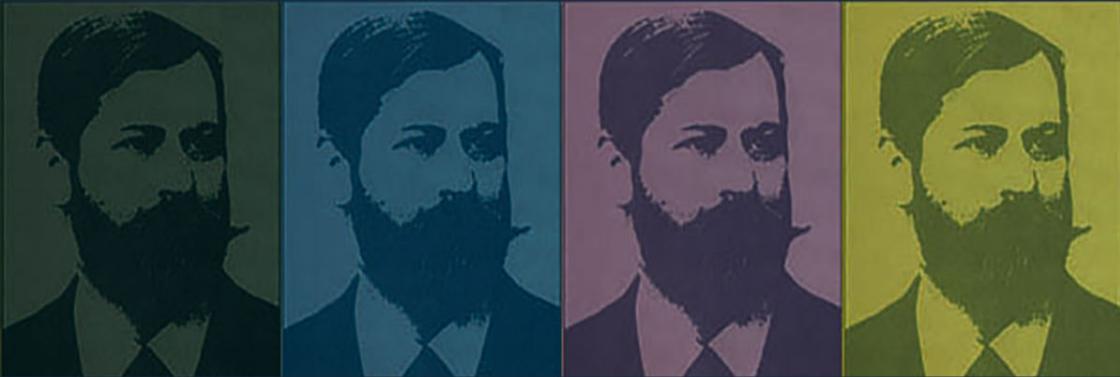


HAROLD BLUM

SETTING FREUD AND  
HYSTERIA IN  
HISTORICAL CONTEXT



The Psychoanalytic Century

# **Setting Freud and Hysteria in Historical Context**

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e-Book 2015 International Psychotherapy Institute

from *The Psychoanalytic Century* David E. Scharff M.D.

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## Setting Freud and Hysteria in Historical Context<sup>1</sup>

We have read two fascinating papers that bring us back to the origins of psychoanalysis and the classical case histories, the *Studies on Hysteria* and the “Dora Case.” To set these in their historical and cultural background, we have to understand how and why Freud has now been criticized—as well as “supervised.” He has been criticized—by analysts, by people outside of analysis, by feminists, and so forth, but it is important to distinguish appropriate criticism from irrational censure. I would like to present this discourse on these case histories in the following way: Prior to Freud, these patients were not understood at all. One has to recognize what the treatment was of the hysterical patient in the late nineteenth century prior to Freud coming onto the scene. How were hysterics treated?

There were three main methods: One was the rest cure, pioneered by Weir and Mitchell in this country. Patients were ordered to bed. They were confined under “house arrest.” They often suffered what amounted to seclusion and suggested bed rest, sometimes for months at a time. The second method was hydrotherapy. Patients were shocked by immersion in cold baths. This was thought to be the kind of shock that would help them to overcome their hysterical symptoms, so the patients would snap out of the illness. The third common method, to which Dora herself was subjected, was electric shock. Patients were given electric shocks, and if a patient like Dora

had an aphonia, electric shocks were given directly to the larynx and the pharynx, sometimes inserted through the mouth, sometimes causing extreme spasms in the area and a great deal of pain, discomfort, and often nausea and vomiting. If the patient were constipated, as Dora was, she probably had electric shocks to her abdomen. And if that didn't work, an electric probe might be inserted into the anus. Some of the patients would, of course, have an immediate cure!

Along came Sigmund Freud. For the first time in history, someone really listened and took a history, heard the patients out, and began to understand them. This is the substance in a way, the core of Dr. Matthis's presentation. Freud began to understand patients in terms of the origin and *meaning* of their communications, not just in terms of the organic symptomology, particularly as an explanation of conversion hysteria. So Freud listened and learned from the patient, with the patient, and despite and through the patient's resistance. And that of course transcended what the patient could report. Because Freud not only took a history, he also began to engage the patient in the process of association and interpretation, and engaged his own reconstruction of that history. The patient that we heard about, the singer Rosalie, was a fascinating patient in many ways. She had some problems in common with Dora. She had a symptom around the problem of vocalization, a problem in her communication. Dora suffered from aphonia and coughing. Rosalie could not sing in her usual way. You can imagine Freud, as he was

developing free association saying “sing whatever comes to mind,” as well as “say whatever comes to mind.” But, you may be interested to know that aphonias in that day were among the most common of all hysterical symptoms. That is quite interesting in terms of Freud’s capacity to draw the patient into a dialogue, into presenting their history, because the patients had a great deal of difficulty speaking at all, as well as in speaking freely. Do you remember the Irma dream? In the Irma dream (Freud 1900), the patient was embarrassed about opening her mouth. This was a disguised representation of a gynecological examination and a sexual encounter. However, if you look at that dream carefully, you will see that the patient is struggling to be able to talk to Freud. As he looks down her throat, she is embarrassed. She is reluctant to open her mouth. This is, of course, overdetermined. The symptom has many other meanings—for example, referring to ideals and values as well as sexual and aggressive meanings. What I am emphasizing here is the communicative aspect of these symptoms. The problem was in establishing communication between patient and doctor. The patients of that day, particularly the women—and most of the hysterical patients treated at that time were female patients treated by male doctors—the patients had a great deal of difficulty opening their mouths, speaking freely, and developing the method of free association. Not that we are free of resistances to free association today, but it was particularly difficult for these women. They have made an important contribution to our understanding of this problem. The

girls of that day were raised not to be vocal but to be freely expressive. Their voices were passive and very soft; they certainly were not outspoken. They were supposed to be diffident, ladylike, to hold back their inner feelings and thoughts and to keep them essentially to and from themselves. They were to be submissive to authority; and with illness that authority was usually the male doctor. Given Freud's own unanalyzed countertransference, and his unconscious conflicts regarding women and femininity, it is not surprising that the resistance to free association was either not elaborated or overlooked at that time.

Some further comments: Here I draw upon my own research and my paper on Dora's conversion syndrome (Blum 1994). One may be interested to know that Dora, after she left Freud's treatment, married and had a child. This is also relevant to why Freud delayed publishing this case, delaying his own vocalization, his own bringing this pioneer case report out to the public. The treatment was terminated, as we heard, on December 31, the very end of the year, at the turn of the century, 1900. We are just now a century in commemoration of the Dora case. Freud waited almost five years to publish the case. He wrote it in 1901, but, the Dora case was only published in 1905. In that year Dora had become a mother. As soon as she became a mother, she converted to Christianity, and converted her child to Christianity. She, her husband, and her child all became Protestants at the same time. Religious conversion offered security and opportunity. Did she want to avoid having

her child experience anti-Semitism? Freud probably assumed at that point that she had lost interest in the psychoanalytic approach, and in her relationship to Freud as a former patient. Freud wanted to protect her anonymity, and issues of informed consent were not yet confronted.

Dora did not anticipate she would become a museum piece immortalized by her therapist, Sigmund Freud. The understanding of this case has to be placed in the cultural context of Dora's being a Jewish woman treated by a Jewish analyst in Vienna at the turn of the century. And at that time and that place, being a woman and being Jewish were both psychosocially denigrated situations. This is relevant to the constant references to illness—to body illness and to being defective—which appear in the case. There was an apparent lack of appreciation of Dora's own interests and aspirations by her parents, and her being dismissed and disadvantaged. She was not given the social and educational opportunities bestowed on her brother. We know now that Dora was sent to a convent school when she was a little girl. I don't have time to develop that further in this essay, but her education in a convent school in Merano is part of the historical context that needs to be fleshed out in order to more fully understand her childhood development and some of her fantasies involved in conversion: conversion hysteria and religious conversion.

Some final observations on the cultural context in which Dora and

Freud worked: The symbol of the burning house. The burning house figures in the famous first dream in the Dora case. At the time of the dream her father's factories had been nearly burned in anti-Semitic riots in Czechoslovakia, where the factories were located. There is an entire set of cultural, economic, and political meanings here. The meanings are in addition to the magnificent illustrations that Freud gave of Dora's intrapsychic conflicts and of the inner processes of the mind he described. We are in the process now, a full century later, of filling out so many dimensions of Dora's dream and case report. I will close with one great historical irony that concerns the anti-Semitic fires which would later threaten Dora and her analyst. Dora flees the burning house and her analyst flees with her! In 1938 analyst and patient, Freud and Dora, both fled the threat of being burned, as they left Vienna—almost together—as refugees from the Nazis.

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### Notes

1 Comments given by Harold Blum following the contributions of Imre Szecsódy and Iréne Matthis.