

# Freud's Challenge – Why The Past Matters<sup>1</sup>

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## Introduction

The case of Elisabeth Von R – Freud's first full analysis – is important to look at in detail as it shows how the psychoanalytic technique was developed by Freud. He himself underlines its significance: "I derived from this analysis a literally unqualified reliance on my technique."<sup>2</sup> Throughout his work with the patient his contention that her symptoms are intimately linked to her personal history and experiences is affirmed. Taking this approach to the treatment leads him to uncover the root of Elisabeth Von R's hysterical symptoms. He is steadfast in his belief that the symptoms origin can be uncovered through free association in sessions and through the appropriate interventions of the analyst that will continue to allow the patient uncover repressed material. In examining this case we turn our attention to what we can learn from tracing the development of Freud's approach – the preliminary sessions, his handling of the transference and how he deals with the resistance of the patient in order to unlock traumatic memories in her history.

## Diagnosis

In 1892 Freud is asked to examine Elisabeth, a young lady aged twenty-four, by a medical colleague of his. For more than two years this young lady has been suffering from pains in her legs and has had difficulty walking. The referring doctor thought it was hysteria but Freud states that he believed there was no trace of the usual indications. The patient had suffered many misfortunes in her family including her father dying, her mother undergoing serious eye surgery and also her sister's untimely death due to heart problems. A lot of sick-nursing had fallen to Elisabeth.

Freud's first impressions of Elisabeth were that she was intelligent, mentally normal and bore her troubles cheerfully. She walked with the upper part of her body bent. Her physical symptoms comprised of great pain when walking and she was quickly overcome by fatigue in walking and standing – she had to rest after a short time. Her right thigh seemed to be the focus of her pains. She had no other disorder and the problems had developed over the past two years.

Freud did not find diagnosis easy but for two reasons decides that it is a case of hysteria

1. The first reason was the indefiteness of the description of her pains in a person who he considered highly intelligent. He states: "A patient suffering from organic pains will, unless he is neurotic in addition, describe them definitely and calmly...When a neurasthenic describes his pains, he gives an impression of being engaged on a difficult intellectual task,

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<sup>1</sup> The Study Group comprising of Helen Sheehan, Glen Brady, Nellie Curtin, Monica Errity, Eilish Griffin, Monika Kobylarska, Albert Llusa I Torra, Ros McCarthy Malachi McCoy and of which I am a member have been working together over the past year (2015-2016) on Charles Melman's "New Studies On Hysteria" under the guidance of Helen Sheehan who is translating the work. I presented a version of this paper to the group on 9<sup>th</sup> January 2016 as part of our continuous work. I would like to extend my thanks to the group for the opportunity to present my work and their contribution to my thoughts formulated in the paper.

<sup>2</sup> Freud, S. *Studies on Hysteria* (1893-1895) Standard Edition II, London, Hogarth Press, p.154

to which his strength is quite unequal...He rejects any description of his pains proposed by the physician... he is clearly of the opinion that language is too poor to find words for his sensations and that those sensations are something unique and previously unknown...”<sup>3</sup>. Freud concludes that Elisabeth’s attention was so drawn to her symptoms that she must be dwelling on something else – most likely thoughts and feelings.

2. The second factor that determined Freud’s diagnosis of hysteria was the following: when one stimulates an area sensitive to pain – in somebody with an organic illness or in a neurasthenic – the patient’s face takes on an expression of discomfort or physical pain. Elisabeth’s expression was one of pleasure rather than pain. This could only be reconciled with the idea that her disorder was hysterical and the stimulation touched upon a hysterogenic zone. According to Freud her expression is connected to the thoughts and feelings which lay concealed behind the pain and were aroused by the stimulation of the body parts associated with the thoughts.

In answer to the question ‘why these particular muscles?’ Freud outlines that there are already organic changes present and the neurosis attached itself to that particular area.<sup>4</sup> He concludes that the disorder is of a mixed kind and treatment proceeds accordingly and after four weeks of physical treatment he proposes another kind of therapeutic treatment and is met with “quick understanding and little resistance”. In response to her question about whether she should force herself to walk again, Freud responds emphatically ‘yes’. In relation to the ensuing analysis he states that the task which he embarked on was one of the hardest he had undertaken to date.

### **The Treatment**

Freud divides the treatment into three periods. The first question he asks Elisabeth is whether she is aware of the origin and precipitating cause of her illness. He himself believes that she is aware of the basis of her illness and he makes an interesting point in relation to the approach the clinician should take: “the interest shown in her by the physician, the understanding of her which he allows her to feel and the hopes of recovery he holds out to her – all these will decide the patient to yield up her secret.”<sup>5</sup> This is a striking statement, a simple expression of how the analyst needs to approach the patient with interest and optimism and also a world away from an approach of diagnosing and prescribing which could be seen as a way of getting rid of the patient<sup>6</sup>.

At the beginning Freud does without hypnosis with the proviso that he may use it at a later date. In relation to the treatment he makes the following statement which has some important learning in relation to technique:

“Thus it came about that in this, first full length analysis of a hysteria undertaken by me, I arrived at procedure which I later developed into a regular method and employed deliberately. This procedure was one of clearing away the pathogenic psychical material layer by layer, and we liked to compare it with the technique of excavating a buried city. I

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<sup>3</sup> Ibid. p. 136.

<sup>4</sup> Ibid., p.138

<sup>5</sup> Ibid., p. 138

<sup>6</sup> This idea of diagnosis being a way of ‘getting rid’ of the patient was discussed by Helen Sheehan in a previous study group.

would begin by getting the patient to tell me what was known to her and I would carefully note the points at which some train of thought remained obscure or some link in the causal chain seemed to be missing... And afterwards I would penetrate into deeper layers of her memories..."<sup>7</sup>

### **The First Period**

Elisabeth is the youngest of three daughters. She is attached to her parents and spent her youth in their estate in Hungary. Her mother's health has been affected by an eye condition and also by nervous states. She was drawn into intimate contact with her father who used to say that she took the place of a son and a friend. She found intellectual stimulation with her father but he would then call her cheeky and say that she would find it difficult to get a man. She was full of ambitions and plans.

The family moved to the capital where it emerges that her father has a heart condition which he had concealed or overlooked and was brought home one day unconscious. There follows a period of eighteen months of illness and Elisabeth was the main person at his sick bed until his death. This time coincides with the beginning of her illness but it is not until two years after her father's death that she fell ill and became incapable of walking due to the pains in her legs. There is a gap in the life of the family of these four women and Elisabeth now turns her attention to caring for her mother. After one year of mourning her sister gets married to a man who has positive attributes but is the first to show a lack of consideration towards their mother. Elisabeth is the only one to challenge him and she feels anger towards her sister for not taking sides. The main reproach against this brother is that he moved to a small town in Austria for a promotion, increasing the mother's isolation. The marriage of the second sister then takes place and they are fond of the man that she is marrying. Elisabeth's faith in the institution of marriage is restored by this union and the couple remain in the area. The mother's eyes worsen and she undergoes successful eye surgery. The three families then holiday together and there are hopes that Elisabeth will make a recovery while on this break as she has experienced much anxiety over the last while. However, her pains come on violently for the first time after taking a warm bath and having had a long walk lasting half a day a number of days prior. From this time on Elisabeth is the invalid of the family. In addition, a new anxiety emerges. Her second sister is pregnant and the reports of her condition are not favourable. She subsequently dies from an affection of the heart which is possibly inherited from the father's side and was aggravated by pregnancy. Her sister's death has a huge impact. She had seen the conditions for a happy marriage fulfilled but brought to an end. Everything she desires for her mother has now collapsed and the brother in law moves away from Elisabeth and the mother back to his own family. Her hopes of a unified family are crushed.

Having presented the facts of the patient's unhappy story Freud asks some nagging questions. Although the events she has lived through would incite sympathy in most of us, he asks what is of medical interest to us and what the chances of a cure are. It is, he states, a commonplace story, with nothing explaining why it was particularly from hysteria that she fell ill. Her physical feelings were a symbol of her mental ones but what were the motives for this and when had it taken place? She has now repeated her story to Freud but what good can come of this? The patient herself (possibly with

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<sup>7</sup> Ibid., p.139

an air of satisfaction) reminded Freud that she felt as bad as ever. We could call these sessions the preliminary sessions where the patient tells their story, getting a sense of what the work of analysis entails. The clinician and the patient decide whether they wish to embark on the process even if to date the work has not had any salutary effect on the patient. In this text we can sense Freud weighing up the pros and cons of continuing with the treatment and whether it is the best course of action for Elisabeth. With his questions in relation to the origin and explanation of Elisabeth's illness firmly in mind and also with a belief that a continuation of the analysis will yield some answers, Freud continues with the treatment.

He asks the patient what psychological impression it had been to which the first emergence of pains in her legs had been attached. He then hopes to employ the method of hypnosis to penetrate her deeper memories but when this is ineffective he begins to apply pressure to her head asking her to describe whatever appears before her inner eye or passes through her memory at the moment of the pressure. A new memory and indeed, a secret now emerges which opens up a new vein of ideas.

Elisabeth begins to speak of a young man who had left her home from a party one night. He was a friend of the family who was only a little older than her and on numerous occasions they had spent time together and exchanged ideas and read together. Despite the fact that he was not yet self-supporting she had resolved that she would wait for him and she hoped that they would marry. During this time she had been nursing her father but had been persuaded to go to the party. On her return her father was much worse and she reproached herself for leaving him and never left him again for a whole evening. She did not see her friend on many occasions after this and his life seemingly took another direction.

What is clear from this recollection is that there was a conflict for the patient, she was torn between the duty to nurse her father and his worsening condition and the feelings of pleasure she experienced in the company of her friend. Freud states: "The outcome of this conflict was that the erotic idea was repressed from association and the affect attaching to that idea was used to intensify or revive a physical pain which was present simultaneously or shortly before. Thus it was an instance of the mechanism of conversion for the purpose of defence..."<sup>8</sup>

### **The Second Period**

Having discovered the reason for the first conversion, Freud informs us that there is second, fruitful period of treatment opened up. The patient goes on to disclose that she knows why her pains radiated from that particular area of her thigh – her father used to rest his leg there every morning while she renewed his bandage as it was badly swollen. During the analytic sessions her painful legs began to 'join in the conversation'. If she was recalling a memory, a sensation of pain would make its appearance... so sharp that the patient would give a start and put her hand to the painful spot. Freud states: "I came in time to use such pains as a compass to guide me; if she stopped talking but admitted that she still had a pain, I knew that she had not told me everything, and insisted on her continuing her story till the pain had been talked away."<sup>9</sup> Freud describes this as a period of

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<sup>8</sup> *Ibid.*, p.146-147

<sup>9</sup> *Ibid.*, p.148

'abreaction'<sup>10</sup> and asserts that Elisabeth's condition made a striking improvement during this time. She got to the point of being without pain a lot of the time.

Freud makes some interesting observations in relation to Elisabeth's physical symptoms. The spontaneous fluctuations she experienced all occurred in association with a contemporary event. Freud gives the example of Elisabeth's dead sister's child visiting which stirs up deep feelings of grief. He asserts that what we are dealing with is a number of similar symptoms which appear to be merged into one. A walk which Elisabeth had taken at the health resort and which preceded her falling ill was of special prominence in the development of her symptoms. At this time her elder sister had already gone home and her mother was not going on the walk. Her younger sister was not feeling well but her husband went on the walk on account of Elisabeth. On returning from the walk she was very tired and suffering pain. When asked by Freud what might have brought on the pains she stated that her sister's married happiness was painful to her.

In relation to building up of the atasia/ abasia<sup>11</sup> every fresh theme which had a pathogenic effect had cathected a new region in the legs. Secondly, each of the scenes which had had a powerful effect on her had left a trace behind, bringing about lasting and constantly accumulating cathexis of the various functions of the legs, a linking of these functions with her feelings of pain. Thirdly, the patient ended a series of descriptions of episodes by saying they had made the fact of 'standing alone' painful to her. Reflections such as this also contributed to the building up of her abasia. Freud states: "the patient...had looked for a symbolic expression of her painful thoughts and...she had found it in the intensification of her sufferings...symbolization did not create the abasia. But everything goes to show that the abasia that was already present received considerable reinforcement in this way."<sup>12</sup> It was a functional paralysis but it was also based on symbolisation.

Regarding Elisabeth's response to the psychoanalytic technique, at times she would produce memories and scenes with ease and other times there was impediments of which Freud was unaware causing the work to break off. Freud noticed two things – the difficulty producing material only ever happened when she was in a cheerful mood and not when she was in a bad mood, also the times when she said she saw nothing her face betrayed this and it was evident that there were mental processes occurring. Freud deduces that she does not want to speak of the thoughts occurring to her because she thinks it irrelevant or she finds it too disagreeable to tell and names this clinical concept 'resistance. He states: "In the course of the work I began to attach a deeper significance to the resistance offered by the patient in the reproduction of her memories and to make a careful collection of the occasions on which it was particularly marked"<sup>13</sup>

### **The Third Period**

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<sup>10</sup> According to LaPlanche and Pontalis 'abreaction' is the emotional discharge whereby the subject liberates himself from the affect attached to the memory of a traumatic event in such a way that this affect is not able to become (or remain pathogenic). It may have a cathartic effect. See On Psychical Mechanism of Hysterical Phenomena. Laplanche, J & Pontalis, J.B, *The Language of Psychoanalysis* (1973) London, Hogarth Press Ltd.

<sup>11</sup> Atasia/ abasia refers to the inability to walk due to a limitation or absence of muscular coordination.

<sup>12</sup> Op cit., p. 152

<sup>13</sup> Ibid., p.154

We now enter the third period of treatment in which Freud deems the patient to be better. Despite this her pains still recurred from time to time and therefore he asserts that there is an incompleteness to the analysis and proceeds accordingly.

During the second period of treatment when Elisabeth was recalling memories and scenes in detail Freud developed a suspicion which was further strengthened during a session where the patient heard her brother-in-law outside and began to experience severe pains as she broke off the session. Freud decides to question her once more about the causes and circumstances of when the pains first emerged. Elisabeth turns her attention to her summer visit to a health resort. She talks about how she was feeling lonely at the time and how exhausted she was having looked after her mother. She was overcome by a longing for love and was very affected by her second sister's happy marriage. In relation to the walk on which her brother in law accompanied her, at first he did not want to leave his wife but was persuaded by her wife as she knew it would be a pleasant experience for Elisabeth. They spent the whole walk in each other's company talking to one another. A few days later the day after her sister and brother in law left she took a walk and thought about how she longed to be able to experience the happiness that her sister experienced. Later that day, after she took a warm bath her pains broke out.

She then related hearing the news that her sister was sick, the journey her and her mother made to see her and finally the fact that on arriving at her house, her sister had already died. A new element is now added and Freud states: "...at that very moment another thought had shot through Elisabeth's mind, and now forced itself irresistibly upon her once more, like a flash of lightning in the dark: 'Now he is free again and I can be his wife'"<sup>14</sup> Freud states that everything is now clear and asserts that the patient was in love with her sister's husband but in order to fend off these incompatible ideas she induces physical pain in herself. She had resisted talking about these traumatic scenes and this corresponded to the energy with which she had pushed them out of her associations.

Freud honestly admits that the period of treatment following the elucidation of this material was very difficult, with Elisabeth rejecting the idea and accusing Freud that he had pushed it on her.<sup>15</sup> So what does Freud do next? He gives her an opportunity to get rid of her excitation by 'abreacting' it. There are important moments recounted by the patient such as the fact that when her brother in law first arrived at the house to meet her sister he mistook Elisabeth for the girl he was to marry. On another occasion they were chatting and getting on so well that her sister remarked that they would be well suited together. During this process of abreaction the patient was able to uncover her feelings of affection which had been concealed for so long and this according to Freud 'did her much good'. They approach the end of the treatment with her pains now having completely subsided and with the cause of her illness having been discovered Freud deems the treatment a success.

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<sup>14</sup> Ibid., p156

<sup>15</sup> This difficult part of the treatment raises a clinical question regarding the ability and willingness of patients to face extremely challenging material. Facing distressing material will be resisted and the strength of the resistance is an obstacle that has to be managed delicately and slowly overcome.

In his discussion of the case Freud states: “Case histories of this kind are intended to be judged like psychiatric one; they have, however, one advantage over the latter, namely an intimate connection between the story of the patient’s sufferings and the symptoms of his illness...”<sup>16</sup> While Elisabeth was nursing her father she first developed a hysterical symptom: “She repressed her erotic idea from consciousness and transformed the amount of its affect into physical sensations of pain.”<sup>17</sup> A similar conflict regarding erotic ideas coming up against her morality occurred a number of years later in relation to her brother in law leading to an intensification of the pains. The attraction to her brother in law which was most unacceptable to her formed the central point of the illness and was also the most difficult to uncover. Her feelings were not known to her but were cut off. They occurred to her fleetingly but were present in her consciousness like a foreign body. How could they be cut off when they had so much emotional emphasis Freud asks?

1. With the formation of the second psychical group the patient developed hysterical pains – this splitting of consciousness was the mechanism... the mechanism was conversion.
2. The motive of this splitting was a resistance to bringing the associations in separate psychical groups together. Her motive was that of defence.

So what is inadmissible to her ego, has to be defended against (motive) and becomes split off, forming another psychical group (mechanism). What is it that becomes physical pain, is it something that should have been mental pain? Moments of trauma – thoughts admitted to consciousness briefly which provokes a defence hysteria.

What is not in doubt is that Elisabeth comes with a question. As Lacan states: “the structure of a neurosis is essentially a question...”<sup>18</sup> And when questioning what Dora is saying through her neurosis he asks: “What is the woman hysteric saying? Her question is this – what is it to be a woman?”<sup>19</sup> From an early age Elisabeth’s father treats her as a son and tells her she will find it difficult to get a man. She is torn and conflicted between her sexual desire for a young, male friend and her duty to care for her father. She is confused by the disharmony that arises among her sisters’ husbands and the rift that is caused in the family. However, what is most troubling but remains completely unknown to her is her strong desire for her sister’s husband. The long, windy path to uncovering her own desire must penetrate layer after layer of memory, revealing difficult material and distressing feelings and at this point the process of working through must begin again!

### **Why Read Freud’s Cases Today?**

Is it really possible for a question to provoke mental illness? Cormac Gallagher responds in the affirmative stating: “if the question concerns your very existence and your sexual identity”.<sup>20</sup> This is the position of psychoanalysis because this was the position of Freud. What is always remarkable about Freud is his ability to handle the transference, to deal with and overcome resistance, to push the analytic work forward to uncover ever more repressed content. He

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<sup>16</sup> Ibid., p.161

<sup>17</sup> Ibid., p.164

<sup>18</sup> Lacan J. *The Psychoses, Book III 1955-1956*, (1993) London, Routledge, p. 164.

<sup>19</sup> Ibid., p.175

<sup>20</sup> Gallagher, C. “Hysteris: Does it Exist?”. *The Letter. Irish Journal for Lacanian Psychoanalysis* 3 (1995, pp. 109-125), p. 117

encourages the patient to shed light on thoughts and emotions that are most displeasing to her and to ultimately unlock the root cause of her symptoms. All of this is no mean feat and requires work on both the part of the analyst and the patient and for that reason we have painstakingly followed the vicissitudes of the case. And what can we learn from his patient? Despite the very obvious resistance and difficulty she encounters, she sticks with the work and approaches it with an open mind. She is willing to try something which does not provide a given timeline and/ or a guaranteed result but does afford her a privileged space to explore her question. Eilsabeth shows us that the work is certainly not for the faint hearted but is a more than worthwhile endeavour. Is modern society willing to engage and take on this work or are we moving towards short, sharp fixes that provide more instant relief but with dubious long lasting results? A recent article in the Guardian asks whether the much lauded Cognitive Behaviour Therapy has had the long lasting effects that it claims have been evidenced in its practise. Or whether a deeper, more permanent therapy such as psychoanalysis, in fact, yields better results?<sup>21</sup> And for anyone who questions whether hysteria still exists or is an illness of a bygone era I would direct you to read a recently published book by a neurologist Suzanne O'Sullivan which confirms that hysteria in the form of conversion disorder is alive and well.<sup>22</sup> She outlines a number of what she refers to as cases of 'imaginary illness' or those without any explicable, organic origin and credits Freud and Breuer's early discoveries in this field. Is it possible that the mantra of a return to Freud that many psychoanalysts have been advocating for years now is finally being taken up by other disciplines? As the detailed Freudian case above attests to, this calling is with good reason.

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<sup>21</sup> Article entitled: "Therapy Wars: The Revenge of Freud" written by Oliver Burkeman on 7<sup>th</sup> January 2016: <https://www.theguardian.com/science/2016/jan/07/therapy-wars-revenge-of-freud-cognitive-behavioural-therapy>

<sup>22</sup> O'Sullivan, S. *It's All in Your Head* (2015) UK, Penguin.