first the father of the patient died, then the mother underwent a serious operation for the eyes, and soon thereafter a married sister succumbed to a chronic cardiac affection after childbirth. Our patient had taken an active part in all the afflictions and in all the nursings of the sick. I made no further progress into the case after I had seen the twenty-four-year-old patient for the first time. She seemed intelligent and psychically normal and her affliction, which interfered with her social relations and pleasure, she bore with a

happy mien, thus vividly recalling the "belle indifference" of hysterics. She walked with the upper part of her body bent forward, but without any support; her gait did not correspond to any known pathological gait and it was in no way strikingly bad. She complained of severe pains on walking, of early fatigue in walking as well as standing, and after a brief period she would seek rest in which the pains became diminished but they by no means disappeared. The pain was of an indefinite nature — one could assume it to be a painful fatigue. The seat of the pain was given as a quite extensive but indefinitely circumscribed location on the superficial surface of the right thigh. It was from this area that the pains radiated and where they were of the greatest intensity. Here, too, the skin and muscles were especially sensitive to pressure and pinching, while needle pricks were rather indifferently perceived. The same hyperalgesia of the skin and muscles was demonstrable, not only in this area, but over almost the entire surface of both legs. The muscles were perhaps more painful than the skin, but both kinds of pains were unmistakably most pronounced over the thighs. The motor power of the legs was not diminished, the reflexes were of average intensity and all other symptoms were lacking, so that there was no basis for the assumption of a serious organic affection. The disease developed gradually during two years and changed considerably in its intensity.

I did not find it easy to determine the diagnosis, but for two reasons I concluded to agree with my colleague. First, because it was rather peculiar that such a highly intelligent patient should not be able to give anything definite about the character of her pains. A patient suffering from an organic pain, if it is not accompanied by any nervousness, will be able to describe it definitely and calmly; it may perhaps be lancinating, appearing at certain intervals, extending from this to that location, and in his opinion it may be evoked by this or that influence. The neurasthenic describing his pain gives the impression of being occupied with some difficult mental problem reaching far beyond his powers. His features are tense and distorted as though under the domination of a painful affect, his voice becomes shriller, he struggles for expression, he rejects all designations that the physician makes for his pains, even though they are undoubtedly afterwards found as appropriate. He is ostensibly of the opinion that language is too poor to give expression to his feelings. His sensations are something unique, they never existed before so that they can not be exhaustively described. He never tires of constantly adding new details and when he has to stop he is surely controlled by the impression that he was unsuccessful in making himself understood to the physician. All this is due to the fact that his pains absorb his whole attention. In the case of Miss v. R. we had just the

opposite behavior and we had to conclude from this that she attributed sufficient significance to the pain, but that her attention was concentrated on something else of which the pains were the accompanying phenomena, perhaps on thoughts and sensations which were connected with the pain.

A still greater determination for the conception of the pain must, however, be found in a second moment. If we irritate a painful area in a patient suffering from an organic disease or neurasthenia his physiognomy will show a definite expression of discomfort or of physical pain. Furthermore, the patient winces, refuses to be examined and assumes a defensive attitude. With Miss v. R. when the hyperalgesia skin or muscles of her legs were pinched or pressed her face assumed a peculiar expression approaching nearer pleasure than pain, she cried out and — I had to think of a pleasurable tickling — her face reddened, she threw her head backward, closed her eyes, and her body bent backward; all this was not very distinct but sufficiently marked so that it could only agree with the conception that her affliction was a hysteria and that the irritation touched a hysterogenic zone.

Her mien was not in accord with the pain which the pinching of the muscles and skin were supposed to excite. It probably harmonized better with the content of the thoughts which were behind the pain and which were evoked in the patient by irritating that part of the

body associated with them. I have repeatedly observed similar significant expressions on irritating hyperalgesia zones in unmistakable cases of hysteria. The other gestures evidently corresponded to the slightest indications of a hysterical attack.

We could not at that time find any explanation for the unusual localization of the hysterogenic zone. That the hyperalgesia chiefly concerned the muscles gave material for reflection. The most frequent affliction causing the diffuse and local pressure sensitiveness of the muscles is the rheumatic infiltration of the same, the common chronic muscular rheumatism about which aptitude to mask nervous affections I have already spoken. The consistency of the painful muscles in Miss v. R. did not contradict this assumption, as there were many hard cords in the muscle masses which seemed to be especially sensitive. There was probably also an organic change in the muscles, in the assumed sense, upon which the neurosis rested and which significance was markedly exaggerated by the neurosis.

The therapy followed out was based on a supposition of a mixed affection. We recommended the continuation of a systematic massage and faradization of the sensitive muscles without regard to the pain produced, and in order to remain in communication with the patient I undertook the treatment of her legs by means of strong Franklin's sparks. To her question whether she should force herself to walk we answered

decidedly in the affirmative.

We thus attained a slight improvement. She particularly liked the painful shocks of the influence machine and the stronger they were the more they seemed to suppress her pains. My colleague meanwhile prepared the soil for the psychic treatment, and when after four weeks of sham treatment I proposed the same and gave the patient some explanations concerning the procedures and its effects I found a ready understanding and only slight resistances.

The work which then began became eventually the most arduous that ever befell my lot, and the difficulty of giving an account of this work ranks well with the obstacles that had to be overcome. For a long time, too, I did not understand the connection between the history of the disease and the affliction, a thing which should really have been caused and determined by this row of events.

When one undertakes a cathartic treatment he at first asks himself whether the patient understands the origin and cause of her suffering. If that is so one does not need any special technique to cause her to reproduce the history of her ailment. The interest shown in her, the understanding which we foreshadow, the hope of recovery extended to her, all these will induce the patient to give up her secrets. With Miss Elisabeth it seemed probable to me right from the very beginning that she was conscious of the reasons for her

suffering, that she had only a secret but no foreign body in consciousness. On looking at her one had to think of the poet's words,

"That mask indicates a hidden meaning."[7]

At first I could thus forego hypnosis, reserving it, however, for future use if in the course of the confession conditions should arise for which explanation the memory would not perhaps suffice. Thus in this first complete analysis of a hysteria which I had undertaken, I reached a process of treatment which later I raised into a method and employed it consciously in the process of removing by strata the pathogenic psychic material which we used to compare with the technique of excavating a buried city. I at first allowed the patient to relate to me what was known to her, paying careful attention wherever a connection remained enigmatical or where a link in the chain of causation seemed to be lacking. Later I penetrated into the deeper strata of memory by using for those locations hypnotic investigation or a similar technique. The presupposition of the whole work was naturally the expectation that a perfect and sufficient determination could be demonstrated. The means of the deeper investigation will soon be discussed.

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[7] It will be shown that, notwithstanding, I erred.

The history which Miss Elisabeth gave was very dull and was woven of manifold painful experiences. During this recital she was not in a hypnotic state; I merely asked her to lie down and keep her eyes closed. I however made no objection if she from time to time opened her eyes, changed her position or sat up. Whenever she entered more deeply into a part of her history she seemed to merge spontaneously into a condition resembling a hypnotic state. She then remained motionless and kept her eyes firmly closed.

I shall now reproduce the results of the superficial strata of her memory. As the youngest of three daughters she spent her youth with her parents, to whom she was devotedly attached, on their estate in Hungary. Her mother's health was frequently disturbed by an affliction of her eyes and also by nervous conditions. It thus happened that she became especially and devotedly attached to her jovial and broadminded father who was wont to say that this daughter took the place of both a son and friend with whom he could exchange his thoughts. As much as the girl gained in mental stimulation in consequence of this intercourse it did not escape the father that her psychic constitution deviated from that ideal which one so much desires to see in a girl. Jocosely he called her pert and disputatious. He warned her against being too confident in her judgments, against her tendencies to tell the truth regardlessly to everybody and expressed his opinion

that she would find it difficult to get a husband. As a matter of fact she was very discontented with her girlhood; she was filled with ambitious plans, wishing to study or obtain a musical education, and revolted at the thought of being forced to give up her inclination to sacrifice her freedom of judgment on account of marriage. Meanwhile she was proud of her father, of the regard and social position of her family, and jealously guarded everything connected with these matters. The indifference with which she treated her mother and older sisters, as will be shown, was considered by her parents to be due to the blunter side of her character.

The age of the girls impelled the family to move into the metropolis, where for a time Elisabeth enjoyed the richer and gayer life. But then came the calamity which destroyed the happiness of the home. The father either concealed or overlooked a chronic cardiac affection, and one day he was brought home in an unconscious state after the first attack of edema of the lungs. This was followed by an illness of one and a half years, during which Elisabeth took the most prominent part in nursing him. She slept in her father's room, awoke at night at his call, watched over him faithfully during the day, and forced herself to appear cheerful while he went through a hopeless condition with amiable resignation. The beginning of her affliction must have been connected with this time of her nursing,

for she could recall that during the last half year of this care she had to remain in bed on one occasion for a day and a half on account of severe pain in the leg. She maintained, however, that these pains soon passed away and excited neither worry nor attention. As a matter of fact it was two years after the death of her father that she began to feel sick and became unable to walk on account of pain.

The gap which the father left in the life of this family consisting of four women, the social solitude, the cessation of so many relations which promised stimulation and pleasure, the increased infirmity of the mother, all these clouded the mood of our patient, but simultaneously stimulated a warm desire that the family might soon find a substitute for the lost happiness and urged her to concentrate her entire devotion and care on the surviving mother. At the end of the mourning year the eldest sister married a talented and ambitious man of notable position, who by his mental capacity seemed to be destined for a great future, but who, however, very soon developed a morbid sensitiveness and egotistic perseveration of moods, and dared to show his disregard for the old lady in the family circle. That was more than Elisabeth could endure. She felt herself called upon to take up the fight against her brother-in-law whenever he gave occasion for it, while the other women took lightly the outburst of his excited temperament. To her it was a painful disillusionment to

find that the reconstruction of the old family happiness experienced such a disturbance. She could not forgive her married sister because with feminine docility she strove to avoid espousing her cause. Thus a whole series of scenes remained in Elisabeth's memory to which were attached a number of partially uttered grievances against her first brother-in-law. But what she reproached him most for was the fact that for the sake of a promotion in view he moved with his small family to a distant city in Austria and thus increased the lonesomeness of her mother. On this occasion Elisabeth distinctly felt her inability and helplessness to afford her mother a substitute for the lost happiness, and the impossibility of following out the resolution made at the death of her father.

The marriage of the second sister seemed to promise more for the future of the family. The second brother-in-law, although not of the same mental calibre as the first, was a man after the heart of delicate ladies, and his behavior reconciled Elisabeth to the matrimonial institution and to the thought of the sacrifice connected with it. What is more the second couple remained near her mother, and the child of this brother-in-law and the second sister became Elisabeth's pet. Unfortunately the year during which the child was born was clouded by another event. The visual affliction of the mother demanded many weeks' treatment in a dark room, in which Elisabeth

participated. Following this an operation proved necessary and the excitement connected with this occurred at the same time that the first brother-in-law made preparations to move. Finally the operation, skilfully performed, proved successful, and the three families met at a summer resort. There Elisabeth, exhausted by the worries of the past months, had the first opportunity to recuperate from the effects of the suffering and anxiety that the family had undergone since the death of her father.

But during the time spent at this resort Elisabeth was attacked by the pain and weakness. Afterwards, the pains, which had become noticeable for a short while some time previously, manifested themselves severely for the first time after taking a warm bath at a small watering place. In connection with this it was thought that a long walk, really a walk of half a day, a few days previously, had some connection with the onset of the pains. This readily produced the impression that Elisabeth at first became “fatigued” and then “caught cold.”

From this time on Elisabeth became the patient in the family. Following the advice of the physician she spent the rest of the summer in the watering place at Gastein, whither she went with her mother, but not without having a new worriment to think about. The second sister was again pregnant and information as to her condition was quite unfavorable, so that Elisabeth

could hardly decide to take the journey to Gastein. After barely two weeks at Gastein both mother and sister were recalled as the patient at home did not feel well.

An agonizing journey, which for Elisabeth was a mixture of pain and anxious expectations, was followed by certain signs at the home railroad station which forebode the worst, and then on entering the chamber of the patient they were confronted with the reality — that they arrived too late to take leave of the dying one.

Elisabeth not only suffered from the loss of this sister whom she dearly loved but was also grieved by the thoughts caused by her death and the changes which it caused. The sister had succumbed to heart trouble which was aggravated by the pregnancy.

She then conceived the thought that the heart trouble was the paternal inheritance. It was then recalled that in her early childhood the deceased went through an attack of chorea with a slight heart affection. The family then blamed themselves and the physicians for permitting the marriage. They could not spare reproaches to the unfortunate widower for impairing the health of his wife by two successive pregnancies without any pause. The sad thought that this happiness should terminate thus after the rare conditions for a happy marriage had been found, thereafter constantly occupied Elisabeth's mind. Moreover, she again saw everything fail that she had planned for her mother. The

widowed brother-in-law was inconsolable and withdrew from his wife's family. It seemed that his own family from whom he was estranged during his short and happy married life took advantage of the opportunity to again draw him into their own circle. There was no way of maintaining the former union; to live together with the mother-in-law was improper out of regard for the unmarried sister-in-law, and inasmuch as he refused to relinquish the child, the only legacy of the deceased, to the two ladies, he for the first time gave them the opportunity of accusing him of heartlessness. Finally, and that was not the least painful thing, Elisabeth received some indefinite information concerning a disagreement between the two brothers-in-law, the occasion for which she could only surmise. It seemed as if the widower made some requests concerning financial matters which the other brother-in-law considered unjustifiable, and thought, that in view of the recent sorrow of his mother, it was nothing but an evil extortion. This then was the history of the young woman of ambitious and loving disposition. Resentful of her fate, embittered over the failures of her little plans to restore the lustre of the home; of her beloved ones, some being dead, some away, and some estranged — without any inclination to seek refuge in the love of a strange man, she lived thus for a year and a half nursing her mother and her pains, separated from almost all social intercourse.

If we forget the greater sufferings and place ourselves in this girl's position, we can but extend to Miss Elisabeth our hearty sympathy. But what is the physician's interest in this sorrowful tale; what is its relation to her painful and her weak gait; what outlook is there for explaining and curing this case by the knowledge which we perhaps obtained from these psychic traumas?

For the physician this confession of the patient signified at first a great disappointment, for to be sure it was a history composed of banal mental shocks from which we could neither explain why the patient became afflicted with hysteria nor how the hysteria assumed the form of the painful abasia. It explained neither the causation nor the determination of the hysteria in question. We could perhaps assume that the patient had formed an association between her psychically painful impressions and bodily pains which she accidentally perceived simultaneously, and that now she made use in her memory of the physical sensation as a symbol for the psychic. What motive she had for this substitution and in what moment this came about remained unexplained. To be sure, these were questions whose nature was not familiar to the physicians. For it was customary to content one's self with the information and to assume that the patient was constitutionally hysterical and that under the intensive pressure of any kind of excitement hysterical symptoms could develop.

Even less than for the explanation did this confession offer for the treatment of the case. One could not conceive what beneficial influence Miss Elisabeth could derive from recounting sad familiar family experiences of the past years to a stranger who could give her in return only moderate sympathy, nor could we perceive any improvement after the confession. During the first period of the treatment the patient never failed to repeat to her physician: "I continue to feel ill, I have the same pains as before," and when she accompanied this by a crafty and malicious glance, I could perhaps recall the words which old Mr. v. R. was wont to utter concerning his favorite daughter: "She is frequently pert and disputatious," but after all I had to confess that she was right.

Had I given up the patient at this stage of the psychic treatment the case of Miss Elisabeth v. R. would have been quite unimportant for the theory of hysteria. Nevertheless, I continued my analysis because I felt sure that an understanding of the causation as well as the determination of the hysterical symptoms could be gained from the deeper strata of consciousness.

I therefore decided to put the direct question to the broadened consciousness of the patient, in order to find out with what psychic impression the origin of the pain in the legs was connected.

For this purpose the patient should have been put

in deep hypnosis. But unhappily I had to realize that all my procedures in that direction could put the patient in no other state of consciousness than that in which she gave me her confession. Still I was very pleased that this time she abstained from triumphantly remonstrating with the words: “You see I really do not sleep, I cannot be hypnotized.” In such despair I conceived the idea of making use of the trick of pressing the head, the origin of which I have thoroughly discussed in the preceding contribution concerning Miss Lucy. This was done by requesting the patient to unfailingly inform me of what came before her mind’s eye or passed through her memory at the moment of the pressure. For a long time she was silent, and then admitted that on my pressure she thought of an evening in which a young man had accompanied her home from some social affair. She also thought of the conversation that passed between them, and her feelings on returning home to nurse her father.

With this first mention of the young man a new shaft was opened, the content of which I now gradually brought out. We dealt here rather with a secret, for with the exception of a mutual friend, no one knew anything of the relation and the hopes connected with it. It concerned the son of an old friend who was formerly one of their neighbors. The young man having become an orphan attached himself with great devotion to her father; he was guided in his career by his advice, and

this veneration for the father was extended to the ladies of the family. Numerous reminiscences of repeated joint readings, exchange of thoughts and utterances on his side marked the gradual growth of her conviction that he loved and understood her and that a marriage with him would not impose the sacrifice that she feared. Unhappily he was but little older than she and as yet was far from being independent. She however firmly resolved to wait for him.

With the serious illness of her father, and the necessity of her nursing him their relations became less frequent. The evening which she at first recalled marked the height of her feeling but even then there was no exchange of ideas between them on the subject. It was only at the urging of her family that she consented to leave the sick bed that evening and go to an affair where she was to meet him. She wished to hasten home early but was forced to remain, only yielding on his promising to accompany her home. At no time had she entertained such a tender regard for him as during this walk, but after returning home at a late hour in this blissful state and finding the condition of her father aggravated she bitterly reproached herself for having sacrificed so much time for her own amusement. It was the last time that she left her sick father for a whole evening; her friend she saw but seldom after this. After the death of her father he seemed to hold himself aloof out of respect for her

sorrow and then business affairs drew him into other spheres. Gradually she came to the realization that his interest in her was suppressed by other feelings and that he was lost to her. This failure of her first love pained her as often as she thought of it.

In this relationship and in the scene caused by it, I was to seek the causation of the first hysterical pain. A conflict, or a state of incompatibility arose through the contrast between the happiness which she had not at that time denied herself and the sad condition in which she found her father upon her arrival home. As a result of this conflict the erotic presentations were repressed from the associations and the affect connected with them was made use of in aggravating or reviving a simultaneously (or somewhat previously) existing physical pain. It was therefore the mechanism of a conversion for the purpose of defense as I have shown circumstantially in another place.[8]

To be sure, we have room here for all kinds of observations. I must assert that I was unsuccessful in demonstrating from her memory that the conversion took place in the moment of her returning home. I therefore investigated for similar experiences which might have occurred while she was nursing her father, and I evoked a number of scenes, among which was

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[8] Die Abwehr-Neuropsychosen, Neurologisches Centralblatt, 1 June, 1894.

one during which she had to jump out of bed with bare feet in a cold room to respond to the repeated calls of her father. I was inclined to attribute to this moment a certain significance, for in addition to complaining of pain in her legs she also complained of tormenting sensations of coldness. Nevertheless, here too I could not with certainty lay hold of the scene which could be indicated as the scene of conversion. This led me to admit that there was here some gap, when I recalled the fact that the hysterical pains in the legs were really not present at the time she nursed her father. From her memory she recalled only a single attack of pain lasting a few days to which at that time she paid no attention. I then directed my attention to the first appearance of the pains. In this respect I was successful in awakening a perfect memory. They came on just at the time of a relative's visit whom she could not receive because she was ill in bed, and who had the misfortune to find her ill in bed on another occasion two years later. But the search for the psychic motive of these first pains failed as often as repeated. I believed that I could assume that these first pains were due to a slight rheumatic attack and really had no psychic basis, and I also discovered that this organic trouble was the model for the later hysterical imitation, at all events that it occurred before the scene of being accompanied home. That these mild organic pains could continue for some time without her paying much attention to them is quite possible when

we consider the nature of the disease. The obscurity resulting from this, namely, that the analysis pointed to a conversion of psychic excitement into bodily pain at a time when such pain was certainly not perceived and not recalled — this problem I hope to be able to solve in later considerations and by other examples.[9]

With the discovery of the motive for the first conversion we began a second more fruitful period of the treatment. In the first place very soon afterward the patient surprised me with the statement that she now knew why the pains always radiated from that definite location on the right thigh and were most painful there. This is really the place upon which her father's leg rested every morning while she changed the bandages of his badly swollen leg. That occurred hundreds of times, and strange to say she did not think of this connection until today. She thus gave me the desired explanation of the origin of an atypical hysterogenic zone. Furthermore during our analysis her painful legs always commenced to "join in the discussion." I mean the following remarkable state of affairs: The patient was as a rule free from pain when we began our work, but as soon as I evoked some recollection by question or by pressure of the head she at first reported some pain usually of a very vivid nature, and then winced

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[9] I can neither exclude nor prove that this pain, especially of the thighs, was of a neurasthenic nature.

and placed her hand on the painful area. This awakened pain remained constant as long as the patient was controlled by the recollection, reaching its height when she was about to utter the essential and critical part of her communication, and disappearing with the last words of the statement. I gradually learned to use this awakened pain as a compass. Whenever she was moody or claimed to have pains I knew that she had not told me everything, and urged a continuation of the confession until the pain was "spoken away." Then only did I awaken a new recollection.

During this period of ab-reaction, the patient's condition showed such a striking improvement both somatically and psychically that I used to remark half jokingly that during each treatment I carried away a certain number of pain motives, and that when I had cleaned them all out she would be well. She soon reached a stage during which she had no pain much of the time; she consented to walk a great deal and to give up her hitherto condition of isolation. During the analysis I followed up now the spontaneous fluctuations of her condition and now some fragments of her sorrowful tale which in my opinion I had not sufficiently exhausted. In this work I made some interesting discoveries the principles of which I could later verify in other patients.

In the first place it was found that the spontaneous fluctuations never occurred unless

provoked associatively by the events of the day. On one occasion she heard of an illness in the circle of her acquaintances which recalled to her a detail in the illness of her father. On another occasion the child of her deceased sister visited her and its resemblance to its mother recalled many painful incidents. On still another occasion it was a letter from her absent sister showing distinctly the influence of the inconsiderate brother-in-law, and this awakened a pain causing the reproduction of a family scene heretofore not reported.

As she never reproduced the same pain motives twice we were justified in the expectation that the stock would in time become exhausted. I never prevented her from merging into a situation tending to evoke new memories which had not as yet come to the surface. Thus for example I sent her to the grave of her sister, or I urged her to go in society where she was apt to meet her youthful friend who happened to be in the city.

In this manner I obtained an insight into the mode of origin of a hysteria which could be designated as mono-symptomatic. I found, for example, that the right leg became painful during our hypnosis when we dealt with memories relating to the nursing of her father, to her young friend, and to other memories occurring during the first period of the pathogenic term; while the pain in the left leg came on as soon as I evoked the memory of her lost sister, of both brothers-in-law, in brief of any impression relating to the second half of

the history. My attention having been called to that by this constant behavior I went further in my investigations and gained the impression that perhaps detailization went still further and that every new psychic cause of painful feeling might have some connection with a differently located painful area in the legs. The original painful location on the right thigh referred to the nursing of her father, and as the result of new traumas the painful area then grew by apposition so that strictly speaking we had here not one single physical symptom connected with a multiform psychic memory complex but a multiplicity of similar symptoms which on superficial examination seemed to be fused into one. To be sure I have not followed out the demarcations of the individual psychic causes corresponding to the pain zones for I found that the patient's attention was turned away from these relations.

Notwithstanding this I directed further interest to the mode of construction of the whole symptom-complex of the abasia upon this painful zone, and with this view in mind I asked such questions as this: "What is the origin of the pains in walking and standing, or on lying?" She answered these questions partially uninfluenced, partially under the pressure of my hand. We thus obtained two results. In the first place she grouped all scenes connected with painful impressions according to their occurrence, sitting,

standing, etc. Thus, for example, she stood at the door when her father was brought home with his cardiac attack and in her fright remained as though rooted to the spot. To this first quotation "fright while standing" she connected more recollections up to the overwhelming scene when she again stood as if pinned near the death bed of her sister. The whole chain of reminiscences should justify the connection of the pain with standing up, and could also serve as an association proof, only one had to bear in mind the fact that in all these occasions we must demonstrate another moment which had served to direct the attention — and as a further result the conversion — just on the standing, walking, sitting, etc. The explanation for this direction of attention could hardly be sought in other connections than in the fact that walking, standing, and lying are connected with capabilities and conditions of those members which here bore the painful zones; namely, the legs. We could then easily understand the connection between the astasia-abasia and the first scene of conversion in this history.

Among the scenes which in consequence of this review had made the walking painful one which referred to a walk she had taken in company, at the watering place, which apparently lasted too long, stood out most prominently. The deeper circumstances of this occurrence revealed themselves only hesitatingly and left many a riddle unsolved. She was in an especially

good humor and gladly joined the circle of friendly persons; it was a lovely day, not too warm, her mother remained at home; her older sister had already departed, the younger one felt indisposed but did not wish to mar her pleasure. The husband of the second sister at first declared that he would remain at home with his wife, but finally went along for her (Elisabeth's) sake. This scene seemed to have a great deal to do with the first appearance of the pains, for she recalled that she returned home from the walk very fatigued and with severe pains, she could not however say definitely whether she had perceived the pains before this. I took for granted that if she had suffered any pain she would have hardly resolved to enter upon this long walk. On being questioned whence the pains originated on this walk she answered rather indefinitely saying that the contrast between her solitude and the married happiness of her sick sister, of which she was constantly reminded by the behavior of her brother-in-law, was painful to her.

Another closely related scene played a part in the connection of the pain with sitting. It was a few days later, her sister and brother-in-law had already departed and she found herself in an excitable longing mood. She arose in the morning and ascended a small hill which they were wont to visit together and which afforded the only pretty view. There she sat down on a stone bench giving free play to her thoughts. Her

thoughts again concerned her lonesomeness, the fate of her family, and she now frankly admitted that she entertained the eager wish to become as happy as her sister. After this morning's meditation she returned home with severe pains. In the evening of the same day she took the bath, after which the pains definitely appeared and continued persistently.

We could further ascertain with great certainty that the pains on walking and standing diminished in the beginning on lying down. Only after hearing of her sister's illness and on leaving Gastein in the evening, spending a sleepless night in the sleeping car, and being tormented simultaneously by the worries concerning her sister and violent pains, it was only then that the pains appeared for the first time while she was lying down, and throughout that time lying down was even more painful than walking or standing.

Thus the painful sphere grew by apposition first because every new pathogenically affecting theme occupied a new region of the legs, second, every one of the impressionable scenes left a trace because it produced a lasting, always more cumulative, "occupation" of the different functions of the legs, thus connecting these functions with the sensations of pain. There was unmistakably, however, still a third mechanism which furthered the production of astasia-abasia. When the patient finished the recitation of a whole series of events with the plaint that she then

perceived pain in "standing alone," and when in another series referring to the unfortunate attempt of bringing about new conditions in the family she was not tired of repeating that the painful in that was the feeling of her helplessness, the sensation that she "could make no headway," I had to admit that her reflections influenced the formation of the abasia, and had to assume that she directly sought a symbolic expression for her painfully accentuated thoughts and had found it in the aggravation of her pains. That somatic symptoms of hysteria could originate through such symbolization we have already asserted in our Preliminary Communication, and in the epicrisis to this history. I will give some examples of conclusive evidence. In Miss Elisabeth v. R. the psychic mechanism of the symbolization was not in the foreground, it had not produced the abasia, but everything pointed to the fact that the already existing abasia had in this way undergone a considerable reenforcement. Accordingly this abasia as I met it in the stage of development was not only to be compared to a psychically associative paralysis of function but also to a symbolic paralysis of function.

Before I continue with the history of my patient I will add something about her behavior during the second period of the treatment. Throughout this whole analysis I made use of the method of evoking pictures and ideas by pressing the head, a method therefore,

which would be inapplicable without the full cooperation and voluntary attention of the patient. At times it was really surprising how promptly and how infallibly the individual scenes belonging to one theme succeeded each other in chronological order. It was as if she read from a long picture book the pages of which passed in review before her eyes. At other times there seemed to be inhibitions, of what kind I could not at that time surmise. When I exerted some pressure she maintained that nothing came into her mind. I repeated the pressure and told her to wait, but still nothing would come. At first when such obstinacy manifested itself I determined to discontinue the work and to try again, as the day seemed unpropitious. Two observations, however, caused me to change my procedure. Firstly, because such failure of this method only occurred when I found Elisabeth cheerful and free from pain and never when she had a bad day; secondly, because she frequently made assertions of seeing nothing after the lapse of a long pause during which her tense and occupied mind betrayed to me some psychic process within. I therefore decided to assume that the method had never failed, that under the pressure of my hands Elisabeth had each time perceived some idea or had seen some picture but that she was not always ready to inform me of it and attempted to repress the thing evoked. I could thing of two motives for such concealment; either Elisabeth subjected the idea that

came to her mind to a criticism to which she was not entitled, thinking it not sufficiently important and unfit as an answer to the question, or she feared to say it because that statement was too disagreeable to her. I therefore proceeded as if I were perfectly convinced of the reliability of my technique. Whenever she asserted that nothing came into her mind, I did not let that pass. I assured her that something must have come to her but that perhaps she was not attentive enough, that I was quite willing to repeat the pressure. I also told her not to entertain any doubts concerning the correctness of the idea presenting itself to her mind, that that was not any of her concern; that it was her duty to remain perfectly objective and to tell whatever came into her mind, be it suitable or not, and I ended by saying that I knew well that something did come which she concealed from me and that as long as she would continue to do so she would not get rid of her pains. After such urging I found that there was really no pressure that remained unsuccessful. I then had to assume that I correctly recognized the state of affairs, and indeed I won through this analysis perfect confidence in my technique. It often happened that only after the third pressure did she make a statement then added “Why I could have told you that the first time”- “Indeed why did you not say it”- “I thought that it was not correct:” or “I thought that I could avoid it, but it recurred each time.” During this difficult work I began to attach a

profounder significance to the resistance which the patient showed in the reproduction of her recollections, and I carefully compared these occasions in which it was especially striking.

I now come to the description of the third period of our treatment. The patient felt better, she was psychically unburdened and more capable, but the pains were manifestly not removed, reappearing from time to time with the old severity. The imperfect cure went hand in hand with the imperfect analysis, as yet I did not know in what moment and through what mechanisms the pains originated. During the reproduction of the most manifold scenes of the second period and the observation of the patient's resistance towards the reproduction, I formed a definite suspicion which I did not then dare to use as a basis for my action. An accidental observation turned the issue. While working with the patient one day I heard the steps of a man in the adjacent room and a rather pleasant voice asking some questions. My patient immediately arose requesting me to discontinue the treatment for the day because she heard her brother-in-law who just arrived asking for her. Before this disturbance she was free from pains but thereafter she betrayed by her mien and gait the sudden appearance of violent pains. This strengthened my suspicion and I decided to elicit the decisive explanation.