THE STANDARD EDITION
OF THE COMPLETE PSYCHOLOGICAL WORKS OF
SIGMUND FREUD

Translated from the German under the General Editorship of
JAMES STRACHEY

In Collaboration with
ANNA FREUD

Assisted by
ALIX STRACHEY and ALAN TYSON

VOLUME VII
(1901–1905)

A Case of Hysteria
Three Essays on Sexuality
and
Other Works

LONDON
THE HOGARTH PRESS
AND THE INSTITUTE OF PSYCHO-ANALYSIS
A CASE OF HYSERIA

remarks as I have thought it permissible to add I have incorporated in these additional notes: so that the reader will be justified in assuming that I still hold to the opinions expressed in the text unless he finds them contradicted in the footnotes. The problem of medical discretion which I have discussed in this preface does not touch the remaining case histories contained in this volume [see below]; for three of them were published with the express assent of the patients (or rather, as regards little Hans, with that of his father), while in the fourth case (that of Schreber) the subject of the analysis was not actually a person but a book produced by him. In Dora's case the secret was kept until this year. I had long been out of touch with her, but a short while ago I heard that she had recently fallen ill again from other causes, and had confided to her physician that she had been analysed by me when she was a girl. This disclosure made it easy for my well-informed colleague to recognize her as the Dora of 1899. [This, again, should be '1900'.] No fair judge of analytic therapy will make it a reproach that the three months' treatment she received at that time effected no more than the relief of her current conflict and was unable to give her protection against subsequent illnesses.—[This footnote first appeared in the eighth volume of Freud's Gesammelte Schriften (1924), and, in English, in the third volume of his Collected Papers (1925). Each of these volumes contained his five longer case histories—that is, besides the present one, the cases (referred to in this footnote) of Little Hans (1909b), the 'Rat Man' (1909d), Schreber (1911c) and the 'Wolf Man' (1918b).]

I

THE CLINICAL PICTURE

In my Interpretation of Dreams, published in 1900, I showed that dreams in general can be interpreted, and that after the work of interpretation has been completed they can be replaced by perfectly correctly constructed thoughts which can be assigned a recognizable position in the chain of mental events. I wish to give an example in the following pages of the only practical application of which the art of interpreting dreams seems to admit. I have already mentioned in my book 1 how it was that I came upon the problem of dreams. The problem crossed my path as I was endeavouring to cure psychoneuroses by means of a particular psychotherapeutic method. For, among their other mental experiences, my patients told me their dreams, and these dreams seemed to call for insertion in the long thread of connections which spun itself out between a symptom of the disease and a pathogenic idea. At that time I learnt how to translate the language of dreams into the forms of expression of our own thought-language, which can be understood without further help. And I may add that this knowledge is essential for the psycho-analyst; for the dream is one of the roads along which consciousness can be reached by the psychical material which, on account of the opposition aroused by its content, has been cut off from consciousness and repressed, and has thus become pathogenic. The dream, in short, is one of the détours by which repression can be evaded; it is one of the principal means employed by what is known as the indirect method of representation in the mind. The following fragment from the history of the treatment of a hysterical girl is intended to show the way in which the interpretation of dreams plays a part in the work of analysis. It will at the same time give me a first opportunity of publishing at sufficient length to prevent further misunderstanding some of my views upon the psychical processes of hysteria and upon its organic determinants. I need no longer apologize on the score of length, since it is now agreed that the exacting demands which hysteria makes upon physician and investigator

1 The Interpretation of Dreams, Chapter II [Standard Ed., 4, 100 ff.].
can be met only by the most sympathetic spirit of inquiry and not by an attitude of superiority and contempt. For,

Nicht Kunst und Wissenschaft allein,
Geduld will bei dem Werke sein! ¹

If I were to begin by giving a full and consistent case history, it would place the reader in a very different situation from that of the medical observer. The reports of the patient’s relatives—in the present case I was given one by the eighteen-year-old girl’s father—usually afford a very indistinct picture of the course of the illness. I begin the treatment, indeed, by asking the patient to give me the whole story of his life and illness, but even so the information I receive is never enough to let me see my way about the case. This first account may be compared to an un navigable river whose stream is at one moment choked by masses of rock and at another divided and lost among shallows and sandbanks. I cannot help wondering how it is that the authorities can produce such smooth and precise histories in cases of hysteria. As a matter of fact the patients are incapable of giving such reports about themselves. They can, indeed, give the physician plenty of coherent information about this or that period of their lives; but it is sure to be followed by another period as to which their communications run dry, leaving gaps unfilled, and riddles unanswered; and then again will come yet another period which will remain totally obscure and unilluminated by even a single piece of serviceable information. The connections—even the ostensible ones—are for the most part incoherent, and the sequence of different events is uncertain. Even during the course of their story patients will repeatedly correct a particular or a date, and then perhaps, after wavering for some time, return to their first version. The patients’ inability to give an ordered history of their life in so far as it coincides with the history of their illness is not merely characteristic of the neurosis.² It also possesses great theoretical significance. For this inability has the following grounds. In the first place, patients consciously and intentionally keep back part of what they ought to tell—things that are perfectly well known to them—because they have not got over their feelings of timidity and shame (or discretion, where they say concerns other people); this is the share taken by conscious disingenuousness. In the second place, part of the anamnestic knowledge, which the patients have at their disposal at other times, disappears while they are actually telling their story, but without their making any deliberate reservations: the share taken by unconscious disingenuousness. In the third place, there are invariably true amnesias—gaps in the memory into which not only old recollections but even quite recent ones have fallen—and paramnesias, formed secondarily so as to fill in those gaps.³ When the events themselves have been kept in mind, the purpose underlying the amnesias can be fulfilled just as surely by destroying a connection, and a connection is most surely broken by altering the chronological order of events. The latter always proves to be the most vulnerable element in the store of memory and the one which is most easily subject to repression. Again, we meet with many recollections that are in what might be described as the first stage of repression, and these we find surrounded with doubts. At a later period the doubts would be replaced by a loss or a falsification of memory.⁴

That this state of affairs should exist in regard to the

for hysteria (pains and defective gait). The short account which he gave me seemed quite consistent with the diagnosis. In my first hour with the patient I got her to tell me her history herself. When the story came out perfectly clearly and connectedly in spite of the remarkable events it dealt with, I told myself that the case could not be one of hysteria, and immediately instituted a careful physical examination. This led to the diagnosis of a not very advanced stage of tubercles, which was later on treated with Hg injections (Ol. cinereum) by Professor Lang with markedly beneficial results.

1 Amnesias and paramnesias stand in a complementary relation to each other. When there are large gaps in the memory there will be few mistakes in it. And conversely, paramnesias can at a first glance completely conceal the presence of amnesias.

2 Another physician once sent his sister to me for psychotherapeutic treatment, telling me that she had for years been treated without success

³ If a patient exhibits doubts in the course of his narrative, an empirical rule teaches us to disregard such expressions of his judgement entirely. If the narrative wavers between two versions, we should incline to regard the first one as correct and the second as a product of repression. [Cf. a discussion of doubt in connection with dreams in The
memories relating to the history of the illness is a necessary correlate of the symptoms and one which is theoretically requisite. In the further course of the treatment the patient supplies the facts which, though he had known them all along, had been kept back by him or had not occurred to his mind. The paramnesias prove untenable, and the gaps in his memory are filled in. It is only towards the end of the treatment that we have before us an intelligible, consistent, and unbroken case history. Whereas the practical aim of the treatment is to remove all possible symptoms and to replace them by conscious thoughts, we may regard it as a second and theoretical aim to repair all the damages to the patient's memory. These two aims are coincident. When one is reached, so is the other; and the same path leads to them both.

It follows from the nature of the facts which form the material of psycho-analysis that we are obliged to pay as much attention in our case histories to the purely human and social circumstances of our patients as to the somatic data and the symptoms of the disorder. Above all, our interest will be directed towards their family circumstances—and not only, as will be seen later, for the purpose of enquiring into their heredity.

The family circle of the eighteen-year-old girl who is the subject of this paper included, besides herself, her two parents and a brother who was one and a half years her senior. Her father was the dominating figure in this circle, owing to his intelligence and his character as much as to the circumstances of his life. It was those circumstances which provided the framework for the history of the patient's childhood and illness. At the time at which I began the girl's treatment her father was in his late forties, a man of rather unusual activity and talents, a large manufacturer in very comfortable circumstances. His daughter was most tenderly attached to him, and for that reason her critical powers, which developed early, took all the more offence at many of his actions and peculiarities.

Her affection for him was still further increased by the many severe illnesses which he had been through since her sixth year. At that time he had fallen ill with tuberculosis and the family had consequently moved to a small town in a good climate, situated in one of our southern provinces. There his lung trouble rapidly improved; but, on account of the precautions which were still considered necessary, both parents and children continued for the next ten years or so to reside chiefly in this spot, which I shall call B——. When her father's health was good, he used at times to be away, on visits to his factories. During the hottest part of the summer the family used to move to a health-resort in the hills.

When the girl was about ten years old, her father had to go through a course of treatment in a darkened room on account of a detached retina. As a result of this misfortune his vision was permanently impaired. His gravest illness occurred some two years later. It took the form of a confusional attack, followed by symptoms of paralysis and slight mental disturbances. A friend of his (who plays a part in the story with which we shall be concerned later on [see p. 29, n. 3]) persuaded him, while his condition had scarcely improved, to travel to Vienna with his physician and come to me for advice. I hesitated for some time as to whether I ought not to regard the case as one of taboparalysis, but I finally decided upon a diagnosis of a diffuse vascular affection; and since the patient admitted having had a specific infection before his marriage, I prescribed an energetic course of anti-lytic treatment, as a result of which all the remaining disturbances passed off. It is no doubt owing to this fortunate intervention of mine that four years later he brought his daughter, who had meanwhile grown unmistakably neurotic, and introduced her to me, and that after another two years he handed her over to me for psychotherapeutic treatment.

I had in the meantime also made the acquaintance in Vienna of a sister of his, who was a little older than himself. She gave clear evidence of a severe form of psychoneurosis without any characteristically hysterical symptoms. After a life which had been weighed down by an unhappy marriage, she died of a marasmus which made rapid advances and the symptoms of which were, as a matter of fact, never fully cleared up. An elder brother of the girl’s father, whom I once happened to meet, was a hypochondriacal bachelor.

The sympathies of the girl herself, who, as I have said,
became my patient at the age of eighteen, had always been with the father’s side of the family, and ever since she had fallen ill she had taken as her model the aunt who has just been mentioned. There could be no doubt, too, that it was from her father’s family that she had derived not only her natural gifts and her intellectual precocity but also the predisposition to her illness. I never made her mother’s acquaintance. From the accounts given me by the girl and her father I was led to imagine her as an uncultivated woman and above all as a foolish one, who had concentrated all her interests upon domestic affairs, especially since her husband’s illness and the estrangement to which it led. She presented the picture, in fact, of what might be called the ‘housewife’s psychosis’. She had no understanding of her children’s more active interests, and was occupied all day long in cleaning the house with its furniture and utensils and in keeping them clean—to such an extent as to make it almost impossible to use or enjoy them. This condition, traces of which are to be found often enough in normal housewives, inevitably reminds one of forms of obsessional washing and other kinds of obsessional cleanliness. But such women (and this applied to the patient’s mother) are entirely without insight into their illness, so that one essential characteristic of an ‘obsessional neurosis’ is lacking. The relations between the girl and her mother had been unfriendly for years. The daughter looked down on her mother and used to criticize her mercilessly, and she had withdrawn completely from her influence.¹

¹ I do not, it is true, adopt the position that heredity is the only aetiologic factor in hysteria. But, on the other hand—and I say this with particular reference to some of my earlier publications, e.g. ‘Heredity and the Aetiology of the Neuroses’ (1896a), in which I combated that view—I do not wish to give an impression of underestimating the importance of heredity in the aetiology of hysteria or of asserting that it can be dispensed with. In the case of the present patient the information I have given about her father and his brother and sister indicates a sufficiently heavy taint; and, indeed, if the view is taken that pathological conditions such as her mother’s must also imply a hereditary predisposition, the patient’s heredity may be regarded as a convergent one. To my mind, however, there is another factor which is of more significance in the girl’s hereditary or, properly speaking, constitutional predisposition. I have mentioned that her father had contracted syphilis before his marriage. Now a strikingly high percentage of the patients whom I have treated psycho-analytically come of fathers who have suffered from tabes or general paralysis. In consequence of the novelty of my therapeutic method, I see only the saggrest cases, which have already been under treatment for years without any success. In accordance with the Erb-Fournier theory, tabes or general paralysis in the male parent may be regarded as evidence of an earlier hemiplegic infection; and indeed I was able to obtain direct confirmation of such an infection in a number of cases. In the most recent discussion on the offspring of syphilitic parents (Thirteenth International Medical Congress, held in Paris, August 2nd to 9th, 1900: papers by Finger, Tarnowsky, Jullien, etc.,) I find no mention of the conclusion to which I have been driven by my experience as a neuro-pathologist—namely, that syphilis in the male parent is a very relevant factor in the aetiology of the neuropathic constitution of children.

¹ [The determinants of Freud’s choice of this pseudonym were discussed by him in Chapter XII, Example A (1), of his Psycho-pathology of Everyday Life (1901b).]

² The probable precipitating cause of this first illness will be discussed later on (p. 80).
meaning [see p. 82 n.]-her brother was as a rule the first to start the illness and used to have it very slightly, and she would then follow suit with a severe form of it. When she was about twelve she began to suffer from unilateral headaches in the nature of a migraine, and from attacks of nervous coughing. At first these two symptoms always appeared together, but they became separated later on and ran different courses. The migraine grew rarer, and by the time she was sixteen she had quite got over it. But attacks of \textit{tussis nervosa}, which had no doubt been started by a common catarrh, continued to occur over the whole period. When, at the age of eighteen, she came to me for treatment, she was again coughing in a characteristic manner. The number of these attacks could not be determined; but they lasted from three to five weeks, and on one occasion for several months. The most troublesome symptom during the first half of an attack of this kind, at all events in the last few years, used to be a complete loss of voice. The diagnosis that this was once more a nervous complaint had been established long since; but the various methods of treatment which are usual, including hydrotherapy and the local application of electricity, had produced no result. It was in such circumstances as these that the child had developed into a mature young woman of very independent judgement, who had grown accustomed to laugh at the efforts of doctors, and in the end to renounce their help entirely. Moreover, she had always been against calling in medical advice, though she had no personal objection to her family doctor. Every proposal to consult a new physician aroused her resistance, and it was only her father's authority which induced her to come to me at all.

I first saw her when she was sixteen, in the early summer. She was suffering from a cough and from hoarseness, and even at that time I proposed giving her psychological treatment. My proposal was not adopted, since the attack in question, like the others, passed off spontaneously, though it had lasted unusually long. During the next winter she came and stayed in Vienna with her uncle and his daughters after the death of the aunt of whom she had been so fond. There she fell ill of a feverish disorder which was diagnosed at the time as appendicitis.\footnote{1} In the following autumn, since her father's health seemed to justify the step, the family left the health-resort of B— for

\footnote{1} On this point see the analysis of the second dream [p. 101].

...
symptoms: dyspnœa, tussis nervosa, aphonía, and possibly migraines, together with depression, hysterical unsociability, and a taudium vitæ which was probably not entirely genuine. More interesting cases of hysteria have no doubt been published, and they have very often been more carefully described; for nothing will be found in the following pages on the subject of stigmata of cutaneous sensibility, limitation of the visual field, or similar matters. I may venture to remark, however, that all such collections of the strange and wonderful phenomena of hysteria have but slightly advanced our knowledge of a disease which still remains as great a puzzle as ever. What is wanted is precisely an elucidation of the commonest cases and of their most frequent and typical symptoms. I should have been very well satisfied if the circumstances had allowed me to give a complete elucidation of this case of petite hystérie. And my experiences with other patients leave me in no doubt that my analytic method would have enabled me to do so.

In 1896, shortly after the appearance of my Studies on Hystēria (written in conjunction with Dr. J. Breuer, 1895), I asked an eminent fellow-specialist for his opinion on the psychological theory of hysteria put forward in that work. He bluntly replied that he considered it an unjustifiable generalization of conclusions which might hold good for a few cases. Since then I have seen an abundance of cases of hysteria, and I have been occupied with each case for a number of days, weeks, or years. In not a single one of them have I failed to discover the psychological determinants which were postulated in the Studies, namely, a psychical trauma, a conflict of affects, and—an additional factor which I brought forward in later publications—a disturbance in the sphere of sexuality. It is of course not to be expected that the patient will come to meet the physician half-way with material which has become pathogenic for the very reason of its efforts to lie concealed; nor must the enquirer rest content with the first 'No' that crosses his path.¹

In Dora’s case, thanks to her father’s shrewdness which I have remarked upon more than once already, there was no need for me to look about for the points of contact between the circumstances of the patient’s life and her illness, at all events in its most recent form. Her father told me that he and his family while they were at B—— had formed an intimate friendship with a married couple who had been settled there for several years. Frau K. had nursed him during his long illness, and in that way, he said, earned a title to his undying gratitude. Herr K. had always been most kind to Dora. He had gone walks with her when he was there, and had made her small presents; but no one had thought any harm of that. Dora had taken the greatest care of the K.’s two little children, and been almost a mother to them. When Dora and her father had come to see me two years before in the summer, they had been just on their way to stop with Herr and Frau K., who were spending the summer on one of our lakes in the Alps. Dora was to have spent several weeks at the K.’s, while her father had intended to return home after a few days. During that time Herr K. had been staying there as well. As her father was preparing for his departure the girl had suddenly declared with the greatest determination that she was going with him, and she had in fact put her decision into effect. It was not until some days later that she had thrown any light upon her strange behaviour. She had then told her mother—intending that what she said should be passed on to her father—that Herr K. had had the audacity to make her a proposal while they were on a walk after a trip upon the lake. Herr K. had been called to account by her father and uncle on the next occasion of their hysterical vomiting. He made up his mind to ask her the painful question whether by any chance she had ever had a love-affair with a man. ‘No!’ answered the child, no doubt with well-affected astonishment; and then repeated to her mother in her irreverent way: ‘Only fancy! the old stupid asked me if I was in love!’ She afterwards came to me for treatment, and proved—though not during our very first conversation, to be sure—to have been a masturbator for many years, with a considerable leucorrhœal discharge (which had a close bearing on her vomiting). She had finally broken herself of the habit, but was tormented in her abstinence by the most acute sense of guilt, so that she looked upon every misfortune that befell her family as a divine punishment for her transgression. Besides this, she was under the influence of the romance of an unmarried aunt, whose pregnancy (a second determinant for her vomiting) was supposed to have been happily hidden from her. The girl was looked upon as a ‘mere child,’ but she turned out to be initiated into all the essentials of sexual relations.
meeting, but he had denied in the most emphatic terms having on his side made any advances which could have been open to such a construction. He had then proceeded to throw suspicion upon the girl, saying that he had heard from Frau K. that she took no interest in anything but sexual matters, and that she used to read Mantegazza’s *Physiology of Love* and books of that sort in their house on the lake. It was most likely, he had added, that she had been over-excited by such reading and had merely ‘fancied’ the whole scene she had described.

‘I have no doubt’, continued her father, ‘that this incident is responsible for Dora’s depression and irritability and suicidal ideas. She keeps pressing me to break off relations with Herr K. and more particularly with Frau K., whom she used positively to worship formerly. But that I cannot do. For, to begin with, I myself believe that Dora’s tale of the man’s immoral suggestions is a phantasy that has forced its way into her mind; and besides, I am bound to Frau K. by ties of honourable friendship and I do not wish to cause her pain. The poor woman is most unhappy with her husband, of whom, by the by, I have no very high opinion. She herself has suffered a great deal with her nerves, and I am her only support. With my state of health I need scarcely assure you that there is nothing wrong in our relations. We are just two poor wretches who give one another what comfort we can by an exchange of friendly sympathy. You know already that I get nothing out of my own wife. But Dora, who inherits my obstinacy, cannot be moved from her hatred of the K.’s. She had her last attack after a conversation in which she had again pressed me to break with them. Please try and bring her to reason.’

Her father’s words did not always quite tally with this pronouncement; for on other occasions he tried to put the chief blame for Dora’s impossible behaviour on her mother—whose peculiarities made the house unbearable for everyone. But I had resolved from the first to suspend my judgement of the true state of affairs till I had heard the other side as well.

The experience with Herr K.—his making love to her and the insult to her honour which was involved—seems to provide in Dora’s case the psychical trauma which Breuer and I declared long ago to be the indispensable prerequisite for the production of a hysterical disorder. But this new case also presents all the difficulties which have since led me to go beyond that theory, besides an additional difficulty of a special kind. For, as so often happens in histories of cases of hysteria, the trauma that we know of as having occurred in the patient’s past life is insufficient to explain or to determine the particular character of the symptoms; we should understand just as much or just as little of the whole business if the result of the trauma had been symptoms quite other than *tussis nervosa*, aphonia, depression, and *tadzium vitae*. But there is the further consideration that some of these symptoms (the cough and the loss of voice) had been produced by the patient years before the time of the trauma, and that their earliest appearances belong to her childhood, since they occurred in her eighth year. If, therefore, the trauma theory is not to be abandoned, we must go back to her childhood and look about there for any influences or impressions which might have had an effect analogous to that of a trauma. Moreover, it deserves to be remarked that in the investigation even of cases in which the first symptoms had not already set in in childhood I have been driven to trace back the patients’ life history to their earliest years.

When the first difficulties of the treatment had been overcome, Dora told me of an earlier episode with Herr K., which was even better calculated to act as a sexual trauma. She was

[1] I have gone beyond that theory, but I have not abandoned it; that is to say, I do not to-day consider the theory incorrect, but incomplete. All that I have abandoned is the emphasis laid upon the so-called ‘hypnoid state’, which was supposed to be occasioned in the patient by the trauma, and to be the foundation for all the psychologically abnormal events which followed. If, where a piece of joint work is in question, it is legitimate to make a subsequent division of property, I should like to take this opportunity of stating that the hypothesis of ‘hypnoid states’—which many reviewers were inclined to regard as the central portion of our work—sprang entirely from the initiative of Breuer. I regard the use of such a term as superfluous and misleading, because it interrupts the continuity of the problem as to the nature of the psychological process accompanying the formation of hysterical symptoms.—[“Hypnoid states” were referred to in the ‘Preliminary Communication’, but they were discussed at greater length by Breuer in his contribution to the *Studies on Hysteria* (1895), Chapter III, Section IV. Freud enters into his theoretical disagreements with Breuer in more detailed in the first section of his ‘History of the Psycho-Analytic Movement’ (1914d).]

fourteen years old at the time. Herr K. had made an arrange-
ment with her and his wife that they should meet him one 
afternoon at his place of business in the principal square of B—— so as to have a view of a church festival. He persuaded 
his wife, however, to stay at home, and sent away his clerks, 
so that he was alone when the girl arrived. When the time for 
the procession approached, he asked the girl to wait for him 
at the door which opened on to the staircase leading to the 
upper story, while he pulled down the outside shutters. He then 
came back, and, instead of going out by the open door, 
suddenly clasped the girl to him and pressed a kiss upon her 
lips. This was surely just the situation to call up a distinct feeling of 
sexual excitement in a girl of fourteen who had never before 
been approached. But Dora had at that moment a violent feel-
ing of disgust, tore herself free from the man, and hurried past 
him to the staircase and from there to the street door. She 
nevertheless continued to meet Herr K. Neither of them ever 
mentioned the little scene; and according to her account Dora 
kept it a secret till her confession during the treatment. For 
some time afterwards, however, she avoided being alone with 
Herr K. The K.'s had just made plans for an expedition which 
was to last for some days and on which Dora was to have 
accompanied them. After the scene of the kiss she refused to 
join the party, without giving any reason.1

In this scene—second in order of mention, but first in order 
of time—the behaviour of this child of fourteen was already 
entirely and completely hysterical. I should without question 
consider a person hysterical in whom an occasion for sexual 
excitement elicited feelings that were preponderantly or ex-
clusively unpleasurable; and I should do so whether or no the 
person were capable of producing somatic symptoms. The 
elucidation of the mechanism of this reversal of affect is one of the 
most important and at the same time one of the most difficult 
problems in the psychology of the neuroses. In my own judg-
ment I am still some way from having achieved this end; and

1 [In all the editions before 1924 the following footnote appeared at 
this point: 'A contributory reason for this refusal will be found on p. (24).' (This would correspond to pages 30–1 in the present edition.) 
As no such reference could be traced either there or elsewhere, the 
footnote was omitted, on Freud's instructions, in the English translation 
of 1925, and in all the later German editions.]
reconstruction of the scene. I believe that during the man’s passionate embrace she felt not merely his kiss upon her lips but also the pressure of his erect member against her body. This perception was revolting to her; it was dismissed from her memory, repressed, and replaced by the innocent sensation of pressure upon her thorax, which in turn derived an excessive intensity from its repressed source. Once more, therefore, we find a displacement from the lower part of the body to the upper.\(^1\) On the other hand, the compulsive piece of behaviour which I have mentioned was formed as though it were derived from the undistorted recollection of the scene: she did not like walking past any man she thought was in a state of sexual excitement, because she wanted to avoid seeing for a second time the somatic sign which accompanies it.

It is worth remarking that we have here three symptoms—the disgust, the sensation of pressure on the upper part of the body, and the avoidance of men engaged in affectionate conversation—all of them derived from a single experience, and that it is only by taking into account the interrelation of these three phenomena that we can understand the way in which the formation of the symptoms came about. The disgust is the symptom of repression in the erogenous oral zone,\(^2\) which, as we shall hear [p. 51], had been over-indulged in Dora’s infancy by the habit of sensual sucking. The pressure of the erect member probably led to an analogous change in the corresponding female organ, the clitoris; and the excitation of this second erogenous zone was referred by a process of displacement to the simultaneous pressure against the thorax and became fixed there. Her avoidance of men who might possibly be in a state of sexual excitement follows the mechanism of a

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1 The occurrence of displacements of this kind has not been assumed for the purpose of this single explanation; the assumption has proved indispensable for the explanation of a large class of symptoms. [Cf. below, p. 52, n. 2] Since treating Dora I have come across another instance of an embrace (this time without a kiss) causing a fright. It was a case of a young woman who had previously been devotedly fond of the man she was engaged to, but had suddenly begun to feel a coldness towards him, accompanied by severe depression, and on that account came to me for treatment. There was no difficulty in tracing the fright back to an erection on the man’s part, which she had perceived but had dismissed from her consciousness.

2 [See below, p. 52.]

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phobia, its purpose being to safeguard her against any revival of the repressed perception.

In order to show that such a supplement to the story was possible, I questioned the patient very cautiously as to whether she knew anything of the physical signs of excitement in a man’s body. Her answer, as touching the present, was ‘Yes’, but, as touching the time of the episode, ‘I think not’. From the very beginning I took the greatest pains with this patient not to introduce her to any fresh facts in the region of sexual knowledge; and I did this, not from any conscientious motives, but because I was anxious to subject my assumptions to a rigorous test in this case. Accordingly, I did not call a thing by its name until her allusions to it had become so unambiguous that there seemed very slight risk in translating them into direct speech. Her answer was always prompt and frank: she knew about it already. But the question of where her knowledge came from was a riddle which her memories were unable to solve. She had forgotten the source of all her information on this subject.\(^1\)

If I may suppose that the scene of the kiss took place in this way, I can arrive at the following derivation for the feelings of disgust.\(^3\) Such feelings seem originally to be a reaction to the smell (and afterwards also to the sight) of excrement. But the genitals can act as a reminder of the excretory functions; and this applies especially to the male member, for that organ performs the function of micturition as well as the sexual function. Indeed, the function of micturition is the earlier known of the two, and the only one known during the pre-sexual period. Thus it happens that disgust becomes one of the means of affective expression in the sphere of sexual life. The Early Christian Father’s ‘inter urinas et faeces nascimur’ clings to sexual life and cannot be detached from it in spite of every effort at idealization. I should like, however, expressly to emphasize my opinion that the problem is not solved by the mere pointing out of this path of association. The fact that this association can be

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1 See the second dream [p. 99.—Cf. also pp. 36 n., 62 and 120 n.]

2 Here, as in all similar cases, the reader must be prepared to be met not by one but by several causes—by oedipusdetermination. [Freud had mentioned this characteristic of hysterical symptoms in Section III of his chapter on the psychotherapy of hysteria in Breuer and Freud’s Studies on Hysteria, 1895. It was also discussed by Breuer (with an acknowledgement to Freud) in Section III of his theoretical contribution to the same work.]
called up does not show that it actually will be called up. And
indeed in normal circumstances it will not be. A knowledge of
the paths does not render less necessary a knowledge of the
forces which travel along them.¹

I did not find it easy, however, to direct the patient's atten-
tion to her relations with Herr K. She declared that she had
done with him. The uppermost layer of all her associations
during the sessions, and everything of which she was easily
conscious and of which she remembered having been conscious
the day before, was always connected with her father. It was
quite true that she could not forgive her father for continuing
his relations with Herr K. and more particularly with Frau K.
But she viewed those relations in a very different light from that
in which her father wished them to appear. In her mind there
was no doubt that what bound her father to this young and
beautiful woman was a common love-affair. Nothing that could
help to confirm this view had escaped her perception, which in
this connection was pitilessly sharp; here there were no gaps to be
found in her memory. Their acquaintance with the K's had begun
before her father's serious illness; but it had not become intimate
until the young woman had officially taken on the position
of nurse during that illness, while Dora's mother had kept away
from the sick-room. During the first summer holidays after his
recovery things had happened which must have opened every
one's eyes to the true character of this 'friendship'. The two
families had taken a suite of rooms in common at the hotel.
One day Frau K. had announced that she could not keep the
bedroom which she had had up till then shared with one of her
children. A few days later Dora's father had given up his bed-

¹ All these discussions contain much that is typical and valid for
hysteria in general. The subject of erection solves some of the most
interesting hysterical symptoms. The attention that women pay to the
outlines of men's genitals as seen through their clothing becomes, when
it has been repressed, a source of the very frequent cases of avoiding
company and of dreading society.—It is scarcely possible to exaggerate
the pathogenic significance of the comprehensive tie uniting the sexual
and the excremental, a tie which is at the basis of a very large number of
hysterical phobias. [This topic recurs very frequently in Freud's
writings. It appears, for instance, as early as 1897 in Draft K in the
Fliess correspondence (Freud, 1950a), and as late as 1930 in the long
footnote at the end of Chapter IV of Civilization and its Discontents
(1930a).]

room, and they had both moved into new rooms—the end
rooms, which were only separated by the passage, while the
rooms they had given up had not offered any such security
against interruption. Later on, whenever she had reproached
her father about Frau K., he had been in the habit of saying
that he could not understand her hostility and that, on the
contrary, his children had every reason for being grateful to
Frau K. Her mother, whom she had asked for an explanation
of this mysterious remark, had told her that her father had been
so unhappy at that time that he had made up his mind to go into
the wood and kill himself, and that Frau K., suspecting as
much, had gone after him and had persuaded him by her
entreaties to preserve his life for the sake of his family. Of course,
Dora went on, she herself did not believe this story; no doubt
the two of them had been seen together in the wood, and her
father had thereupon invented this fairy tale of his suicide so as
to account for their rendezvous.¹

When they had returned to B—-, her father had visited
Frau K. every day at definite hours, while her husband was at
his business. Everybody had talked about it and had questioned
her about it pointedly. Herr K. himself had often complained
bitterly to her mother, though he had spared her herself any
allusions to the subject—which she seemed to attribute to
delicacy of feeling on his part. When they had all gone for walks
together, her father and Frau K. had always known how to
manage things so as to be alone with each other. There could
be no doubt that she had taken money from him, for she spent
more than she could possibly have afforded out of her own
purse or her husband's. Dora added that her father had begun
to make handsome presents to Frau K., and in order to make
these less conspicuous had at the same time become especially
liberal towards her mother and herself. And, while previously
Frau K. had been an invalid and had even been obliged to
spend months in a sanatorium for nervous disorders because she
had been unable to walk, she had now become a healthy and
lively woman.

Even after they had left B—- for the manufacturing town,
these relations, already of many years' standing, had been

¹ This is the point of connection with her own pretence at suicide
[p. 23], which may thus be regarded as the expression of a longing for a
love of the same kind.
continued. From time to time her father used to declare that he could not endure the rawness of the climate, and that he must do something for himself; he would begin to cough and complain, until suddenly he would start off to B——, and from there write the most cheerful letters home. All these illnesses had only been pretexts for seeing his friend again. Then one day it had been decided that they were to move to Vienna and Dora began to suspect a hidden connection. And sure enough, they had scarcely been three weeks in Vienna when she heard that the K.'s had moved there as well. They were in Vienna, so she told me, at that very moment, and she frequently met her father with Frau K. in the street. She also met Herr K. very often, and he always used to turn round and look after her; and once when he had met her out by herself he had followed her for a long way, so as to make sure where she was going and whether she might not have a rendezvous.

On one occasion during the course of the treatment her father again felt worse, and went off to B—— for several weeks; and the sharp-sighted Dora had soon unearthed the fact that Frau K. had started off to the same place on a visit to her relatives there. It was at this time that Dora's criticisms of her father were the most frequent: he was insincere, he had a strain of falseness in his character, he only thought of his own enjoyment, and he had a gift for seeing things in the light which suited him best.

I could not in general dispute Dora's characterization of her father; and there was one particular respect in which it was easy to see that her reproaches were justified. When she was feeling embittered she used to be overcome by the idea that she had been handed over to Herr K. as the price of his tolerating the relations between her father and his wife; and her rage at her father's making such a use of her was visible behind her affection for him. At other times she was quite well aware that she had been guilty of exaggeration in talking like this. The two men had of course never made a formal agreement in which she was treated as an object for barter; her father in particular would have been horrified at any such suggestion. But he was one of those men who know how to evade a dilemma by falsifying their judgement upon one of the conflicting alternatives. If it had been pointed out to him that there might be danger for a growing girl in the constant and unsupervised companionship of a man who had no satisfaction from his own wife, he would have been certain to answer that he could rely upon his daughter, that a man like K. could never be dangerous to her, and that his friend was himself incapable of such intentions, or that Dora was still a child and was treated as a child by K. But as a matter of fact things were in a position in which each of the two men avoided drawing any conclusions from the other's behaviour which would have been awkward for his own plans. It was possible for Herr K. to send Dora flowers every day for a whole year while he was in the neighbourhood, to take every opportunity of giving her valuable presents, and to spend all his spare time in her company, without her parents noticing anything in his behaviour that was characteristic of love-making.

When a patient brings forward a sound and incontestable train of argument during psycho-analytic treatment, the physician is liable to feel a moment's embarrassment, and the patient may take advantage of it by asking: 'This is all perfectly correct and true, isn't it? What do you want to change in now that I've told it you?' But it soon becomes evident that the patient is using thoughts of this kind, which the analysis cannot attack, for the purpose of cloaking others which are anxious to escape from criticism and from consciousness. A string of reproaches against other people leads one to suspect the existence of a string of self-reproaches with the same content. All that need be done is to turn back each particular reproach on to the speaker himself. There is something undeniably automatic about this method of defending oneself against a self-reproach by making the same reproach against some one else. A model of it is to be found in the tu quoque arguments of children; if one of them is accused of being a liar, he will reply without an instant's hesitation: 'You're another.' A grown-up person who wanted to throw back abuse would look for some really exposed spot in his antagonist and would not lay the chief stress upon the same content being repeated. In paranoia the projection of a reproach on to another person without any alteration in its content and therefore without any consideration for reality becomes manifest as the process of forming delusions.

Dora's reproaches against her father had a 'lining' or
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'backing' of self-reproaches of this kind with a corresponding content in every case, as I shall show in detail. She was right in thinking that her father did not wish to look too closely into Herr K.'s behaviour to his daughter, for fear of being disturbed in his own love-affair with Frau K. But Dora herself had done precisely the same thing. She had made herself an accomplice in the affair, and had dismissed from her mind every sign which tended to show its true character. It was not until after her adventure by the lake p. [25] that her eyes were opened and that she began to apply such a severe standard to her father. During all the previous years she had given every possible assistance to her father's relations with Frau K. She would never go to see her if she thought her father was there; but, knowing that in that case the children would have been sent out, she would turn her steps in a direction where she would be sure to meet them, and would go for a walk with them. There had been some one in the house who had been anxious at an early stage to open her eyes to the nature of her father's relations with Frau K., and to induce her to take sides against her. This was her last governess, an unmarried woman, no longer young, who was well-read and of advanced views. The teacher and her pupil were for a while upon excellent terms, until suddenly Dora became hostile to her and insisted on her dismissal. So long as the governess had any influence she used it for stirring up feeling against Frau K. She explained to Dora's mother that it was incompatible with her dignity to tolerate such an intimacy between her husband and another woman; and she drew Dora's attention to all the obvious features of their relations. But her efforts were vain. Dora remained devoted to Frau K. and would hear of nothing that might make her think ill of her relations with her father. On the other hand she very easily fathomed the motives by which her governess was actuated. She might be blind in one direction, but she was sharp-sighted enough in the other. She saw that the governess was in love with her father. When he was there, she seemed to be quite

1 This governness used to read very sort of book on sexual life and similar subjects, and talked to the girl about them, at the same time asking her quite frankly not to mention their conversations to her parents, as one could never tell what line they might take about them. For some time I looked upon this woman as the source of all Dora's secret knowledge, and perhaps I was not entirely wrong in this. [See, however, the footnote on p. 120.]

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another person: at such times she could be amusing and obliging. While the family were living in the manufacturing town and Frau K. was not on the horizon, her hostility was directed against Dora's mother, who was then her more immediate rival. Up to this point Dora bore her no ill-will. She did not become angry until she observed that she herself was a subject of complete indifference to the governess, whose pretended affection for her was really meant for her father. While her father was away from the manufacturing town the governess had no time to spare for her, would not go for walks with her, and took no interest in her studies. No sooner had her father returned from B— than she was once more ready with every sort of service and assistance. Thereupon Dora dropped her.

The poor woman had thrown a most unwelcome light on a part of Dora's own behaviour. What the governess had from time to time been to Dora, Dora had been to Herr K.'s children. She had been a mother to them, she had taught them, she had gone for walks with them, she had offered them a complete substitute for the slight interest which their own mother showed in them. Herr K. and his wife had often talked of getting a divorce; but it never took place, because Herr K., who was an affectionate father, would not give up either of the two children. A common interest in the children had from the first been a bond between Herr K. and Dora. Her preoccupation with his children was evidently a cloak for something else that Dora was anxious to hide from herself and from other people.

The same inference was to be drawn both from her behaviour towards the children, regarded in the light of the governess's behaviour towards herself, and from her silent acquiescence in her father's relations with Frau K.—namely, that she had all these years been in love with Herr K. When I informed her of this conclusion she did not assent to it. It is true that she at once told me that other people besides (one of her cousins, for instance—a girl who had stopped with them for some time at B——) had said to her: 'Why you're simply wild about that man!' But she herself could not be got to recollect any feelings of the kind. Later on, when the quantity of material that had come up had made it difficult for her to persist in her denial, she admitted that she might have been in love with Herr K. at B——, but declared that since the scene by the lake it had all
be ill so as to be able to escape the conjugal duties which she so much detested. At this point in the discussion Dora suddenly brought in an allusion to her own alternations between good and bad health during the first years of her girlhood at B——; and I was thus driven to suspect that her states of health were to be regarded as depending upon something else, in the same way as Frau K.'s. (It is a rule of psycho-analytic technique that an internal connection which is still undisclosed will announce its presence by means of a contiguity—a temporal proximity—of associations; just as in writing, if 'a' and 'b' are put side by side, it means that the syllable 'ab' is to be formed out of them.)

Dora had had a very large number of attacks of coughing accompanied by loss of voice. Could it be that the presence or absence of the man she loved had had an influence upon the appearance and disappearance of the symptoms of her illness? If this were so, it must be possible to discover some coincidence or other which would betray the fact. I asked her what the average length of these attacks had been. 'From three to six weeks, perhaps.' How long had Herr K.'s absences lasted? 'Three to six weeks, too,' she was obliged to admit. Her illness was therefore a demonstration of her love for K., just as his wife's was a demonstration of her disliké. It was only necessary to suppose that her behaviour had been the opposite of Frau K.'s and that she had been ill when he was absent and well when he had come back. And this really seemed to have been so, at least during the first period of the attacks. Later on it no doubt became necessary to obscure the coincidence between her attacks of illness and the absence of the man she secretly loved, lest its regularity should betray her secret. The length of the attacks would then remain as a trace of their original significance.

I remembered that long before, while I was working at Charcot's clinic [1885–6], I had seen and heard how in cases of hysterical mutism writing operated vicariously in the place of speech. Such patients were able to write more fluently, quicker, and better than others did or than they themselves had done previously. The same thing had happened with Dora. In the first days of her attacks of aphonia 'writing had always come specially easy to her'. No psychological elucidation was really required for this peculiarity, which was the expression of a physiological substitutive function enforced by necessity; it was
noticeable, however, that such an elucidation was easily to be found. Herr K. used to write to her at length while he was travelling and to send her picture post-cards. It used to happen that she alone was informed as to the date of his return, and that his arrival took his wife by surprise. Moreover, that a person will correspond with an absent friend whom he cannot talk to is scarcely less obvious than that if he has lost his voice he will try to make himself understood in writing. Dora’s aphonia, then, allowed of the following symbolic interpretation. When the man she loved was away she gave up speaking; speech had lost its value since she could not speak to him. On the other hand, writing gained in importance, as being the only means of communication with him in his absence.

Am I now going on to assert that in every instance in which there are periodic attacks of aphonia we are to diagnose the existence of a loved person who is at times away from the patient? Nothing could be further from my intention. The determination of Dora’s symptoms is far too specific for it to be possible to expect a frequent recurrence of the same accidental aetiology. But, if so, what is the value of our elucidation of the aphonia in the present case? Have we not merely allowed ourselves to become the victims of a jeu d’esprit? I think not. In this connection we must recall the question which has so often been raised, whether the symptoms of hysteria are of psychical or of somatic origin, or whether, if the former is granted, they are necessarily all of them psychically determined. Like so many other questions to which we find investigators returning again and again without success, this question is not adequately framed. The alternatives stated in it do not cover the real essence of the matter. As far as I can see, every hysterical symptom involves the participation of both sides. It cannot occur without the presence of a certain degree of somatic compliance offered by some normal or pathological process in or connected with one of the bodily organs. And it cannot occur more than once—and the capacity for repeating itself is one of the characteristics of a hysterical symptom—unless it has a psychical significance, a meaning. The hysterical symptom does not carry

1 [This seems to be Freud’s earliest use of the term, which scarcely reappears in later works. (See the last words of his paper on psychogenic disturbances of vision, 1910i, and the discussion on masturbation, 1912f.)]

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this meaning with it, but the meaning is lent to it, soldered to it, as it were; and in every instance the meaning can be a different one, according to the nature of the suppressed thoughts which are struggling for expression. However, there are a number of factors at work which tend to make less arbitrary the relations between the unconscious thoughts and the somatic processes that are at their disposal as a means of expression, and which tend to make these relations approximate to a few typical forms. For therapeutic purposes the most important determinants are those given by the fortuitous psychical material; the clearing-up of the symptoms is achieved by looking for their psychical significance. When everything that can be got rid of by psycho-analysis has been cleared away, we are in a position to form all kinds of conjectures, which probably meet the facts, as regards the somatic basis of the symptoms—a basis which is as a rule constitutional and organic. Thus in Dora’s case we shall not content ourselves with a psycho-analytic interpretation of her attacks of coughing and aphonia; but we shall also indicate the organic factor which was the source of the ‘somatic compliance’ that enabled her to express her love for a man who was periodically absent. And if the connection between the symptomatic expression and the unconscious mental content should strike us as being in this case a clever tour de force, we shall be relieved to hear that it succeeds in creating the same impression in every other case and in every other instance.

I am prepared to be told at this point that there is no very great advantage in having been taught by psycho-analysis that the clue to the problem of hysteria is to be found not in ‘a peculiar instability of the molecules of the nerves’ or in a liability to ‘hypnoid states’—but in a ‘somatic compliance’. But in reply to the objection I may remark that this new view has not only to some extent pushed the problem further back, but has also to some extent diminished it. We have no longer to deal with the whole problem, but only with the portion of it involving that particular characteristic of hysteria which differentiates it from other psychoneuroses. The mental events in all psychoneuroses proceed for a considerable distance along the same lines before any question arises of the ‘somatic compliance’ which may afford the unconscious mental processes a physical outlet. When this factor is not forthcoming, something other than a hysterical symptom will arise out of the total situation;
yet it will still be something of an allied nature, a phobia, perhaps, or an obsession—in short, a psychic symptom.

I now return to the reproach of malingering which Dora brought against her father. It soon became evident that this reproach corresponded to self-reproaches not only concerning her earlier states of ill-health but also concerning the present time. At such points the physician is usually faced by the task of guessing and filling in what the analysis offers him in the shape only of hints and allusions. I was obliged to point out to the patient that her present ill-health was just as much actuated by motives and was just as tendentious as had been Frau K.'s illness, which she had understood so well. There could be no doubt, I said, that she had an aim in view which she hoped to gain by her illness. That aim could be none other than to detach her father from Frau K. She had been unable to achieve this by prayers or arguments; perhaps she hoped to succeed by frightening her father (there was her farewell letter), or by awakening his pity (there were her fainting-fits) [p. 23], or if all this was in vain, at least she would be taking her revenge on him. She knew very well, I went on, how much he was attached to her, and that tears used to come into his eyes whenever he was asked after his daughter's health. I felt quite convinced that she would recover at once if only her father were to tell her that he had sacrificed Frau K. for the sake of her health. But, I added, I hoped he would not let himself be persuaded to do this, for then she would have learned what a powerful weapon she had in her hands, and she would certainly not fail on every future occasion to make use once more of her liability to ill-health. Yet if her father refused to give way to her, I was quite sure she would not let herself be deprived of her illness so easily.

I will pass over the details which showed how entirely correct all of this was, and I will instead add a few general remarks upon the part played in hysteria by the motives of illness. A motive for being ill is sharply to be distinguished as a concept from a liability to being ill—from the material out of which symptoms are formed. The motives have no share in the formation of symptoms, and indeed are not present at the beginning of the illness. They only appear secondarily to it; but it is not until they have appeared that the disease is fully constituted. Their presence can be reckoned upon in every case in which there is real suffering and which is of fairly long standing. A symptom comes into the patient's mental life at first as an unwelcome guest; it has everything against it; and that is why it may vanish so easily, apparently of its own accord, under the influence of time. To begin with there is no use to which it can be put in the domestic economy of the mind; but very often it succeeds in finding one secondarily. Some psychical current or other finds it convenient to make use of it, and in that way the symptom manages to obtain a secondary function and remains, as it were, anchored fast in the patient's mental life. And so it happens that any one who tries to make him well is to his astonishment brought up against a powerful resistance, which teaches him that the patient's intention of getting rid of his

[Footnote added 1923: This is not quite right. The statement that the motives of illness are not present at the beginning of the illness, but only appear secondarily to it, cannot be maintained. In the very next paragraph motives for being ill are mentioned which were in existence before the outbreak of illness, and were partly responsible for that outbreak. I subsequently found a better way of meeting the facts, by introducing a distinction between the primary advantage derived from the illness and the secondary one. The motive for being ill is, of course, invariably the gaining of some advantage. What follows in the later sentences of this paragraph applies to the secondary gain. In every neurotic illness a primary gain has also to be recognized. In the first place, falling ill involves a saving of psychical effort; it emerges as being economically the most convenient solution where there is a mental conflict (we speak of a flight into illness), even though in most cases the ineffectiveness of such an escape becomes manifest at a later stage. This element in the primary gain may be described as the internal or psychological one, and it is, so to say, a constant one. But beyond this, external factors (such as in the instance given [in the following paragraph in the text] of the situation of a woman subject to her husband) may contribute motives for falling ill; and these will constitute the external element in the primary gain. [This question was already adumbrated by Freud in a letter to Fliess of November 18, 1897 (Freud, 1950a, Letter 76). The distinction between the primary and secondary gain from illness was fully discussed in Lecture XXIV of his Introductory Lectures (1916–17), though it had been indicated earlier, in his paper on hysterical attacks (1909a, Section B) where the term 'flight into illness' was also used. At a much later date he returned to the topic once more (in Inhibitions, Symptoms and Anxiety, 1926d, particularly in Chapter III). The terms 'paranoic' and 'epiphanic' gain have been used in English to distinguish primary and secondary gain from illness respectively.]
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complaint is not so entirely and completely serious as it seemed.¹ Let us imagine a workman, a bricklayer, let us say, who has fallen off a house and been crippled, and now earns his livelihood by begging at the street-corner. Let us then suppose that a miracle-worker comes along and promises him to make his crooked leg straight and capable of walking. It would be unwise, I think, to look forward to seeing an expression of peculiar bliss upon the man’s features. No doubt at the time of the accident he felt he was extremely unlucky, when he realized that he would never be able to do any more work and would have to starve or live upon charity. But since then the very thing which in the first instance threw him out of employment has become his source of income: he lives by his disablement. If that is taken from him he may become totally helpless. He has in the meantime forgotten his trade and lost his habits of industry; he has grown accustomed to idleness, and perhaps to drink as well.

The motives for being ill often begin to be active even in childhood. A little girl in her greed for love does not enjoy having to share the affection of her parents with her brothers and sisters; and she notices that the whole of their affection is lavished on her once more whenever she arouses their anxiety by falling ill. She has now discovered a means of enticing out her parents’ love, and will make use of that means as soon as she has the necessary psychical material at her disposal for producing an illness. When such a child has grown up to be a woman she may find all the demands she used to make in her childhood countered owing to her marriage with an inconsiderate husband, who may subjugate her will, mercilessly exploit her capacity for work, and lavish neither his affection nor his money upon her. In that case ill-health will be her one weapon for maintaining her position. It will procure her the care she longs for; it will force her husband to make pecuniary sacrifices for her and to show her consideration, as he would never have done while she was well; and it will compel him to treat her with solicitude if she recovers, for otherwise a relapse will threaten. Her state of ill-health will have every appearance of being objective and involuntary—the very doctor who treats

¹ A man of letters, who incidentally is also a physician—Arthur Schnitzler—has expressed this piece of knowledge very correctly in his [play] Paravelsus.

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her will bear witness to the fact; and for that reason she will not need to feel any conscious self-reproaches at making such successful use of a means which she had found effective in her years of childhood.

And yet illnesses of this kind are the result of intention. They are as a rule levelled at a particular person, and consequently vanish with that person’s departure. The cruelest and most commonplace views on the character of hysterical disorders—such as are to be heard from uneducated relatives or nurses—are in a certain sense right. It is true that the paralysed and bedridden woman would spring to her feet if a fire were to break out in her room, and that the spoiled wife would forget all her sufferings if her child were to fall dangerously ill or if some catastrophe were to threaten the family circumstances. People who speak of the patients in this way are right except upon a single point: they overlook the psychological distinction between what is conscious and what is unconscious. This may be permissible where children are concerned, but with adults it is no longer possible. That is why all these assertions that it is “only a question of willing” and all the encouragements and abuse that are addressed to the patient are of no avail. An attempt must first be made by the roundabout methods of analysis to convince the patient herself of the existence in her of an intention to be ill.

It is in combating the motives of illness that the weak point in every kind of therapeutic treatment of hysteria lies. This is quite generally true, and it applies equally to psycho-analysis. Destiny has an easier time of it in this respect: it need not concern itself either with the patient’s constitution or with his pathogenic material; it has only to take away a motive for being ill, and the patient is temporarily or perhaps even permanently freed from his illness. How many fewer miraculous cures and spontaneous disappearances of symptoms should we physicians have to register in cases of hysteria, if we were more often given a sight of the human interests which the patient keeps hidden from us! In one case, some stated period of time has elapsed; in a second, consideration for some other person has ceased to operate; in a third, the situation has been fundamentally changed by some external event—and the whole disorder, which up till then had shown the greatest obstinacy, vanishes at a single blow, apparently of its own accord, but really because
it has been deprived of its most powerful motive, one of the uses to which it has been put in the patient's life.

Motives that support the patient in being ill are probably to be found in all fully developed cases. But there are some in which the motives are purely internal—such as desire for self-punishment, that is, penitence and remorse. It will be found much easier to solve the therapeutic problem in such cases than in those in which the illness is related to the attainment of some external aim. In Dora's case that aim was clearly to touch her father's heart and to detach him from Frau K.

None of her father's actions seemed to have embittered her so much as his readiness to consider the scene by the lake as a product of her imagination. She was almost beside herself at the idea of its being supposed that she had merely fancied something on that occasion. For a long time I was in perplexity as to what the self-reproach could be which lay behind her passionate repudiation of this explanation of the episode. It was justifiable to suspect that there was something concealed, for a reproach which misses the mark gives no lasting offence. On the other hand, I came to the conclusion that Dora's story must correspond to the facts in every respect. No sooner had she grasped Herr K.'s intention than, without letting him finish what he had to say, she had given him a slap in the face and hurried away. Her behaviour must have seemed as incomprehensible to the man after she had left him as to us, for he must long before have gathered from innumerable small signs that he was secure of the girl's affections. In our discussion of Dora's second dream we shall come upon the solution of this riddle as well as upon the self-reproach which we have hitherto failed to discover [p. 106 ff.].

As she kept on repeating her complaints against her father with a wearisome monotony, and as at the same time her cough continued, I was led to think that this symptom might have some meaning in connection with her father. And apart from this, the explanation of the symptom which I had hitherto obtained was far from fulfilling the requirements which I am accustomed to make of such explanations. According to a rule which I had found confirmed over and over again by experi-

3 [Later, however, Freud took a very different view of the therapeutic difficulties in cases of unconscious desire for self-punishment. See, e.g., Chapter V of The Ego and the Id (1923b).]

ence, though I had not yet ventured to erect it into a general principle, a symptom signifies the representation—the realization—of a phantasy with a sexual content, that is to say, it signifies a sexual situation. It would be better to say that at least one of the meanings of a symptom is the representation of a sexual phantasy, but that no such limitation is imposed upon the content of its other meanings. Any one who takes up psycho-analytic work will quickly discover that a symptom has more than one meaning and serves to represent several unconscious mental processes simultaneously. And I should like to add that in my estimation a single unconscious mental process or phantasy will scarcely ever suffice for the production of a symptom.

An opportunity very soon occurred for interpreting Dora's nervous cough in this way by means of an imagined sexual situation. She had once again been insisting that Frau K. only loved her father because he was 'ein vermögender Mann' ['a man of means']. Certain details of the way in which she expressed herself (which I pass over here, like most other purely technical parts of the analysis) led me to see that behind this phrase its opposite lay concealed, namely, that her father was 'ein unvermögender Mann' ['a man without means']. This could only be meant in a sexual sense—that her father, as a man, was without means, was impotent. Dora confirmed this interpretation from her conscious knowledge; whereupon I pointed out the contradiction she was involved in if on the one hand she continued to insist that her father's relation with Frau K. was a common love-affair, and on the other hand maintained that her father was impotent, or in other words incapable of carrying on an affair of such a kind. Her answer showed that she had no need to admit the contradiction. She knew very well, she said, that there was more than one way of obtaining sexual gratification. (The source of this piece of knowledge, however, was once more untraceable.) I questioned her further, whether she referred to the use of organs other than the genitals for the purpose of sexual intercourse, and she replied in the affirmative. I could then go on to say that in that case she must be thinking of precisely those parts of the body which in her case were in a state of irritation,—the throat and the oral cavity. To be sure,

1 ['Unvermögend' means literally 'unable', and is commonly used in the sense of both 'not rich' and 'impotent'.]
she would not hear of going so far as this in recognizing her own thoughts; and indeed, if the occurrence of the symptom was to be made possible at all, it was essential that she should not be completely clear on the subject. But the conclusion was inevitable that with her spasmodic cough, which, as is usual, was referred for its exciting stimulus to a tickling in her throat, she pictured to herself a scene of sexual gratification *per os* between the two people whose love-affair occupied her mind so incessantly. A very short time after she had tacitly accepted this explanation her cough vanished—which fitted in very well with my view; but I do not wish to lay too much stress upon this development, since her cough had so often before disappeared spontaneously.

This short piece of the analysis may perhaps have excited in the medical reader—apart from the scepticism to which he is entitled—feelings of astonishment and horror; and I am prepared at this point to look into these two reactions so as to discover whether they are justifiable. The astonishment is probably caused by my daring to talk about such delicate and unpleasant subjects to a young girl—or, for that matter, to any woman who is sexually active. The horror is aroused, no doubt, by the possibility that an inexperienced girl could know about practices of such a kind and could occupy her imagination with them. I would advise recourse to moderation and reasonableness upon both points. There is no cause for indignation either in the one case or in the other. It is possible for a man to talk to girls and women upon sexual matters of every kind without doing them harm and without bringing suspicion upon himself, so long as, in the first place, he adopts a particular way of doing it, and, in the second place, can make them feel convinced that it is unavoidable. A gynaecologist, after all, under the same conditions, does not hesitate to make them submit to uncovering every possible part of their body. The best way of speaking about such things is to be dry and direct; and that is at the same time the method furthest removed from the prurience with which the same subjects are handled in ‘society’, and to which girls and women alike are so thoroughly accustomed. I call bodily organs and processes by their technical names, and I tell these to the patient if they—the names, I mean—happen to be unknown to her. *J’appelle un chat un chat*. I have certainly heard of some people—doctors and laymen—who are scandalized by a therapeutic method in which conversations of this sort occur, and who appear to envy either me or my patients the titillation which, according to their notions, such a method must afford. But I am too well acquainted with the respectability of these gentry to excite myself over them. I shall avoid the temptation of writing a satire upon them. But there is one thing that I will mention: often, after I have for some time treated a patient who had not at first found it easy to be open about sexual matters, I have had the satisfaction of hearing her exclaim: ‘Why, after all, your treatment is far more respectable than Mr. X.’s conversation!’

No one can undertake the treatment of a case of hysteria until he is convinced of the impossibility of avoiding the mention of sexual subjects, or unless he is prepared to allow himself to be convinced by experience. The right attitude is: ‘*pour faire une omelette il faut casser des œufs.*’ The patients themselves are easy to convince; and there are only too many opportunities of doing so in the course of the treatment. There is no necessity for feeling any compunction at discussing the facts of normal or abnormal sexual life with them. With the exercise of a little caution all that is done is to translate into conscious ideas what was already known in the unconscious; and, after all, the whole effectiveness of the treatment is based upon our knowledge that the affect attached to an unconscious idea operates more strongly and, since it cannot be inhibited, more injuriously than the affect attached to a conscious one. There is never any danger of corrupting an inexperienced girl. For where there is no knowledge of sexual processes even in the unconscious, no hysterical symptom will arise; and where hysteria is found there can no longer be any question of ‘innocence of mind’ in the sense in which parents and educators use the phrase. With children of ten, of twelve, or of fourteen, with boys and girls alike, I have satisfied myself that the truth of this statement can invariably be relied upon.

As regards the second kind of emotional reaction, which is not directed against me this time, but against my patient—supposing that my view of her is correct—and which regards the perversive nature of her phantasies as horrible, I should like to say emphatically that a medical man has no business to indulge in such passionate condemnation. I may also remark in
passing that it seems to me superfluous for a physician who is writing upon the aberrations of the sexual instincts to seize every opportunity of inserting into the text expressions of his personal repugnance at such revolting things. We are faced by a fact; and it is to be hoped that we shall grow accustomed to it, when we have put our own tastes on one side. We must learn to speak without indignation of what we call the sexual perversions—instances in which the sexual function has extended its limits in respect either to the part of the body concerned or to the sexual object chosen. The uncertainty in regard to the boundaries of what is to be called normal sexual life, when we take different races and different epochs into account, should in itself be enough to cool the zealot’s ardour. We surely ought not to forget that the perversion which is the most repellent to us, the sexual love of a man for a man, was not only tolerated by a people so far our superiors in cultivation as were the Greeks, but was actually entrusted by them with important social functions. The sexual life of each one of us extends to a slight degree—now in this direction, now in that—beyond the narrow lines imposed as the standard of normality. The perversions are neither bestial nor degenerate in the emotional sense of the word. They are a development of germs all of which are contained in the undifferentiated sexual disposition of the child, and which, by being suppressed or by being diverted to higher, asexual aims—by being ‘sublimated’—are destined to provide the energy for a great number of our cultural achievements. When, therefore, any one has become a gross and manifest pervert, it would be more correct to say that he has remained one, for he exhibits a certain stage of inhibited development. All psychoneurotics are persons with strongly marked perverse tendencies, which have been repressed in the course of their development and have become unconscious. Consequently their unconscious phantasies show precisely the same content as the documentarily recorded actions of perverts—even though they have not read Krafft-Ebing’s Psychopathia Sexualis, to which simple-minded people attribute such a large share of the responsibility for the production of perverse tendencies. Psychoneuroses are, so to speak, the negative of perversions. In neurotics their sexual constitution, under which the effects of heredity are included, operates in combination with any accidental influences in their

1 [Cf. the second of Freud’s Three Essays (1905d), this volume p. 178.]

I. THE CLINICAL PICTURE

life which may disturb the development of normal sexuality. A stream of water which meets with an obstacle in the river-bed is dammed up and flows back into old channels which had formerly seemed fated to run dry. The motive forces leading to the formation of hysterical symptoms draw their strength not only from repressed normal sexuality but also from unconscious perverse activities.

The less repellent of the so-called sexual perversions are very widely diffused among the whole population, as every one knows except medical writers upon the subject. Or, I should rather say, they know it too; only they take care to forget it at the moment when they take up their pens to write about it. So it is not to be wondered at that this hysterical girl of nearly nineteen, who had heard of the occurrence of such a method of sexual intercourse (sucking at the male organ), should have developed an unconscious phantasy of this sort and should have given it expression by an irritation in her throat and by coughing. Nor would it have been very extraordinary if she had arrived at such a phantasy even without having had any enlightenment from external sources—an occurrence which I have quite certainly observed in other patients. For in her case a noteworthy fact afforded the necessary somatic prerequisite for this independent creation of a phantasy which would coincide with the practices of perverts. She remembered very well that in her childhood she had been a thumb-sucker. Her father, too, recollected breaking her of the habit after it had persisted into her fourth or fifth year. Dora herself had a clear picture of a scene from her early childhood in which she was sitting on the floor in a corner sucking her left thumb and at the same time tugging with her right hand at the lobe of her brother’s ear as he sat quietly beside her. Here we have an instance of the complete form of self-gratification by sucking, as it has also been described to me by other patients, who had subsequently become anaesthetic and hysterical.

1 These remarks upon the sexual perversions had been written some years before the appearance of Bloch’s excellent book (Beiträge zur Ätiologie der Psychopathia sexualis, 1902 and 1903). See also my Three Essays on the Theory of Sexuality, published this year (1905d), particularly the first essay (this volume pp. 135–72), in which most of the points in the present paragraph are enlarged upon. For the following paragraph, see the third section of the second essay (p. 183 ff.).

2 [This word was added in 1924.]
One of these patients gave me a piece of information which sheds a clear light on the origin of this curious habit. This young woman had never broken herself of the habit of sucking. She retained a memory of her childhood, dating back, according to her, to the first half of her second year, in which she saw herself sucking at her nurse’s breast and at the same time pulling rhythmically at the lobe of her nurse’s ear. No one will feel inclined to dispute, I think, that the mucous membrane of the lips and mouth is to be regarded as a primary ‘erotic zone’, since it preserves this earlier significance in the act of kissing, which is looked upon as normal. An intense activity of this erotic zone at an early age thus determines the subsequent presence of a somatic compliance on the part of the tract of mucous membrane which begins at the lips. Thus, at a time when the sexual object proper, that is, the male organ, has already become known, circumstances may arise which once more increase the excitation of the oral zone, whose erotic character has, as we have seen, been retained. It then needs very little creative power to substitute the sexual object of the moment (the penis) for the original object (the nipple) or for the finger which does duty for it, and to place the current sexual object in the situation in which gratification was originally obtained. So we see that this excessively repulsive and perverted phantasy of sucking at a penis has the most innocent origin. It is a new version of what may be described as a prehistoric impression of sucking at the mother’s or nurse’s breast—an impression which has usually been revived by contact with children who are being nursed. In most instances a cow’s udder has aptly played the part of an image intermediate between a nipple and a penis.\(^1\)

The interpretation we have just been discussing of Dora’s throat symptoms may also give rise to a further remark. It may be asked how this sexual situation imagined by her can be compatible with our other explanation of the symptoms. That explanation, it will be remembered, was to the effect that the coming and going of the symptoms reflected the presence and absence of the man she was in love with, and, as regards his wife’s behaviour, expressed the following thought: ‘If I were my wife, I should love him in quite a different way; I should be ill (from longing, let us say) when he was away, and well (from joy) when he was home again.’ To this objection I must reply that my experience in the clearing-up of hysterical symptoms has shown that it is not necessary for the various meanings of a symptom to be compatible with one another, that is, to fit together into a connected whole. It is enough that the unity should be constituted by the subject-matter which has given rise to all the various phantasies. In the present case, moreover, compatibility even of the first kind is not out of the question. One of the two meanings is related more to the cough, and the other to the aphonia and the periodicity of the disorder. A closer analysis would probably have disclosed a far greater number of mental elements in relation to the details of the illness.

We have already learnt that it quite regularly happens that a single symptom corresponds to several meanings simultaneously. We may now add that it can express several meanings in succession. In the course of years a symptom can change its meaning or its chief meaning, or the leading role can pass from one meaning to another. It is as though there were a conservative trait in the character of neuroses which ensures that a symptom that has once been formed shall if possible be retained, even though the unconscious thought to which it gave expression has lost its meaning. Moreover, there is no difficulty in explaining this tendency towards the retention of a symptom upon a mechanical basis. The production of a symptom of this kind is so difficult, the translation of a purely psychical excitation into physical terms—the process which I have called ‘conversion’\(^1\) —depends on the concurrence of so many favourable conditions, the somatic compliance necessary for conversion is so seldom forthcoming, that an impulsion towards the discharge of an unconscious excitation will so far as possible make use of any channel for discharge which may already be in existence. It appears to be far more difficult to create a fresh conversion than to form paths of association between a new thought which

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\(^1\) [Cf. Section 5 of the first of Freud’s *Three Essays* (1905d), this volume p. 167 f.]

\(^2\) [See the confirmation of this detail in the case of ‘Little Hans’, Freud, 1909b (near the beginning of Section 1).]

\(^1\) [The term ‘conversion’ was introduced by Freud in Section 1 of his first paper on the neuro-psychoses of defence (1894a).]
is in need of discharge and the old one which is no longer in need of it. The current flows along these paths from the new source of excitation to the old point of discharge—pouring into the symptom, in the words of the Gospel, like new wine into an old bottle. These remarks would make it seem that the somatic side of a hysterical symptom is the more stable of the two and the harder to replace, while the psychical side is a variable element for which a substitute can more easily be found. Yet we should not try to infer anything from this comparison as regards the relative importance of the two elements. From the point of view of mental therapeutics the mental side must always be the more significant.

Dora's incessant repetition of the same thoughts about her father's relations with Frau K. made it possible to derive still further important material from the analysis.

A train of thought such as this may be described as excessively intense, or better reinforced, or 'supervalent' ['überwertig'] in Wernicke's [1900, 140] sense. It shows its pathological character in spite of its apparently reasonable content, by the single peculiarity that no amount of conscious and voluntary effort of thought on the patient's part is able to dissipate or remove it. A normal train of thought, however intense it may be, can eventually be disposed of. Dora felt quite rightly that her thoughts about her father required to be judged in a special way. 'I can think of nothing else,' she complained again and again. 'I know my brother says we children have no right to criticize this behaviour of Father's. He declares that we ought not to trouble ourselves about it, and ought even to be glad, perhaps, that he has found a woman he can love, since Mother understands him so little. I can quite see that, and I should like to think the same as my brother, but I can't. I can't forgive him for it.'

Now what is one to do in the face of a supervalent thought like this, after one has heard what its conscious grounds are and listened to the ineffectual protests made against it? Reflection will suggest that this excessively intense train of thought must owe its

 reinforcement to the unconscious. It cannot be resolved by any effort of thought, either because it itself reaches with its root down into unconscious, repressed material, or because another unconscious thought lies concealed behind it. In the latter case, the concealed thought is usually the direct contrary of the supervalent one. Contrary thoughts are always closely connected with each other and are often paired off in such a way that the one thought is excessively intensely conscious while its counterpart is repressed and unconscious. This relation between the two thoughts is an effect of the process of repression. For repression is often achieved by means of an excessive reinforcement of the thought contrary to the one which is to be repressed. This process I call reactive reinforcement, and the thought which asserts itself with excessive intensity in consciousness and (in the same way as a prejudice) cannot be removed I call a reactive thought. The two thoughts then act towards each other much like the two needles of an astatic galvanometer. The reactive thought keeps the objectionable one under repression by means of a certain surplus of intensity; but for that reason itself it is 'damped' and proof against conscious efforts of thought. So that the way to deprive the excessively intense thought of its reinforcement is by bringing its repressed contrary into consciousness.¹

We must also be prepared to meet with instances in which the supervalence of a thought is due not to the presence of one only of these two causes but to a concurrence of both of them. Other complications, too, may arise, but they can easily be fitted into the general scheme.

Let us now apply our theory to the instance provided by Dora's case.² We will begin with the first hypothesis, namely, that her preoccupation with her father's relations to Frau K, ² [The subject of 'excessively intense' ideas had been discussed at some length (and on much the same lines) in the first two sections of Part II of his posthumously published 'Project for a Scientific Psychology' in 1895. (See Freud, 1950a.)]

³ [Of the two possibilities—viz. that the supervalent thought may be due (a) to direct and (b) to reactive reinforcement from the unconscious —(a) is discussed in this and the next two paragraphs, while (b) is shown to be present in two forms—the first of which is considered in the three paragraphs that follow, and the second in the remainder of the section.]

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owed its obsessive character to the fact that its root was unknown to her and lay in the unconscious. It is not difficult to divine the nature of that root from her circumstances and her conduct. Her behaviour obviously went far beyond what would have been appropriate to filial concern. She felt and acted more like a jealous wife—in a way which would have been comprehensible in her mother. By her ultimatum to her father (‘either her or me’), by the scenes she used to make, by the suicidal intentions she allowed to transpire,—by all this she was clearly putting herself in her mother’s place. If we have rightly guessed the nature of the imaginary sexual situation which underlay her cough, in that phantasy she must have been putting herself in Frau K.’s place. She was therefore identifying herself both with the woman her father had once loved and with the woman he loved now. The inference is obvious that her affection for her father was a much stronger one than she knew or than she would have cared to admit: in fact, that she was in love with him.

I have learnt to look upon unconscious love relations like this (which are marked by their abnormal consequences)—between a father and a daughter, or between a mother and a son—as a revival of germs of feeling in infancy. I have shown at length elsewhere at what an early age sexual attraction makes itself felt between parents and children, and I have explained that the legend of Oedipus is probably to be regarded as a poetical rendering of what is typical in these relations. Distinct traces are probably to be found in most people of an early partiality of this kind—on the part of a daughter for her father, or on the part of a son for his mother; but it must be assumed to be more intense from the very first in the case of those children whose constitution marks them down for a neurosis, who develop prematurely and have a craving for love. At this point certain other influences, which need not be discussed here, come into play, and lead to a fixation of this rudimentary feeling of love or to a reinforcement of it; so that it turns into something (either while the child is still young or not until it has reached the age of puberty) which must be put on a par with a sexual inclination and which, like the latter, has the forces of the libido at its command. The external circumstances of our patient were by no means unfavourable to such an assumption. The nature of her disposition had always drawn her towards her father, and his numerous illnesses were bound to have increased her affection for him. In some of these illnesses he would allow no one but her to discharge the lighter duties of nursing. He had been so proud of the early growth of her intelligence that he had made her his confidante while she was still a child. It was really she and not her mother whom Frau K.’s appearance had driven out of more than one position.

When I told Dora that I could not avoid supposing that her affection for her father must at a very early moment have amounted to her being completely in love with him, she of course gave me her usual reply: ‘I don’t remember that.’ But she immediately went on to tell me something analogous about a seven-year-old girl who was her cousin (on her mother’s side) and in whom she often thought she saw a kind of reflection of her own childhood. This little girl had (not for the first time) been the witness of a heated dispute between her parents, and when Dora happened to come in on a visit soon afterwards, whispered in her ear: ‘You can’t think how I hate that person!’ (pointing to her mother), ‘and when she’s dead I shall marry Daddy.’ I am in the habit of regarding associations such as this, which bring forward something that agrees with the content of an assertion of mine, as a confirmation from the unconscious of what I have said. No other kind of ‘Yes’ can be extracted from the unconscious; there is no such thing at all as an unconscious ‘No’.

For years on end she had given no expression to this passion for her father. On the contrary, she had for a long time been

1 In my Interpretation of Dreams, 1900a [Chapter V, Section D (β), Standard Ed., 4, 257 ff.], and in the third of my Three Essays, 1905d [this volume, p. 227].

2 [Footnote added 1923:] There is another very remarkable and entirely trustworthy form of confirmation from the unconscious, which I had not recognized at the time this was written: namely, an exclamation on the part of the patient of ‘I didn’t think that’, or ‘I didn’t think of that’. This can be translated point-blank into: ‘Yes, I was unconscious of that.’ [See the longer discussions on this subject in Freud’s paper on ‘Negation’ (1925b) and in the first two sections of his ‘Constructions in Analysis’ (1937d).]
A CASE OF HYSTERIA

on the closest terms with the woman who had supplanted her with her father, and she had actually, as we know from her self-reproaches, facilitated this woman’s relations with her father. Her own love for her father had therefore been recently revived; and, if so, the question arises to what end this had happened. Clearly as a reactive symptom, so as to suppress something else—something, that is, that still exercised power in the unconscious. Considering how things stood, I could not help supposing in the first instance that what was suppressed was her love of Herr K. I could not avoid the assumption that she was still in love with him, but that, for unknown reasons, since the scene by the lake her love had aroused in her violent feelings of opposition, and that the girl had brought forward and reinforced her old affection for her father in order to avoid any further necessity for paying conscious attention to the love which she had felt in the first years of her girlhood and which had now become distressing to her. In this way I gained an insight into a conflict which was well calculated to unhinge the girl’s mind. On the one hand she was filled with regret at having rejected the man’s proposal, and with longing for his company and all the little signs of his affection; while on the other hand these feelings of tenderness and longing were combated by powerful forces, amongst which her pride was one of the most obvious. Thus she had succeeded in persuading herself that she had done with Herr K.—that was the advantage she derived from this typical process of repression; and yet she was obliged to summon up her infantile affection for her father and to exaggerate it, in order to protect herself against the feelings of love which were constantly pressing forward into consciousness. The further fact that she was almost incessantly a prey to the most embittered jealousy seemed to admit of still another determination.¹

My expectations were by no means disappointed when this explanation of mine was met by Dora with a most emphatic negative. The ‘No’ uttered by a patient after a repressed thought has been presented to his conscious perception for the first time does no more than register the existence of a repression and its severity; it acts, as it were, as a gauge of the repression’s strength. If this ‘No’, instead of being regarded as the expression of an impartial judgement (of which, indeed, the patient

¹ We shall come upon this [in a moment].

I. THE CLINICAL PICTURE is incapable), is ignored, and if work is continued, the first evidence soon begins to appear that in such a case ‘No’ signifies the desired ‘Yes’. Dora admitted that she found it impossible to be as angry with Herr K. as he had deserved. She told me that one day she had met Herr K. in the street while she was walking with a cousin of his who did not know him. The other girl had exclaimed all at once: ‘Why, Dora, what’s wrong with you? You’ve gone as white as a sheet!’ She herself had felt nothing of this change of colour; but I explained to her that the expression of emotion and the play of features obey the unconscious rather than the conscious, and are a means of betraying the former.¹

Another time Dora came to me in the worst of tempers after having been uniformly cheerful for several days. She could give no explanation of this. She felt so contrary to-day, she said; it was her uncle’s birthday, and she could not bring herself to congratulate him, she did not know why. My powers of interpretation were at a low ebb that day; I let her go on talking, and she suddenly recollected that it was Herr K.’s birthday too—a fact which I did not fail to use against her. And it was then no longer hard to explain why the handsome presents she had had on her own birthday a few days before had given her no pleasure. One gift was missing, and that was Herr K.’s, the gift which had plainly once been the most prized of all.

Nevertheless Dora persisted in denying my contention for some time longer, until, towards the end of the analysis, the conclusive proof of its correctness came to light [p. 108].

I must now turn to consider a further complication to which I should certainly give no space if I were a man of letters engaged upon the creation of a mental state like this for a short story, instead of being a medical man engaged upon its dissection. The element to which I must now allude can only serve to obscure and efface the outlines of the fine poetic conflict

¹ Compare the lines:

Ruhig mag ich Euch erscheinen,
Ruhig gehen sehn.

[Quiet can I watch thy coming,
Quiet watch thee go.]

The words (from Schiller’s ballad ‘Ritter Toggenburg’) are addressed to a knight on his departure for the Crusades by his ostensibly indifferent but in fact devoted lady-love.]
which we have been able to ascribe to Dora. This element would rightly fall a sacrifice to the censorship of a writer, for he, after all, simplifies and abstracts when he appears in the character of a psychologist. But in the world of reality, which I am trying to depict here, a complication of motives, an accumulation and conjunction of mental activities—in a word, overdetermination—is the rule. For behind Dora's supervalent train of thought which was concerned with her father's relations with Frau K. there lay concealed a feeling of jealousy which had that lady as its object—a feeling, that is, which could only be based upon an affection on Dora's part for one of her own sex. It has long been known and often been pointed out that at the age of puberty boys and girls show clear signs, even in normal cases, of the existence of an affection for people of their own sex. A romantic and sentimental friendship with one of her school-friends, accompanied by vows, kisses, promises of eternal correspondence, and all the sensibility of jealousy, is the common precursor of a girl's first serious passion for a man. Thenceforward, in favourable circumstances, the homosexual current of feeling often runs completely dry. But if a girl is not happy in her love for a man, the current is often set flowing again by the libido in later years and is increased up to a greater or lesser degree of intensity. If this much can be established without difficulty of healthy persons, and if we take into account what has already been said [p. 50] about the fuller development in neurotics of the normal germs of perversion, we shall expect to find in these latter two a fairly strong homosexual predisposition. It must, indeed, be so; for I have never yet come through a single psycho-analysis of a man or a woman without having to take into account a very considerable current of homosexuality. When, in a hysterical woman or girl, the sexual libido which is directed towards men has been energetically suppressed, it will regularly be found that the libido which is directed towards women has become vicariously reinforced and even to some extent conscious.

I shall not in this place go any further into this important subject, which is especially indispensable to an understanding of hysteria in men, because Dora's analysis came to an end before it could throw any light on this side of her mental life. But I should like to recall the governess, whom I have already mentioned [p. 36 f.], and with whom Dora had at first enjoyed

the closest interchange of thought, until she discovered that she was being admired and fondly treated not for her own sake but for her father's; whereupon she had obliged the governess to leave. She used also to dwell with noticeable frequency and a peculiar emphasis in the story of another estrangement which appeared inexplicable even to herself. She had always been on particularly good terms with the younger of her two cousins—the girl who had later on become engaged [p. 38]—and had shared all sorts of secrets with her. When, for the first time after Dora had broken off her stay by the lake, her father was going back to B—, she had naturally refused to go with him. This cousin had then been asked to travel with him instead, and she had accepted the invitation. From that time forward Dora had felt a coldness towards her, and she herself was surprised to find how indifferent she had become, although, as she admitted, she had very little ground for complaint against her. These instances of sensitiveness led me to inquire what her relations with Frau K. had been up till the time of the breach. I then found that the young woman and the scarcely grown girl had lived for years on a footing of the closest intimacy. When Dora stayed with the K.'s she used to share a bedroom with Frau K., and the husband used to be quartered elsewhere. She had been the wife's confidante and adviser in all the difficulties of her married life. There was nothing they had not talked about. Medea had been quite content that Creusa should make friends with her two children; and she certainly did nothing to interfere with the relations between the girl and the children's father. How Dora managed to fall in love with the man about whom her beloved friend had so many bad things to say is an interesting psychological problem. We shall not be far from solving it when we realize that thoughts in the unconscious live very comfortably side by side, and even contraries get on together without disputes—a state of things which persists often enough even in the conscious.

When Dora talked about Frau K., she used to praise her 'adorable white body' in accents more appropriate to a lover than to a defeated rival. Another time she told me, more in sorrow than in anger, that she was convinced the presents her father had brought her had been chosen by Frau K., for she recognized her taste. Another time, again, she pointed out that, evidently through the agency of Frau K., she had been given
a present of some jewellery which was exactly like some that she had seen in Frau K.'s possession and had wished for aloud at the time. Indeed, I can say in general that I never heard her speak a harsh or angry word against the lady, although from the point of view of her supervalent thought she should have regarded her as the prime author of her misfortunes. She seemed to behave inconsequently; but her apparent inconsequence was precisely the manifestation of a complicating current of feeling. For how had this woman to whom Dora was so enthusiastically devoted behaved to her? After Dora had brought forward her accusation against Herr K., and her father had written to him and had asked for an explanation, Herr K. had replied in the first instance by protesting sentiments of the highest esteem for her and by proposing that he should come to the manufacturing town to clear up every misunderstanding. A few weeks later, when her father spoke to him at B——, there was no longer any question of esteem. On the contrary, Herr K. spoke of her with disparagement, and produced as his trump card the reflection that no girl who read such books and was interested in such things could have any title to a man's respect. Frau K., therefore, had betrayed her and had calumniated her; for it had only been with her that she had read Mantegazza and discussed forbidden topics. It was a repetition of what had happened with the governess: Frau K. had not loved her for her own sake but on account of her father. Frau K. had sacrificed her without a moment's hesitation so that her relations with her father might not be disturbed. This mortification touched her, perhaps, more nearly and had a greater pathogenic effect than the other one, which she tried to use as a screen for it,—the fact that she had been sacrificed by her father. Did not the obstinacy with which she retained the particular amnesia concerning the sources of her forbidden knowledge [p. 31] point directly to the great emotional importance for her of the accusation against her upon that score, and consequently to her betrayal by her friend?

I believe, therefore, that I am not mistaken in supposing that Dora's supervalent train of thought, which was concerned with her father's relations with Frau K., was designed not only for the purpose of suppressing her love for Herr K., which had once been conscious, but also to conceal her love for Frau K., which was in a deeper sense unconscious. The supervalent train of thought was directly contrary to the latter current of feeling. She told herself incessantly that her father had sacrificed her to this woman, and made noisy demonstrations to show that she grudged her the possession of her father; and in this way she concealed from herself the contrary fact, which was that she grudged her father Frau K.'s love, and had not forgiven the woman she loved for the disillusionment she had been caused by her betrayal. The jealous emotions of a woman were linked in the unconscious with a jealousy such as might have been felt by a man. These masculine or, more properly speaking, *gynaeophilic* currents of feeling are to be regarded as typical of the unconscious erotic life of hysterical girls.¹

¹ [See the footnote on p. 120.]