Freud, S. (1893). Miss Lucy R, Case Histories from Studies on Hysteria. *SE 2 (1893-1895):*106-124

Miss Lucy R,
Case Histories from Studies on Hysteria

Sigmund Freud

Case 3

Miss Lucy R., age 30

AT the end of the year 1892 a colleague of my acquaintance referred a young lady to me who was being treated by him for chronically recurrent suppurative rhinitis. It subsequently turned out that the obstinate persistence of her trouble was due to caries of the ethmoid bone. Latterly she had complained of some new symptoms which the well-informed physician was no longer able to attribute to a local affection. She had entirely lost her sense of smell and was almost continuously pursued by one or two subjective olfactory sensations. She found these most distressing. She was, moreover, in low spirits and fatigued, and she complained of heaviness in the head, diminished appetite and loss of efficiency.

The young lady, who was living as a governess in the house of the managing director of a factory in Outer Vienna, came to visit me from time to time in my consulting hours. She was an Englishwoman. She had a delicate constitution, with a poor pigmentation, but was in good health apart from her nasal affection. Her first statements confirmed what the physician had told me. She was suffering from depression and fatigue and was tormented by subjective sensations of smell. As regards hysterical symptoms, she showed a fairly definite general analgesia, with no loss of tactile sensibility, and a rough examination (with the hand) revealed no restriction of the visual field. The interior of her nose was completely analgesic and without reflexes; she was sensitive to tactile pressure there, but the perceptionproper to it as a sense-organ was absent, alike for specific stimuli and for others (e.g. ammonia or acetic acid). The purulent nasal catarrh was just then in a phase of improvement.

In our first attempts at making the illness intelligible it was necessary to interpret the subjective olfactory sensations, since they were recurrent hallucinations, as chronic hysterical symptoms. Her depression might perhaps be the affect attaching to the trauma, and it should be possible to find an experience in which these smells, which had now become subjective, had been objective. This experience must have been the trauma

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which the recurring sensations of smell symbolized in memory. It might be more correct to regard the recurrent olfactory hallucinations, together with the depressionwhich accompanied them, as equivalents of a hysterical *attack*. The nature of recurrent hallucinations makes them unsuitable in point of fact for playing the part of *chronic* symptoms. But this question did not really arise in a case like this which showed only a rudimentary development. It was essential, however, that the subjective sensations of smell should have had a specialized origin of a sort which would admit of their being derived from some quite particular real object.

This expectation was promptly fulfilled. When I asked her what the smell was by which she was most constantly troubled she answered: ‘A smell of burnt pudding.’ Thus I only needed to assume that a smell of burnt pudding had actually occurred in the experience which had operated as a trauma. It is very unusual, no doubt, for olfactory sensations to be chosen as mnemic symbols of traumas, but it was not difficult to account for this choice. The patient was suffering from suppurative rhinitis and consequently her attention was especially focused on her nose and nasal sensations. What I knew of the circumstances of the patient's life was limited to the fact that the two children whom she was looking after had no mother; she had died some years earlier of an acute illness.

I therefore decided to make the smell of burnt pudding the starting-point of the analysis. I will describe the course of this analysis as it might have taken place under favourable conditions. In fact, what should have been a single session spread over several. This was because the patient could only visit me in my consulting hours, when I could only devote a short time to her. Moreover, a single discussion of this sort used to extend over more than a week, since her duties would not allow her to make the long journey from the factory to my house very often. We used therefore to break our conversation off short and take up the thread at the same place next time.

Miss Lucy R. did not fall into a state of somnambulism when I tried to hypnotize her. I therefore did without somnambulism and conducted her whole analysiswhile she was in a state which may in fact have differed very little from a normal one.

I shall have to go into this point of my technical procedure

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in greater detail. When, in 1889, I visited the Nancy clinics, I heard Dr. Liébeault, the ***doyen*** of hypnotism, say: 'If only we had the means of putting every patient into a state of somnambulism, hypnotic therapy would be the most powerful of all.' In Bernhcim's clinic it almost seemed as though such an art really existed and as though it might be possible to learn it from Bernheim. But as soon as I tried to practise this art on my own patients, I discovered that *my* powers at least were subject to severe limits, and that if somnambulism were not brought about in a patient at the first three attempts I had no means of inducing it. The percentage of cases amenable to somnambulism was very much lower in my experience than what Bernheim reported.

I was accordingly faced with the choice of either abandoning the cathartic method in most of the cases which might have been suitable for it, or of venturing on the experiment of employing that method without somnambulism and where the hypnotic influence was light or even where its existence was doubtful. It seemed to me a matter of indifference what degree of hypnosis—according to one or other of the scales that have been proposed for measuring it—was reached by this non-somnambulistic state; for, as we know, each of the various forms taken by suggestibility is in any case independent of the others, and the bringing about of catalepsy, automatic movements, and so on, does not work either for or against what I required for my purposes, namely that the awakening of forgotten memories should be made easier. Moreover, I soon dropped the practice of making tests to show the degree of hypnosis reached, since in quite a number of cases this roused the patients' resistance and shook their confidence in me, which I needed for carrying out the more important psychical work. Furthermore, I soon began to tire of issuing assurances and commands such as: 'You are going to sleep! … sleep!' and of hearing the patient, as so often happened when the degree of hypnosis was light, remonstrate with me: 'But, doctor, I'm ***not*** asleep', and of then having to make highly ticklish distinctions: 'I don't mean ordinary sleep; I mean hypnosis. As you see, you are hypnotized, you can't open your eyes', etc., 'and in any case, there's no need for you to go to sleep', and so on. I feel sure that many other physicians who practise psychotherapy can get out of such difficulties with more skill than I can. If so,

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they may adopt some procedure other than mine. It seems to me, however, that if one can reckon with such frequency on finding oneself in an embarrassing situation through the use of a particular word, one will be wise to avoid both the word and the embarrassment. When, therefore, my first attempt did not lead either to somnambulism or to a degree of hypnosis involving marked physical changes, I ostensibly dropped hypnosis, and only asked for 'concentration'; and I ordered the patient to lie down and deliberately shut his eyes as a means of achieving this 'concentration'. It is possible that in this way I obtained with only a slight effort the deepest degree of hypnosis that could be reached in the particular case.

But in doing without somnambulism I might be depriving myself of a precondition without which the cathartic method seemed unusable. For that method clearly rested on the patients in their changed state of consciousness having access to memories and being able to recognize connections which appeared not to be present in their normal state of consciousness. If the somnambulistic extension of memory were absent there could also be no possibility of establishing any determining causes which the patient could present to the physician as something unknown to him (the patient); and, of course, it is precisely the pathogenic memories which, as we have already said in our 'Preliminary Communication' [p. 9] are 'absent from the patients' memory, when they are in a normal psychical State, or are only present in a highly summary form'.

I was saved from this new embarrassment by remembering that I had myself seen Bernheim producing evidence that the memories of events during somnambulism are only *apparently* forgotten in the waking state and can be revived by a mild word of command and a pressure with the hand intended to indicate a different state of consciousness. He had, for instance, given a woman in a state of somnambulism a negative hallucination to the effect that he was no longer present, and had then endeavoured to draw her attention to himself in a great variety of ways, including some of a decidedly aggressive kind. He did not succeed. After she had been woken up he asked her to tell him what he had done to her while she thought he was not there. She replied in surprise that she knew nothing of it. But he did not accept this. He insisted that she could remember everything and laid his hand on her forehead to

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help her to recall it. And lo and behold! she ended by describing everything that she had ostensibly not perceived during her somnambulism and ostensibly not remembered in her waking state.

This astonishing and instructive experiment served as my model. I decided to start from the assumption that my patients knew everything that was of any pathogenic significance and that it was only a question of obliging them to communicate it. Thus when I reached a point at which, after asking a patient some question such as: 'How long have you had this symptom?' or: 'What was its origin?', I was met with the answer: 'I really don't know', I proceeded as follows. I placed my hand on the patient's forehead or took her head between my hands and said: 'You will think of it under the pressure of my hand. At the moment at which I relax my pressure you will see something in front of you or something will come into your head. Catch hold of it. It will be what we are looking for.—Well, what have you seen or what has occurred to you?'

On the first occasions on which I made use of this procedure (it was not with Miss Lucy R.[1]) I myself was surprised to find

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1 [Freud's first use of the 'pressure technique' seems to have been with Fräulein Elisabeth von R. (see below, p. 145), though his statement there is not completely unambiguous. Further accounts of this procedure, in addition to those in the text above and in the passage just referred to, will be found on pp. 153 f and 270 ff. There is a slight apparent inconsistency in these accounts. In the present one, the patient is told that she will see something or have some idea 'at the moment at which I relax my pressure'; on p. 145, she is told that this will occur 'at the moment of the pressure' and on p. 270 that it will occur 'all the time the pressure lasts'. It is not known exactly when Freud abandoned this pressure technique. He had certainly done so before 1904, since in his contribution of that date to Loewenfeld's book on obsessions he explicitly remarks that he avoids touching his patients in any way (**1904a**, *Standard Ed.*, **7**, 250). But it seems likely that he had already given up the practice before 1900, for he makes no mention of it in the short account of his procedure given near the beginning of Chapter II of *The Interpretation of Dreams* **(1900a)**, *Standard Ed.*, **4**, 101. Incidentally, in this latter passage Freud still recommends that the patient should keep his eyes shut during analysis. This last remnant (apart from lying down) of the original hypnotic procedure was also explicitly disrecommended in the sentence already quoted from his contribution to Loewenfeld **(1904a)**.—We have fairly exact information upon the period of Freud's use of hypnotism proper. In a letter to Fliess of December 28, 1887 (**Freud, 1950a**, Letter 2>) he wrote: 'During the last few weeks I have taken

up hypnosis.' And in a lecture given before the Vienna 'Medizinisches Doktorencollegium' on December 12, 1904 (Freud, **1905a**, *Standard Ed.*, **7**, **260**) he declared: 'I have not used hypnosis for therapeutic purposes for some eight years (except for a few special experiments).' His use of hypnotism therefore fell approximately between the years 1887 and 1896.]

that it yielded me the precise results that I needed. And I can safely say that it has scarcely ever left me in the lurch since then. It has always pointed the way which the analysis should take and has enabled me to carry through every such analysis to an end without the use of somnambulism. Eventually I grew so confident that, if patients answered, 'I see nothing' or 'nothing has occurred to me', I could dismiss this as an impossibility and could assure them that they had certainly become aware of what was wanted but had refused to believe that that was so and had rejected it. I told them I was ready to repeat the procedure as often as they liked and they would see the same thing every time. I turned out to be invariably right. The patients had not yet learned to relax their critical faculty. They had rejected the memorythat had come up or the idea that had occurred to them, on the ground that it was unserviceable and an irrelevant interruption; and after they had told it to me it always proved to be what was wanted. Occasionally, when, after three or four pressures, I had at last extracted the information, the patient would reply: 'As a matter of fact I knew that the first time, but it was just what I didn't want to say', or: 'I hoped that would not be it.'

This business of enlarging what was supposed to be a restricted consciousness was laborious—far more so, at least, than an investigation during somnambulism. But it nevertheless made me independent of somnambulism, and gave me insight into the motives which often determine the 'forgetting' of memories. I can affirm that this forgetting is often intentional and desired; and its success is never more than *apparent*.

I found it even more surprising perhaps that it was possible by the same procedure to bring back numbers and dates which, on the face of it, had long since been forgotten, and so to reveal how unexpectedly accurate memory can be.

The fact that in looking for numbers and dates our choice is so limited enables us to call to our help a proposition familiar

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[In connection with the 'pressure technique', see also the second paper on the neuro-psychoses of defence **(1896b)**, Section III, *Standard E.*, 3, 177-8.]

to us from the theory of aphasia, namely that recognizing something is a lighter task for memory than thinking of it spontaneously.[1] Thus, if a patient is unable to remember the year or month or day when a particular event occurred, we can repeat- to him the dates of the possibly relevant years, the names of the twelve months and the thirty-one numbers of the days of the month, assuring him that when we come to the right number or the right name his eyes will open of their own accord or that he will feel which is the right one. In the great majority of cases the patient will in fact decide on a particular date. Quite often (as in the case of Frau Cäcilie M.) it is possible to prove from documents belonging to the period in question that the date has been recognized correctly; while in other cases and on other occasions the indisputable accuracy of the date thus chosen can be inferred from the context of the facts remembered. For instance, after a patient had had her attention drawn to the date which had been arrived at by this 'counting over' method, she said: 'Why, that's my father's birthday!' and added: 'Of course! It was because it was his birthday that I was expecting the event we were talking about.'

Here I can only touch upon the theme in passing. The conclusion I drew from all these observations was that experiences which have played an important pathogenic part, and all their subsidiary concomitants, are accurately retained in the patient's memory even when they seem to be forgotten—when he is unable to call them to mind.[2]

After this long but unavoidable digression I will return to

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1 [Freud had written his book on aphasia **(1891b)** not long before.]

2 As an example of the technique which I have described above of carrying out investigations in non-somnambulistic states—that is, where there is no extension of consciousness—I will describe an instance which I happen to have analysed in the course of the last few days. I was treating a woman of thirty-eight, suffering from anxiety neurosis (agoraphobia, attacks of fear of death, etc.). Like so many such patients, she had a disinclination to admitting that she had acquired these troubles in her married life and would have liked to push them back into her early youth. Thus she told me that she was seventeen when she had had a first attack of dizziness, with anxiety and feelings of faintness, in the street in her small native town, and that these attacks had recurred from time to time, till a few years ago they had given place to her present disorder. I suspected that these first attacks of dizziness, in which the anxiety faded more and more into the background, were hysterical and I made up my mind to embark on an analysis of them. To begin with she only knew that this first attack came over her while she was out shopping in the principal street. 'What were you going to buy?'—'Different things, I believe; they were for a ball I had been invited to.'—'When was this ball to take place?'—'Two days later, I think.'—'Something must have happened to agitate you a few days before, something that made an impression on you.'—'I can't think of anything. After all, it was twenty-one years ago.'—'That makes no difference; you will remember all the same. I shall press on your head, and when I relax the pressure, you will think of something or see something, and you must tell me what that is.' I went through this procedure; but she remained silent. 'Well, has nothing occurred to you?'—'I have thought of something, but it can't have any connection with this.'— 'Tell it to me anyway.'—'I thought of a friend of mine, a girl, who is dead. But she died when I was eighteen—a year later, that is.'—'We shall see. Let's stick to this point. What about this friend of yours?'— 'Her death was a great shock to me, as I used to see a lot of her. A few weeks earlier another girl had died, and that had made a great stir in the town. So after all, I must have been seventeen at the time.'—'There, you see, I told you we could rely on the things that come into your head under the pressure of my hand. Now, can you remember what you were thinking about when you felt dizzy in the street?'—'I wasn't thinking of anything; I only felt dizzy.'—'That's not possible. States like that never happen without being accompanied by some idea. I shall press once more and the thought you had will come back to you.… Well, what has occurred to you?'—'The idea that I am the third.'—'What does that mean?'—'When I got the attack of dizziness I must have thought: "Now I am dying, like the other two girls."'—'That was the idea, then. As you were having the attack you thought of your friend. So her death must have made a great impression on you.'—'Yes, it did. I can remember now that when I heard of her death I felt it was dreadful to be going to a ball, while she was dead. But I was looking forward so much to the ball and was so busy with preparations for it; I didn't want to think of what had happened at all.' (We may observe here a deliberate repression from consciousness, which rendered the patient's memory of her friend pathogenic.)

The attack was now to some extent explained. But I still required to know of some precipitating factor which had provoked the memory at that particular time. I formed what happened to be a lucky conjecture. 'Do you remember the exact street you were walking along just then?'— 'Certainly. It was the principal street, with its old houses. I can see them now.'—'And where was it that your friend lived?'—'In a house in the same street. I had just passed it, and I had the attack a couple of houses further on.'—'So when you went by the house it reminded you of your dead friend, and you were once more overcome by the contrast which you did not want to think of.'

I was still not satisfied. There might, I thought, be something else at work as well that had aroused or reinforced the hysterical disposition of a girl who had till then been normal. My suspicions turned to her monthly periods as an appropriate factor, and I asked: 'Do you know at what time in the month your period came on?' The question was not a welcome one. 'Do you expect me to know that, too? I can only tell you that I had them very seldom then and very irregularly. When I was seventeen I only had one once.'—'Very well, then, we will find out when this once was by counting over.' I did the counting over, and she decided definitely on one particular month and hesitated between two days immediately preceding the date of a fixed holiday. 'Does that fit in somehow with the date of the ball?' She answered sheepishly: 'The ball was on the holiday. And now I remember, too, what an impression it made on me that my only period that year should have had to come on just before the ball. It was my first ball.'

There is no difficulty now in reconstructing the interconnection between the events, and we can now see into the mechanism of this hysterical attack. It is true that the achievement of this result had been a laborious business. It required complete confidence in my technique on my side, and the occurrence to the patient of a few key ideas, before it was possible to re-awaken, after an interval of twenty-one years, these details of a forgotten experience in a sceptical person who was, in fact, in a waking state. But once all this had been gone through, the whole thing fitted together.

the case of Miss Lucy R. As I have said, then, my attempts at hypnosis with her did not produce somnambulism. She simply lay quietly in a slate open to some mild degree of influence, with her eyes closed all the time, her features somewhat rigid,

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and without moving hand or foot. I asked her if she could remember the occasion on which she first had the smell of burnt pudding. ‘Oh yes, I know exactly. It was about two months ago, two days before my birthday. I was with the children in the schoolroom and was playing at cooking with them’ (they were two little girls). ‘A letter was brought in that had just been left by the postman. I saw from the postmark and the handwriting that it was from my mother in Glasgow and wanted to open it and read it; but the children rushed at me, tore the letter out of my hands and cried: “No, you shan't read it now! It must be for your birthday; we'll keep it for you!”While the children were having this game with me there was suddenly a strong smell. They had forgotten the pudding they were cooking and it was getting burnt. Ever since this I have been pursued by the smell. It is there all the time and becomes stronger when I am agitated.’

‘Do you see this scene clearly before your eyes?’—‘As large as life, just as I experienced it.’—‘What could there be about it that was so agitating?’—‘I was moved because the children

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were so affectionate to me.’—‘Weren't they always?’—‘Yes— but just when I got the letter from my mother.’—‘I don't understand why there is a contrast between the children's affection and your mother's letter, for that's what you seem to be suggesting.’—‘I was intending to go back to my mother's, and the thought of leaving the dear children made me feel so sad.’—‘What's wrong with your mother? Has she been feeling lonely and sent for you? Or was she ill at the time, and were you expecting news of her?’—‘No; she isn't very strong, but she's not exactly ill, and she has a companion with her.’—‘Then why must you leave the children?’—‘I couldn't bear it any longer in the house. The housekeeper, the cook and the French governess seem to have thought that I was putting myself above my station. They joined in a little intrigue against me and said all sorts of things against me to the children's grandfather, and I didn't get as much support as I had expected from the two gentlemen when I complained to them. So I gave notice to the Director’ (the children's father). ‘He answered in a very friendly way that I had better think the matter over for a couple of weeks before I finally gave him my decision. I was in this state of uncertainty at the time, and thought I should be leaving the house; but I have stayed on.’—‘Was there something particular, apart from their fondness for you, which attached you to the children?’—‘Yes. Their mother was a distant relationof my mother's, and I had promised her on her death-bed that I would devote myself with all my power to the children, that I would not leave them and that I would take their mother's place with them. In giving notice I had broken this promise.’

This seemed to complete the analysis of the patient's subjective sensation of smell. It had turned out in fact to have been an objective sensation originally, and one which was intimately associated with an experience—a little scene—in which opposing affects had been in conflict with each other: her regret at leaving the children and the slights which were nevertheless urging her to make up her mind to do so. Her mother's letter had not unnaturally reminded her of her reasons for this decision, since it was her intention to join her mother on leaving here. The conflict between her affects had elevated the moment of the letter's arrival into a trauma, and the sensation of smell that was associated with this trauma persisted as its

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symbol. It was still necessary to explain why, out of all the sense-perceptions afforded by the scene, she had chosen this smell as a symbol. I was already prepared, however, to use the chronic affection of her nose as a help in explaining the point. In response to a direct question she told me that just at that time she had once more been suffering from such a heavy cold in the nose that she could hardly smell anything. Nevertheless, while she was in her state of agitation she perceived the smell of the burnt pudding, which broke through the organically-determined loss of her sense of smell.

But I was not satisfied with the explanation thus arrived at. It all sounded highly plausible, but there was something that I missed, some adequate reason why these agitations and this conflict of affects should have led to hysteria rather than anything else. Why had not the whole thing remained on the level of normal psychical life? In other words, what was the justification for the conversion which occurred? Why did she not always call to mind the scene itself, instead of the associated sensation which she singled out as a symbol of the recollection? Such questions might be over-curious and superfluous if we were dealing with a hysteric of long standing in whom the mechanism of conversion was habitual. But it was not until this trauma, or at any rate this small tale of trouble, that the girl had acquired hysteria.

Now I already knew from the analysis of similar cases that before hysteria can be acquired for the first time one essential condition must be fulfilled: an idea must be *intentionally repressed from consciousness*[1] and excluded from associative modification. In my view this intentional repression is also the basis for the conversion, whether total or partial, of the sum of excitation. The sum of excitation, being cut off from psychical association, finds its way all the more easily along the wrong path to a somatic innervation. The basis for repression itself can only be a feeling of unpleasure, the incompatibility between the single idea that is to be repressed and the dominant mass of ideas constituting the ego. The repressed idea takes its revenge, however, by becoming pathogenic.

I accordingly inferred from Miss Lucy R.'s having succumbed to hysterical conversion at the moment in question that among the determinants of the trauma there must have

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1 [See footnote p. **10**.]

been one which she had sought intentionally to leave in obscurity and had made efforts to forget. If her fondness for the children and her sensitiveness on the subjectof the other members of the household were taken together, only one conclusion could be reached. I was bold enough to inform my patient of this interpretation. I said to her: ‘I cannot think that these are all the reasons for your feelings about the children. I believe that really you are in love with your employer, the Director, though perhaps without being aware of it yourself, and that you have a secret hope of taking their mother's place in actual fact. And then we must remember the sensitiveness you now feel towards the servants, after having lived with them peacefully for years. You're afraid of their having some inkling of your hopes and making fun of you.’

She answered in her usual laconic fashion: ‘Yes, I think that's true.’—‘But if you knew you loved your employer why didn't you tell me?’—‘I didn't know—or rather I didn't want to know. I wanted to drive it out of my head and not think of it again; and I believe latterly I have succeeded.’[1] ‘Why was it that you were unwilling to admit this inclination? Were you ashamed of loving a man?’—‘Oh no, I'm not unreasonably prudish. We're not responsible for our feelings, anyhow. It was distressing to me only because he is my employer and I am in his service and live in his house. I don't feel the same complete independence towards him that I could towards anyone else. And then I am only a poor girl and he is such a rich man of good family. People would laugh at me if they had any idea of it.’

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1 I have never managed to give a better description than this of the strange state of mind in which one knows and does not know a thing at the same time. It is clearly impossible to understand it unless one has been in such a state oneself. I myself have had a very remarkable experience of this sort, which is still clearly before me. If I try to recollect what went on in my mind at the time I can get hold of very little. What happened was that I saw something which did not fit in at all with my expectation; yet I did not allow what I saw to disturb my fixed plan in the least, though the perception should have put a stop to it. I was unconscious of any contradiction in this; nor was I aware of my feelings of repulsion, which must nevertheless undoubtedly have been responsible for the perception producing no psychical effect. I was afflicted by that blindness of the seeing eye which is so astonishing in the attitude of mothers to their daughters, husbands to their wives and rulers to their favourites.

She now showed no resistance to throwing light on the origin of this inclination. She told me that for the first few years she had lived happily in the house, carrying out her duties and free from any unfulfillable wishes. One day, however, her employer, a serious, overworked man whose behaviour towards her had always been reserved, began a discussion with her on the lines along which children should be brought up. He unbent more and was more cordial than usual and told her how much he depended on her for looking after his orphaned children; and as he said this he looked at her meaningly.... Her love for him had begun at that moment, and she even allowed herself to dwell on the gratifying hopes which she had based on this talk. But when there was no further development, and when she had waited in vain for a second hour's intimate exchange of views, she decided to banish the whole business from her mind. She entirely agreed with me that the look she had caught during their conversation had probably sprung from his thoughts about his wife, and she recognized quite clearly that there was no prospect of her feelings for him meeting with any return.

I expected that this discussion would bring about a fundamental change in her condition. But for the time being this did not occur. She continued to be in low spirits and depressed. She felt somewhat refreshed in the mornings by a course of hydropathic treatment which I prescribed for her at the same time. The smell of burnt pudding did not disappear completely, though it became less frequent and weaker. It only came on, she said, when she was very much agitated. The persistence of this mnemic symbol led me to suspect that, in addition to the main scene, it had taken over the representation of the many minor traumas subsidiary to that scene. We therefore looked about for anything else that might have to do with the scene of the burnt pudding; we went into the subject of the domestic friction, the grandfather's behaviour, and so on, and as we did so the burnt smell faded more and more. During this time, too, the treatment was interrupted for a considerable while, owing to a fresh attack of her nasal disorder, and this now led to the discovery of the caries of the ethmoid [p. **106**].

On her return she reported that at Christmas she had received a great many presents from the two gentlemen of the house and even from the servants, as though they were all

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anxious to make it up with her and to wipe out her memory of the conflicts of the last few months. But these signs of goodwill had not made any impression on her.

When I enquired once more about the smell of burnt pudding, she informed me that it had quite disappeared but that she was being bothered by another, similar smell, resembling cigar-smoke. It had been there earlier as well, she thought, but had, as it were, been covered by the smell of the pudding. Now it had emerged by itself.

I was not very well satisfied with the results of the treatment. What had happened was precisely what is always brought up against purely symptomatic treatment: I had removed one symptom only for its place to be taken by another. Nevertheless, I did not hesitate to set about the task of getting rid of this new mnemic symbol by analysis.

But this time she did not know where the subjective olfactory sensation came from—on what important occasion it had been an objective one.‘People smoke every day in our house’ she said, ‘and I really don't know whether the smell I notice refers to some special occasion.’ I then insisted that she should try to remember under the pressure of my hand. I have already mentioned [p. **114**] that her memories had the quality of plastic vividness, that she was a ‘visual’ type. And in fact, at my insistence, a picture gradually emerged before her, hesitatingly and piecemeal to begin with. It was the dining-room in her house, where she was waiting with the children for the two gentlemen to return to luncheon from the factory. ‘Now we are all sitting round the table, the gentlemen, the French governess, the housekeeper, the children and myself. But that's like what happens every day.’—‘Go on looking at the picture; it will develop and become more specialized.’—‘Yes, there is a guest. It's the chief accountant. He's an old man and he is as fond of the children as though they were his own grandchildren. But he comes to lunch so often that there's nothing special in that either.’—‘Be patient and just keep looking at the picture; something's sure to happen.’—‘Nothing's happening. We're getting up from the table; the children say their good-byes, and they go upstairs with us as usual to the second floor.’—‘And then?’—‘It *is* a special occasion, after all. I recognize the scene now. As the children say good-bye, the accountant tries to kiss them. My employer flares up and actually shouts at him:

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“Don't kiss the children!” I feel a stab at my heart; and as the gentlemen are already smoking, the cigar-smoke sticks in my memory.’

This, then, was a second and deeper-lying scene which, like the first, operated as a trauma and left a mnemic symbol behind it. But to what did this scene owe its effectiveness? ‘Which of the two scenes was the earlier,’ I asked, ‘this one or the one with the burnt pudding?’—‘The scene I have just told you about was the earlier, by almost two months.’—‘Then why did you feel this stab when the children's father stopped the old man? His reprimand wasn't aimed at you.’—‘It wasn't right of him to shout at an old man who was a valued friend of his and, what's more, a guest. He could have said it quietly.’ —‘o it was only the violent way he put it that hurt you? Did you feel embarrassed on his account? Or perhaps you thought: “If he can be so violent about such a small thing with an old friend and guest, how much more so might he be with me if I were his wife”.’—‘No, that's not it.’—‘But it had to do with his violence, hadn't it?’—‘Yes, about the children being kissed. He has never liked that.’

And now, under the pressure of my hand, the memory of a third and still earlier scene emerged, which was the really operative trauma and which had given the scene with the chief accountant its traumatic effectiveness. It had happened a few months earlier still that a lady who was an acquaintance of her employer's came to visit them, and on her departure kissed the two children on the mouth. Their father, who was present, managed to restrain himself from saying anything to the lady, but after she had gone, his fury burst upon the head of the unlucky governess. He said he held her responsible if anyone kissed the children on the mouth, that it was her duty not to permit it and that she was guilty of a dereliction of duty if she allowed it; if it ever happened again he would entrust his children's upbringing to other hands. This had happened at a time when she still thought he loved her, and was expecting a repetition of their first friendly talk. The scene had crushed her hopes. She had said to herself: ‘If he can fly out at me like this and make such threats over such a trivial matter, and one for which, moreover, I am not in the least responsible, I must have made a mistake. He can never have had any warm feelings for me, or they would have taught him to treat me with more

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consideration.’—It was obviously the recollection of this distressing scene which had come to her when the chief accountant had tried to kiss the children and had been reprimanded by their father.

After this last analysis, when, two days later, Miss Lucy visited me once more, I could not help asking her what had happened to make her so happy. She was as though transfigured. She was smiling and carried her head high. I thought for a moment that after all I had been wrong about the situation, and that the children's governess had become the Director's fiancée. But she dispelled my notion. 'Nothing has happened. It's just that you don't know me. You have only seen me ill and depressed. I'm always cheerful as a rule. When I woke yesterday morning the weight was no longer on my mind, and since then I have felt well.'—'And what do you think of your prospects in the house?'—'I am quite clear on the subject. I know I have none, and I shan't make myself unhappy over it.'—-'And will you get on all right with the servants now?'—'I think my own oversensitiveness was responsible for most of that.'—'And are you still in love with your employer?'—'Yes, I certainly am, but that makes no difference. After all, I can have thoughts and feelings to myself.'

I then examined her nose and found that its sensitivity to pain and reflex excitability had been almost completely restored. She was also able to distinguish between smells, though with uncertainty and only if they were strong. I must leave it an open question, however, how far her nasal disorder may have played a part in the impairment of her sense of smell.

This treatment lasted in all for nine weeks. Four months later I met the patient by chance in one of our summer resorts. She was in good spirits and assured me that her recovery had been maintained.

Discussion

I am not inclined to under-estimate the importance of the case that I have here described, even though the patient was suffering only from a slight and mild hysteria and though only a few symptoms were involved. On the contrary it seems to me an instructive fact that even an illness such as this, so unproductive when regarded as a neurosis, called for so many

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psychical determinants. Indeed, when I consider this case history more closely, I am tempted to regard it as a model instance of one particular type of hysteria, namely the form of this illness which can be acquired even by a person of sound heredity, as a result of appropriate experiences. It should be understood that I do not mean by this a hysteria which is independent of *any* pre-existing disposition. It is probable that no such hysteria exists. But we do not recognize a disposition of this sort in a subject until he has actually become a hysteric; for previously there was no evidence of its existence. A neuropathic disposition, as generally understood, is something different. It is already marked out before the onset of the illness by the amount of the subject's hereditary taint or the sum of his individual psychical abnormalities. So far as my information goes, there was no trace in Miss Lucy R. of either of these factors. Her hysteria can therefore be described as an acquired one, and it presupposed nothing more than the possession of what is probably a very widespread proclivity—the proclivity to acquire hysteria. We have as yet scarcely a notion of what the features of this proclivity may be. In cases of this kind, however, the main emphasis falls upon the nature of the trauma, though taken in conjunction, of course, with the subject's reaction to it. It turns out to be a *sine qua non* for the acquisition of hysteria that an incompatibility should develop between the ego and some idea presented to it. I hope to be able to show elsewhere[1] how different neurotic disturbances arise from the different methods adopted by the 'ego' in order to escape from this incompatibility. The hysterical method of defence—for which, as we have seen, the possession of a particular proclivity is necessary—lies in the conversion of the excitation into a somatic innervation; and the advantage of this is that the incompatible idea is forced out of the ego's consciousness. In exchange, that consciousness now contains the physical reminiscence which has arisen through conversion (in our case, the patient's subjective sensations of smell) and suffers from the affect which is more or less clearly attached to precisely

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1 [Freud sketched out the distinction between the mechanisms used in hysteria, obsessions and paranoia in a communication to Fliess of January 1, 1896 (**Freud, 1950a**, Draft K); in the following May he published these findings in his second paper on 'The Neuro-Psychoses of Defence' **(1896b)**.]

that reminiscence. The situation which has thus been brought about is now not susceptible to further change; for the incompatibility which would have called for a removal of the affect no longer exists, thanks to the repression and conversion. Thus the mechanism which produces hysteria represents on the one hand an act of moral cowardice and on the other a defensive measure which is at the disposal of the ego. Often enough we have to admit that fending off increasing excitations by the generation of hysteria is, in the circumstances, the most expedient thing to do; more frequently, of course, we shall conclude that a greater amount of moral courage would have been of advantage to the person concerned.

The actual traumatic moment, then, is the one at which the incompatibility forces itself upon the ego and at which the latter decides on the repudiation of the incompatible idea. That idea is not annihilated by a repudiation of this kind, but merely repressed into the unconscious.**1** When this process occurs for the first time there comes into being a nucleus and centre of crystallization for the formation of a psychical group divorced from the ego—a group around which everything which would imply an acceptance of the incompatible idea subsequently collects. The splitting of consciousness in these cases of acquired hysteria is accordingly a deliberate and intentional one. At least it is often *introduced* by an act of volition; for the actual outcome is something different from what the subject intended. What he wanted was to do away with an idea, as though it had never appeared, but all he succeeds in doing is to isolate it psychically.

In the history of our present patient the traumatic moment was the moment of her employer's outburst against her about his children being kissed by the lady. For a time, however, that scene had no manifest effect. (It may be that her oversensitive-ness and low spirits began from it, but I cannot say.) Her hysterical symptoms did not start until later, at moments which may be described as 'auxiliary'.**2** The characteristic feature of such an auxiliary moment is, I believe, that the two divided psychical groups temporarily converge in it, as they do in the extended consciousness which occurs in somnambulism. In

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1 [See footnote, p. 45 above.]

2 [Freud had already discussed such 'auxiliary' traumatic moments in Section I of his first paper on 'The Neuro-Psychoses of Defence' **(1894a)**.]

Miss Lucy R.'s case the first of the auxiliary moments, at which conversion look place, was the scene at table when the chief accountant tried to kiss the children. Here the traumatic memory was playing a part: she did not behave as though she had got rid of everything connected with her devotion to her employer. (In the history of other cases these different moments coincide; conversion occurs as an immediate effect of the trauma.)

The second auxiliary moment repeated the mechanism of the first one fairly exactly. A powerful impression temporarily reunited the patient's consciousness, and conversion once more took the path which had been opened out on the first occasion. It is interesting to notice that the second symptom to develop masked the first, so that the first was not clearly perceived until the second had been cleared out of the way. It also seems to me worth while remarking upon the reversed course which had to be followed by the analysis as well. I have had the same experience in a whole number of cases; the symptoms that had arisen later masked the earlier ones, and the key to the whole situation lay only in the last symptom to be reached by the analysis.

The therapeutic process in this case consisted in compelling the psychical group that had been split off to unite once more with the ego-consciousness. Strangely enough, success did not run *pari*

passu with the amount of work done. It was only when the last piece of work had been completed that recovery suddenly took place.

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