

EDITOR'S NOTE

BRUCHSTÜCK EINER HYSTERIE-ANALYSE

(a) GERMAN EDITIONS:

- (1901 Jan. 24. Completion of first draft under title 'Traum und Hysterie' ['Dreams and Hysteria'].)
- 1905 *Mschr. Psychiat. Neurol.*, 18 (4 and 5), Oct. and Nov., 285-310 and 408-467.
- 1909 *S.K.S.N.*, II, 1-110. (1912, 2nd. ed.; 1921, 3rd. ed.)
- 1924 *G.S.*, 8, 3-126.
- 1932 *Vier Krankengeschichten*, 5-141.
- 1942 *G.W.*, 5, 163-286.

(b) ENGLISH TRANSLATION:

- 'Fragment of an Analysis of a Case of Hysteria'
- 1925 *C.P.*, 3, 13-146. (Tr. Alix and James Strachey.)

The present translation is a corrected version of the one published in 1925.

Though this case history was not published until October and November, 1905, the greater part of it was written in January, 1901. The recovery of Freud's letters to Wilhelm Fliess (Freud, 1950a) has given us a quantity of contemporary evidence on the subject.

On October 14, 1900 (Letter 139), Freud tells Fliess that he has recently begun work with a new patient, 'an eighteen-year-old girl'. This girl was evidently 'Dora', and, as we know from the case history itself (p. 13 *n.* below), her treatment came to an end some three months later, on December 31. All through the same autumn he had been engaged on his *Psychopathology of Everyday Life* (1901b), and on January 10 he writes (in an unpublished letter) that he is now engaged simultaneously on *two* works: the *Everyday Life* and 'Dreams and Hysteria, a Fragment of an Analysis', which, as we are told in Freud's preface (p. 10), was the original title of the present paper. On January 25 (Letter 140) he writes: "'Dreams and Hysteria" was completed

yesterday. It is a fragment of an analysis of a case of hysteria, in which the explanations are grouped round two dreams. So that it is in fact a continuation of the dream book. [*The Interpretation of Dreams* (1900a) had been published a year earlier.] It further contains solutions of hysterical symptoms and considerations on the sexual-organic basis of the whole condition. Anyhow, it is the most subtle thing I have yet written and will produce an even more horrifying effect than usual. One does one's duty, however, and what one writes is not for the passing day. The work has already been accepted by Ziehen.' The latter was joint editor, with Wernicke, of the *Monatsschrift für Psychiatrie und Neurologie*, in which the paper ultimately appeared. A few days later, on January 30 (Letter 141), Freud continues: 'I hope you will not be disappointed by "Dreams and Hysteria". Its main concern is still with psychology—an estimation of the importance of dreams and an account of some of the peculiarities of unconscious thinking. There are only glimpses of the organic side—the erotogenic zones and bisexuality. But it [the organic side] is definitely mentioned and recognized and the way is paved for an exhaustive discussion of it another time. The case is a hysteria with *tussis nervosa* and aphonia, which can be traced back to the characteristics of a thumb-sucker; and the principal part in the conflicting mental processes is played by the opposition between an attraction towards men and one towards women.' These extracts show how this paper forms a link between *The Interpretation of Dreams* and the *Three Essays*. It looks back to the one and forward to the other.

On February 15 (Letter 142) he announces to Fliess that *The Psychopathology of Everyday Life* will be finished in a few days and that then the two works will be ready to be corrected and sent off to the publishers. But actually their history was very different. On May 8 (Letter 143) he is already correcting the first proofs of *The Psychopathology of Everyday Life* (which was duly published in the July and August issues of the *Monatsschrift*); but he now says that he has not yet made up his mind about publishing the case history. On June 9, however (in another unpublished letter), he reports that '“Dreams and Hysteria” has been sent off, and will meet the gaze of an astonished public in the autumn'. We have no information as to how it happened that Freud once more changed his mind and deferred publication for another four years. See p. 322.

There is no means of deciding the extent to which Freud revised the paper before its ultimate publication in 1905. All the internal evidence suggests, however, that he changed it very little. The last section of the 'Postscript' (pp. 120 to 122) was certainly added, as well as some passages at least in the 'Prefatory Remarks' and certain of the footnotes. But apart from these small additions it is fair to regard the paper as representing Freud's technical methods and theoretical views at the period immediately after the publication of *The Interpretation of Dreams*. It may seem surprising that his theory of sexuality had reached such a point of development so many years before the appearance of the *Three Essays* (1905*d*), which were actually published almost simultaneously with this paper. But the footnote on p. 51 explicitly vouches for the fact. Moreover, readers of the Fliess correspondence will be aware that much of this theory was in existence at an even earlier date. To take only a single instance, Freud's dictum about psychoneuroses being the 'negative' of perversions (p. 50) occurs in almost the same words in a letter to Fliess of January 24, 1897 (Letter 57). Even before this the idea is hinted at, in a letter of December 12, 1896 (Letter 52), which also introduces the notion of 'erotogenic zones' and adumbrates the theory of 'component instincts'.

It is curious that three times in his later writings Freud assigns his treatment of 'Dora' to the wrong year—to 1899 instead of 1900. The mistake occurs in the first section of his 'History of the Psycho-Analytic Movement' (1914*d*) and is repeated twice in the footnote which he added to the case history in 1923 (p. 13 *n.*). There can be no question that the autumn of 1900 was the correct date, since, quite apart from the external evidence quoted above, the date is absolutely fixed by the '1902' given at the end of the paper itself (p. 122).

This chronological summary, based on the data given in the case history, may make it easier for the reader to follow the events in the narrative:

- 1882 Dora born.
- 1888 (*Act.* 6) Father ill with T.B. Family move to B——.
- 1889 (*Act.* 7) Bed-wetting.
- 1890 (*Act.* 8) Dyspnoea.
- 1892 (*Act.* 10) Father's detached retina.

- 1894 (*Aet.* 12) Father's confusional attack. His visit to Freud.
Migraine and tussis nervosa.
- 1896 (*Aet.* 14) Scene of the kiss.
- 1898 (*Aet.* 16) (Early summer:) Dora's first visit to Freud. (End
of June:) Scene by the lake. (Winter:) Death
of Aunt. Dora in Vienna.
- 1899 (*Aet.* 17) (March:) Appendicitis. (Autumn:) Family leave
B—— and move to factory town.
- 1900 (*Aet.* 18) Family move to Vienna. Suicide threat. (October
to December:) Treatment with Freud.
- 1901 (January:) Case history written.
- 1902 (April:) Dora's last visit to Freud.
- 1905 Case history published.

FRAGMENT OF AN ANALYSIS OF A CASE OF HYSTERIA

PREFATORY REMARKS

IN 1895 and 1896 ¹ I put forward certain views upon the pathogenesis of hysterical symptoms and upon the mental processes occurring in hysteria. Since that time several years have passed. In now proposing, therefore, to substantiate those views by giving a detailed report of the history of a case and its treatment, I cannot avoid making a few introductory remarks, for the purpose partly of justifying from various standpoints the step I am taking, and partly of diminishing the expectations to which it will give rise.

No doubt it was awkward that I was obliged to publish the results of my enquiries without there being any possibility of other workers in the field testing and checking them, particularly as those results were of a surprising and by no means gratifying character. But it will be scarcely less awkward now that I am beginning to bring forward some of the material upon which my conclusions were based and make it accessible to the judgement of the world. I shall not escape blame by this means. Only, whereas before I was accused of giving *no* information about my patients, now I shall be accused of giving information about my patients which ought not to be given. I can only hope that in both cases the critics will be the same, and that they will merely have shifted the pretext for their reproaches; if so, I can resign in advance any possibility of ever removing their objections.

Even if I ignore the ill-will of narrow-minded critics such as these, the presentation of my case histories remains a problem which is hard for me to solve. The difficulties are partly of a technical kind, but are partly due to the nature of the circumstances themselves. If it is true that the causes of hysterical disorders are to be found in the intimacies of the patients' psychosexual life, and that hysterical symptoms are the expression

¹ [E.g. in *Studies on Hysteria* (Breuer and Freud, 1895) and 'The Aetiology of Hysteria' (Freud, 1896c).]

of their most secret and repressed wishes, then the complete elucidation of a case of hysteria is bound to involve the revelation of those intimacies and the betrayal of those secrets. It is certain that the patients would never have spoken if it had occurred to them that their admissions might possibly be put to scientific uses; and it is equally certain that to ask them themselves for leave to publish their case would be quite unavailing. In such circumstances persons of delicacy, as well as those who were merely timid, would give first place to the duty of medical discretion and would declare with regret that the matter was one upon which they could offer science no enlightenment. But in my opinion the physician has taken upon himself duties not only towards the individual patient but towards science as well; and his duties towards science mean ultimately nothing else than his duties towards the many other patients who are suffering or will some day suffer from the same disorder. Thus it becomes the physician's duty to publish what he believes he knows of the causes and structure of hysteria, and it becomes a disgraceful piece of cowardice on his part to neglect doing so, as long as he can avoid causing direct personal injury to the single patient concerned. I think I have taken every precaution to prevent my patient from suffering any such injury. I have picked out a person the scenes of whose life were laid not in Vienna but in a remote provincial town, and whose personal circumstances must therefore be practically unknown in Vienna. I have from the very beginning kept the fact of her being under my treatment such a careful secret that only one other physician—and one in whose discretion I have complete confidence ¹—can be aware that the girl was a patient of mine. I have waited for four whole years since the end of the treatment and have postponed publication till hearing that a change has taken place in the patient's life of such a character as allows me to suppose that her own interest in the occurrences and psychological events which are to be related here may now have grown faint. Needless to say, I have allowed no name to stand which could put a non-medical reader upon the scent; and the publication of the case in a purely scientific and technical periodical should, further, afford a guarantee against unauthorized readers of this sort. I naturally cannot prevent the patient herself from being pained if her own case history

¹ [No doubt Fliess. See p. 3 above.]

should accidentally fall into her hands. But she will learn nothing from it that she does not already know; and she may ask herself who besides her could discover from it that she is the subject of this paper.

I am aware that—in this city, at least—there are many physicians who (revolting though it may seem) choose to read a case history of this kind not as a contribution to the psychopathology of the neuroses, but as a *roman à clef* designed for their private delectation. I can assure readers of this species that every case history which I may have occasion to publish in the future will be secured against their perspicacity by similar guarantees of secrecy, even though this resolution is bound to put quite extraordinary restrictions upon my choice of material.

Now in this case history—the only one which I have hitherto succeeded in forcing through the limitations imposed by medical discretion and unfavourable circumstances—sexual questions will be discussed with all possible frankness, the organs and functions of sexual life will be called by their proper names, and the pure-minded reader can convince himself from my description that I have not hesitated to converse upon such subjects in such language even with a young woman. Am I, then, to defend myself upon this score as well? I will simply claim for myself the rights of the gynaecologist—or rather, much more modest ones—and add that it would be the mark of a singular and perverse prurience to suppose that conversations of this kind are a good means of exciting or of gratifying sexual desires. For the rest, I feel inclined to express my opinion on this subject in a few borrowed words:

‘It is deplorable to have to make room for protestations and declarations of this sort in a scientific work; but let no one reproach me on this account but rather accuse the spirit of the age, owing to which we have reached a state of things in which no serious book can any longer be sure of survival.’ (Schmidt, 1902, Preface.)

I will now describe the way in which I have overcome the *technical* difficulties of drawing up the report of this case history. The difficulties are very considerable when the physician has to conduct six or eight psychotherapeutic treatments of the sort in a day, and cannot make notes during the actual session with the patient for fear of shaking the patient’s confidence and of disturbing his own view of the material under observation.

Indeed, I have not yet succeeded in solving the problem of how to record for publication the history of a treatment of long duration. As regards the present case, two circumstances have come to my assistance. In the first place the treatment did not last for more than three months; and in the second place the material which elucidated the case was grouped around two dreams (one related in the middle of the treatment and one at the end). The wording of these dreams was recorded immediately after the session, and they thus afforded a secure point of attachment for the chain of interpretations and recollections which proceeded from them. The case history itself was only committed to writing from memory after the treatment was at an end, but while my recollection of the case was still fresh and was heightened by my interest in its publication.¹ Thus the record is not absolutely—phonographically—exact, but it can claim to possess a high degree of trustworthiness. Nothing of any importance has been altered in it except in some places the order in which the explanations are given; and this has been done for the sake of presenting the case in a more connected form.

I next proceed to mention more particularly what is to be found in this paper and what is not to be found in it. The title of the work was originally 'Dreams and Hysteria', for it seemed to me peculiarly well-adapted for showing how dream-interpretation is woven into the history of a treatment and how it can become the means of filling in amnesias and elucidating symptoms. It was not without good reasons that in the year 1900 I gave precedence to a laborious and exhaustive study of dreams (*The Interpretation of Dreams*) over the publications upon the psychology of the neuroses which I had in view. And incidentally I was able to judge from its reception with what an inadequate degree of comprehension such efforts are met by other specialists at the present time. In this instance there was no validity in the objection that the material upon which I had based my assertions had been withheld and that it was therefore impossible to become convinced of their truth by testing and checking them. For every one can submit his own dreams to analytic examination, and the technique of interpreting dreams may be easily learnt from the instructions

¹ [Freud had intended to publish it immediately after writing it. (See p. 4.)]

and examples which I have given. I must once more insist, just as I did at that time,¹ that a thorough investigation of the problems of dreams is an indispensable prerequisite for any comprehension of the mental processes in hysteria and the other psychoneuroses, and that no one who wishes to shirk that preparatory labour has the smallest prospect of advancing even a few steps into this region of knowledge. Since, therefore, this case history presupposes a knowledge of the interpretation of dreams, it will seem highly unsatisfactory to any reader to whom this presupposition does not apply. Such a reader will find only bewilderment in these pages instead of the enlightenment he is in search of, and he will certainly be inclined to project the cause of his bewilderment on to the author and to pronounce his views fantastic. But in reality this bewildering character attaches to the phenomena of the neurosis itself; its presence there is only concealed by the physician's familiarity with the facts, and it comes to light again with every attempt at explaining them. It could only be completely banished if we could succeed in tracing back every single element of a neurosis to factors with which we were already familiar. But everything tends to show that, on the contrary, we shall be driven by the study of neuroses to assume the existence of many new things which will later on gradually become the subject of more certain knowledge. What is new has always aroused bewilderment and resistance.

Nevertheless, it would be wrong to suppose that dreams and their interpretation occupy such a prominent position in all psycho-analyses as they do in this example.²

While the case history before us seems particularly favoured as regards the utilization of dreams, in other respects it has turned out poorer than I could have wished. But its shortcomings are connected with the very circumstances which have made its publication possible. As I have already said, I should not have known how to deal with the material involved in the history of a treatment which had lasted, perhaps, for a whole year. The present history, which covers only three months, could be recollected and reviewed; but its results remain

¹ [Preface to the first edition of *The Interpretation of Dreams*, Standard Ed., 4, xxiii.]

² [For a later assessment of the part played by dream-interpretation in analytic procedure see Freud's paper devoted to that subject (1911e).]

incomplete in more than one respect. The treatment was not carried through to its appointed end, but was broken off at the patient's own wish when it had reached a certain point. At that time some of the problems of the case had not even been attacked and others had only been imperfectly elucidated; whereas, if the work had been continued, we should no doubt have obtained the fullest possible enlightenment upon every particular of the case. In the following pages, therefore, I can present only a fragment of an analysis.

Readers who are familiar with the technique of analysis as it was expounded in the *Studies on Hysteria* [Breuer and Freud, 1895] will perhaps be surprised that it should not have been possible in three months to find a complete solution at least for those of the symptoms which were taken in hand. This will become intelligible when I explain that since the date of the *Studies* psycho-analytic technique has been completely revolutionized. At that time the work of analysis started out from the symptoms, and aimed at clearing them up one after the other. Since then I have abandoned that technique, because I found it totally inadequate for dealing with the finer structure of a neurosis. I now let the patient himself choose the subject of the day's work, and in that way I start out from whatever surface his unconscious happens to be presenting to his notice at the moment. But on this plan everything that has to do with the clearing-up of a particular symptom emerges piecemeal, woven into various contexts, and distributed over widely separated periods of time. In spite of this apparent disadvantage, the new technique is far superior to the old, and indeed there can be no doubt that it is the only possible one.

In face of the incompleteness of my analytic results, I had no choice but to follow the example of those discoverers whose good fortune it is to bring to the light of day after their long burial the priceless though mutilated relics of antiquity. I have restored what is missing, taking the best models known to me from other analyses; but, like a conscientious archaeologist, I have not omitted to mention in each case where the authentic parts end and my constructions begin.

There is another kind of incompleteness which I myself have intentionally introduced. I have as a rule not reproduced the process of interpretation to which the patient's associations and communications had to be subjected, but only the results of