

ON THE PSYCHIC MECHANISM OF HYSTERICAL PHENOMENA

Sigmund Freud (1895)

Summary:

Gentlemen, I am writing to you today with the purpose of summarizing a joint work with Josef Breuer on the pathogenesis of hysterical symptoms, the first part of which has been published in *Zentralblatt für Neurologie*. In this paper, we explore how psychic life influences the genesis of hysterical symptoms, drawing on Charcot's pioneering studies of hysteria in the 1880s.

Charcot, whom we consider a pivotal forerunner in the field, demonstrated the regularity and law behind hysteria, especially by focusing on traumatic paralysis. Their research revealed how psychological trauma, when linked to the representation of mortal danger but does not stop psychic activity, can induce physical symptoms, such as paralysis, through suggestion. Charcot succeeded in artificially reproducing paralysis in hysterical patients using hypnosis and suggestion.

Our work builds on the continuation of this line of research, showing how psychological trauma can generate specific physical symptoms, such as contractures and pain, in traumatic hysteria. However, we recognize that Charcot's analysis is limited to these specific symptoms, without addressing how other hysterical symptoms are generated or how hysteria develops in the absence of obvious trauma.

Our goal is to deepen the understanding of hysteria and its manifestations, exploring how psychological processes can influence the physical health and well-being of individuals. This work represents a step forward in our understanding of the complex interaction between mind and body in the context of hysteria and opens new doors for future research in this fascinating and enigmatic field.

Gentlemen, I want to share with you a concise summary of our joint work with Dr. Breuer on hysteria. We begin with the case of a young lady treated by Dr. Breuer between 1880 and 1882, who developed severe and complex hysteria linked to non-traumatic events while caring for her ailing father. This case was crucial as it allowed us to understand each symptom of hysteria, its origin, and how it would disappear.

After my return from studying with Charcot in 1886, together with Breuer, we began to observe and analyze a wide range of hysterical patients. We found that most hysterical symptoms stem from past emotional experiences, which are often not available in the patient's consciousness, but can be retrieved by hypnosis.

Our main conclusion was that there is an analogy between traumatic and non-traumatic hysteria: in both cases, significant emotional events control the nature of the symptoms. In summary, we find that psychic traumas are fundamental to understanding the genesis of hysterical symptoms, and this conceptual scheme can be applied to most cases of hysteria.

Let me illustrate with examples how psychic trauma is linked to the onset of hysterical symptoms. In the case of Breuer's patient with a contracture in her right arm, we found that the symptom originated when her arm fell asleep while caring for her ailing father, and she had a terrifying hallucination that she could not shake away with her arm. This episode related to the subsequent contracture of the arm.

Another example is the case of a patient who developed a peculiar tongue clicking sound while speaking. This symptom was traced back to two occasions when he proposed to remain silent, but the fear of making noise manifested itself in the form of a tongue click.

To understand the origin of other symptoms such as anorexia and vomiting, we looked at situations where intense food-related emotions, such as receiving a mortifying letter before eating, triggered these symptoms.

Sleep disorders also have their origin in past experiences. For example, a woman could only fall asleep after her husband got up, as for years she had slept with him while caring for her sick child. Another patient had insomnia in November, which related to the time she spent caring for her sick son at that time of year twelve years ago.

These examples demonstrate that hysterical symptoms have a direct connection with past psychic traumas. In addition, the therapeutic process of acknowledging and confronting these traumas often results in the disappearance of symptoms.

We have concluded that hysterics suffer from incompletely processed psychic traumas, the memories of which retain a strong affection and remain vivid. These pathogenic memories occupy an exceptional position in the hysterical, resisting wear and tear over time.