

The Princeps Case of Psychoanalysis: Breuer's Anna O. Revisited

*Filip Geerardyn
University of Ghent*

He who wants to engage in psychotherapy, and, more specifically, in psychoanalysis, has to be prepared to step into a world of demons. This somewhat enigmatic statement with reference to the demonic, to the devilish, occurs on several occasions in the writings of both Sigmund Freud and Jacques Lacan. We want to exemplify this statement in reflecting on a very important episode in the history of psychoanalysis, namely the case study of Anna O., as it was described by Joseph Breuer.¹ We have re-read this case study viewed in the light of what Freud, much later, but not unconnected with this clinical adventure, discovered and theorised concerning the phenomenon of transference.

Our story will also illustrate how much this case study deserves to be called the princeps case in the history of psychoanalysis, although we shall see that the relation between Breuer and Anna O. is not at all characteristic of a psychoanalytical treatment.

Because of this, many years after the publication of the case study, Freud uttered a serious criticism of Breuer. A criticism that - at first sight - appears to be somewhat enigmatic but that does not remain so once we try to understand its meaning. The most powerful expression of this criticism is to be found in a frequently commented letter to Stefan Zweig. In this letter we can read that, in Freud's opinion, Breuer "was not enough of a Faust" to inaugurate psychoanalysis.² By consulting Goethe's poetry, we can add to this: because he did not have enough courage to sign the pact with the devil with a drop of his own blood.

We may ask ourselves if this criticism is well justified. At first sight, the fully detailed case study bears witness to the fact that Breuer was an extraordinarily affectionate doctor to his patient. He was confronted with the young and very intelligent Anna O. who got very ill while she was taking care of her dying father. Breuer diagnosed her illness as hysteria. Yet in a way it was a peculiar and unique case, because it gave him the opportunity to propose a whole new mode of treatment for similar forms of hysteria: the so-called 'cathartic method'. Moreover, it was possible to infer from the development of the illness and the effectiveness of the treatment a theory about the etiology of hysteria.

The hypnoid state

A special and to a high degree defining circumstance for the cure was what Breuer called the 'hypnoid state' in which Anna O. was frequently found. This notion refers to one of two completely different states of consciousness between which Anna O. alternated. At one time she was found to be normally conscious and had at her disposal her normal intellectual and creative capacities, while at another time she was completely absent-minded.

Breuer's reasoning went as follows: Anna O., a very intelligent young lady, had never had, as she grew up in a strict Jewish-orthodox family, the opportunity to

make the most of her intellectual capacities. As a result of this she sought relief in daydreams, in what she herself called her 'private theatre'. This activity formed part of what Breuer called the 'hypnoid state', although he considered it a non-pathological variant. This daydreaming, and other similar states of consciousness, formed, according to the conceptions he had at that time, precisely the privileged soil for the consequent development of hysteria. For, when a traumatic event occurs during such a hypnoid state of consciousness, the ideas associated with this event will be shut off from normal consciousness. Moreover, as a result of this, the subject will not have the opportunity to elaborate in any normal way the traumatic ideas and the affects connected with them.

This mechanism can be illustrated in the following way. Imagine a father driving his car with his two children sitting on the back-seat, a one-year-old and a four-year-old child. Suddenly there is a big bang. An accident has happened, but fortunately things do not turn out to be very serious. Nobody is injured and there is little damage. Nevertheless, both children are very frightened and start crying. Later on, however, it turns out that the older child - that is to say, the child that at the time of the crash had been most frightened - had been able to talk about the accident over and over again, to its mother and other relatives, to the nurse at school, to its friends. In Breuer's way of saying: the child could — because at the age of four years it already possessed language — get rid of the ideas and the connected anxiety-affect in a normal way. The one-year-old child, however, who at first sight was apparently less impressed by the accident, but who did not have language at its disposal, is subsequently troubled by chronic nightmares. So, according to Breuer's theory, we can say that at the moment of the accident, the younger child found itself in a hypnoid state. Therefore, the ideas, and the anxiety-affects connected with them, were not elaborated psychically and hence became pathogenic.

With respect to the case study of Anna O., Breuer underlined that he owed both the treatment and the theoretical insights which could be inferred from it, to a fortuitous circumstance, i.e. to Anna O.'s frequent changing between these two states of consciousness. The sequence that can be used as a mould for Breuer's treatment runs roughly as follows. In the afternoons Anna O. was in a kind of somnolent state, in an absence. She was simply not there for another person. In the evenings however, this absent-mindedness resulted in a kind of auto-hypnosis. For instance, when at such a moment someone echoed some of the words which she, in spite of her absence, had pronounced during the day, she would produce a story. Once this story was finished, an improvement of her condition was established which permitted her to spend the evening doing intellectual work in a more or less normal state of consciousness.

For example, one of her symptoms consisted in 'not hearing' when someone spoke to her. This symptom manifested itself in several different forms, which Breuer actually classified. He counted 108 different occasions on which Anna O. did not hear someone enter the room; 27 different examples of not hearing when other people were talking; 50 examples of not hearing when someone addressed her directly... All this information was written down by Breuer during her first absence in the day, what was later to become her morning session, a hypnosis induced by Breuer. In the evening Breuer would take this hastily uttered and confused material as a starting point for the treatment, until Anna O. could remember, for each form of the symptom, its first appearance. Breuer came to the conclusion that Anna O. really suffered from her reminiscences, from her past memories which were only apparently forgotten. For instance, in the end her 'not hearing' turned out to be her

not hearing the entering, the speaking, the talking to her... of her father. Once Anna O. had been able to talk about this, then this 'unheard-of' symptom disappeared.

In his theory Breuer described this as follows: when a certain event or trauma is accompanied by a large quantity of affect, then this quantity is normally worked off by conscious reflex-actions or by other conscious mental material. If this 'working off' (*abreagieren*) does not succeed, one falls into pathology: the quantity accumulates and the memory of the event is cut off from consciousness. In the latter instance, however, there is no forgetting in the sense of disappearing and the memory manifests itself in hysterical symptoms. According to Breuer, there can be two reasons for the failure of such a 'working off':

1. The experience took place in a hypnoid state;
2. The experience was repelled by the ego because it was considered as not being compatible with that ego.

When the so-called forgotten experience is brought into consciousness by means of the cathartic method, then the affect is also worked off. The power that previously supported the symptom is no longer there and, therefore, the symptom disappears.

So far, Breuer's report is completely serene in tone. His behaviour was fully justified up to and including the disappearing of the last symptom. Moreover, in the development of the therapy he was, as he admits, strongly led by his patient. After all, it was she who had taught her doctor a new therapeutic method. On the other hand, with the additional information given by Freud, it becomes only too clear that Breuer was in fact led up the garden path by her.

This is the moment to return to the letter written by Freud to Stefan Zweig. This letter, which as mentioned above contains Freud's criticism of Breuer, who "had not been enough of a Faust", refers more particularly to an important hiatus in the case study of Anna O.

Freud writes:

"Am Abend des Tages nachdem alle ihre Symptome bewältigt waren, wurde er wieder zu ihr gerufen, fand sie verworren, sich in Unterleibskrämpfen windend. Auf die Frage, was mit ihr sei, gab sie zur Antwort: Jetzt kommt das Kind, das ich von Dr. B. habe. In diesem Moment hatte er den Schlüssel in der Hand, der den Weg zu den Müttern geöffnet hätte, aber er liess ihn fallen. Er hatte bei all seinen grossen Geistesgaben nichts Faustisches an sich. In konventionellem Entsetzen ergriff er die Flucht, und überliess die Kranke einem Kollegen. Sie kämpfte noch monatelang in einem Sanatorium um ihre Herstellung. Dieser meiner Rekonstruktion fühlte ich mich so sicher, das ich sie irgendwo veröffentlichte. Breuers jüngste Tochter (kurz nach Abschluss jener Behandlung geboren, auch das nicht ohne Belang für tiefere Zusammenhänge!) las meine Darstellung und befragte ihren Vater (es war kurz vor seinem Tod). Er bestätigte mich, und sie liess es mich nachher wissen."³

In the case study by Breuer we cannot find anything about this event. It was omitted by him because it refers to something that certainly existed during that long treatment, something in which he himself was strongly implicated, but which he just could not recognize. That 'something' was the phenomenon of *transference*, as it was called later on by Freud.⁴

Let us now return, bearing Freud's concept of transference in our mind, to the case study, to see in what way Breuer was led up the garden path by his patient. Everything goes to show that Breuer's efforts to cure Anna O. established the background for the failure of the treatment. From the beginning Breuer had reckoned without his host - or we might say, more correctly: without himself. While he was relying upon the idea of the hypnoid state, he was not aware of the extraordinary position he was given by Anna O. That is to say, he did not see that the so-called absences of Anna O. were in fact only absences with respect to his *presence*. Of course, this statement should not be taken too literally. What we intend to say is that in, and through, her alternation between two different states of consciousness, Breuer, as *Other* was attributed an important role.

Breuer as 'second best'

The particularity, or even the eccentricity, of Breuer's presence can be illustrated by material from the case study.

Let us herewith make use of the concept of transference, and of its pendant, the negative transference. The relation between Anna O. and others in general can be mapped as follows: on the one hand she operated a distinctly negative transference onto anyone whomsoever; on the other hand, she manifested a strong positive transference onto Breuer.

For instance, Breuer reports that during one period he was the *only* person who upon entering her room was recognized by Anna O. This happened at the time when one of her symptoms consisted in not being able to recognize other people.

A similar thing occurred when she refused to eat: Breuer was the *only one* from whom she would accept any food. And again, when another doctor, a colleague of Breuer's, tried to get her attention, he did not succeed at all. The fact that Breuer called the latter instance a negative hallucination, did not change the outcome: only *he* was seen by her and only *he* could influence her.

Or again, when Breuer had left his patient during a short vacation, he invariably found her back in a very bad condition. When, in the course of her treatment, Anna O. repeatedly tried to commit suicide, the family decided to move to their country-house, which had only one floor. Breuer, as a consequence, could no longer see his patient every day, as he used to. The 'chimney sweeping' — as she called the therapy — could only take place every two days or so. When they eventually got to it, the beginning was very difficult and Anna O. even refused to talk. Only after *insisting at length*, would she make a start with her story, but not without first touching Breuer's hands to assure herself that it was really him.

Sometimes it was necessary, when she did not succeed in giving verbal expression to her hallucinations, to treat her with medicine. Breuer would then intoxicate her by giving her an overdose which produced a euphoric feeling *when he was present*, and a very unpleasant feeling, filled with fear and excitation, *when he had left*.

Furthermore, as the treatment went on, Breuer noted that there was an increasing amount of work to be done in order to relieve his patient of her symptoms. He describes this as follows. From December 1882 onwards, not only did the

hallucinations of that same day have to be worked through during her evening hypnosis, but, added to these, the hallucinations which had appeared exactly a year before, as well as those originating from a third pathogenic source, i.e. the events that took place during the incubation period of her illness when Anna O. had looked after her ill father. We are not surprised, therefore, to learn that Breuer had to spend more and more time by the sickbed of his patient.

After this description - which enables us to characterize the relation between Anna O. and Breuer -, and returning to the subject of the hysterical pregnancy, there is no exaggeration in saying that this symptom reveals a neglected meaning of the relation between Anna O. and her doctor. As Jacques Lacan put it:

“En effet, quelque pudique, ou inconvenant, que soit le voile maintenu, demi-écarté, sur l'accident inaugural qui détourna l'éminent Breuer de donner toute sa suite à la première expérience, pourtant sensationnelle, de la 'talking cure', il est bien évident que c'était une histoire d'amour. Que cette histoire d'amour n'ait pas existé seulement du côté de la patiente n'est pas douteux non plus.”⁵

The story of Anna O. and Breuer was neither more nor less than a true love story and Breuer's manifest ignorance cannot alter this fact.

The question arises in what way and to what extent this love story can be held responsible for the birth of psychoanalysis. The answer is found when we add a second criticism of Freud's to the one we mentioned before. In another case study, Dora, Freud explicitly distances himself from Breuer's notion of the hypnoid state. There, he attributes it exclusively to Breuer and qualifies the concept as misleading and superfluous. Yet we cannot deny that at first sight there is an analogy to be found in the starting points of both Freud and Breuer.

We have seen that Breuer was confronted with the hypnoid state of Anna O. as a phenomenon that spontaneously occurred during treatment and that he was led to use this phenomenon as a therapeutic instrument. In a very similar way, Freud was later on confronted with the phenomenon of transference and he too decided to consider it as a therapeutic instrument.

Here the analogy comes to an end and we can differentiate between the respective psychotherapies of Breuer and Freud. Freud's handling and theoretical conception of the concept of transference underlines an important aspect which we cannot find in Breuer's 'hypnoid state'. This aspect consists in the *implication* of the doctor, therapist or psychoanalyst as *Other* in the phenomenon of transference. In spite of Breuer's manifest personal investment, his report reveals that *in his conception* the treatment did not happen through him. If Breuer were to be believed, then everything in this case study was a matter of pure coincidence, the appearance of the hypnoid state as well as the way in which the therapeutic procedure came about. In other words, Breuer minimalised his own part in the whole matter. He himself was no more than an instrument of the caprices of Anna O. It seems that in a certain 'innocent' way it was Anna O., rather than her doctor, who was in charge of the whole situation. Seeing his patient twice a day and trying to make her tell him everything must have consumed him. For when Anna O. did not succeed in this, her condition became much worse or her symptoms refused to disappear at all. In contrast, by means of the concept of transference, Freud provided a structural conception of the whole therapeutic process, i.e. a conception that explicitly accounts for the position of the analyst as a *present Other*. Only through this distinction can we grasp Freud's

criticism of Breuer. Breuer simply had not been aware of the fact that he was given the position of master by his patient. As her master, he was supposed to make her symptoms disappear. And once that had happened, Anna O. made it quite clear to Breuer that, in fact, no cure of any sort had taken place.

Let us now, after this long detour, return to our starting point: the reference to Goethe's Faust. In Freud's eyes, Breuer was a failed Faust. Not in the sense that he did not spend enough time and effort on his patient, but because he did not recognise the element of transference. Precisely this element had already been described in Goethe's poetry.

With respect to the phenomenon of transference the reference to Goethe, and especially to his Faust, occurs in Freud's writings in at least three different places. We already mentioned the letter to Stefan Zweig. A similar reference is to be found in a letter to Carl Gustav Jung, who was subjected to the same reproach when he was confronted with the transference of one of his patients, Sabina Spielrein. But above all, there is Freud's address at the Goethe house in Frankfurt. In 1930, after Stefan George, Albert Schweizer and Leopold Ziegler it was Freud's turn to receive the famous Goethe prize and he was invited to give a lecture about his relation to Goethe. In this text, read by his daughter Anna, Freud puts forward the view that, in his works, Goethe comes very close to psychoanalysis.

"I think that Goethe would not have rejected psychoanalysis in an unfriendly spirit, as so many of our contemporaries have done. He himself approached it at a number of points. He recognized much, through his own insight, of what we have since been able to confirm, and some views, which have brought criticism and mockery down upon us, were expounded by him as self-evident. Thus he was familiar with the incomparable strength of the first affective ties of human creatures."⁶

Thereupon Freud refers to the verses of Goethe's dedication to his Faust:

*"Ihr naht euch wieder, schwankende Gestalten,
Die früh sich einst dem trüben Blick gezeigt.
Versüch' ich wohl, euch diesmal festzuhalten?
[...]
Gleich einer alten, halbverklungenen Sage
Kommt erste Lieb und Freundschaft mit herauf."*⁷

Freud considered Goethe to be aware of the first relationships that define the subject, and also of the possibility to summon these with respect to someone else. Here, the function of the Other is attributed to the reader of his Faust, but it could as easily be incarnated by, for example, Charlotte von Stein, to whom he addressed the following verses:

*"Ach, du warst in abgelebten Zeiten
meine Schwester oder meine Frau."⁸*

In their own way, both Goethe and Freud made it clear that in matters of love repeating and reproducing are far more important than any *creatio ex nihilo*. Moreover, it is the task of the analyst to take Goethe's dedication seriously, that is to say, to assume the position of the *Other*.

ENDNOTES:

¹ J. Breuer and S. Freud (1895d), Studies on Hysteria, S.E., 11, pp. 21-47

² S. Freud, Letter to Stefan Zweig from June 2nd. 1932, in Briefe 1873-1939, Frankfurt-am-Main, Fischer Verlag, 1980, pp. 427-428.

³ S. Freud, Letter to Stefan Zweig from June 2nd. 1932, o.c., pp. 427-428. This report is confirmed by Freud's biographer, Ernest Jones: "Freud has related to me a fuller account than he described in his writings of the peculiar circumstances surrounding the end of this novel treatment. It would seem that Breuer had developed what we should nowadays call a strong counter-transference to his interesting patient. At all events he was so engrossed that his wife became bored with listening to no other topic, and before long she became jealous. She did not display this openly, but became unhappy and morose. It was a long time before Breuer, with his thoughts elsewhere, divined the meaning of her state of mind. It provoked a violent reaction in him, perhaps compounded of love and guilt, and he decided to bring the treatment to an end. He announced this to Anna O., who was by now much better, and bade her good-bye. But that evening he was fetched back to find her in a greatly excited state, apparently as ill as ever. The patient, who according to him had appeared to be an asexual being and had never made any allusion to such a forbidden topic throughout the treatment, was now in the throes of an hysterical childbirth (pseudocyesis), the local termination of a phantom pregnancy that had been invisibly developing in response to Breuer's ministrations. Though profoundly shocked, he managed to calm her down by hypnotizing her, and then fled the house in a cold sweat. The next day he and his wife left for Venice to spend a second honeymoon, which resulted in the conception of a daughter; the girl born in these curious circumstances was nearly sixty years later to commit suicide in Vienna to escape the Nazis. E. Jones, Sigmund Freud, Life and Work, vol. I 1856-1900, (1953), London, The Hogarth Press, 1972, pp. 246-247. More recently, the whole matter was discussed extensively by A. Hirschmüller. Although he does not agree with the reports by Freud and Jones, he confirms: "On the other hand there is no doubt that Breuer had a very special relationship with his patient, as is clear from the Kreuzlingen documents. His commitment to the case of Anna O. had been of an unusually high degree. Breuer's report to Binswanger is ten or twenty times longer than usual for that period. An extraordinary degree of empathy is apparent from the case history, as it is from the early version." A. Hirschmüller, The life and work of Josef Breuer. Physiology and Psychoanalysis (1978), New York and London, New York University Press, 1989, p. 129.

⁴ The notion of transference figures already in the last chapter of the Studies on Hysteria, i.e. in the chapter written by Freud and which deals with psychotherapy. J. Breuer and S. Freud, Studies on Hysteria, o.c., pp. 266, 283, 301-304. But it certainly was not a concept at the time of Breuer's treatment of Anna O. nor, as Freud would later put it, an important therapeutic instrument. This explains why Freud's criticism at Breuer's address is not only clear, but also very mild. Breuer hardly can be blamed and it is only in retrospect that we can try to see where he failed.

⁵ J., Lacan, Le séminaire, Livre VIII. Le Transfert, Paris, Seuil, 1991, p.16.

⁶ S., Freud, Address delivered in the Goethe house at Frankfurt (1930e), S.E, XXI, pp. 208-209.

⁷ *Ibidem*, p. 209.

Again ye come, ye hovering forms! I find ye,
As early to my clouded sight ye shone!
Shall I attempt, this once, to seize and bind ye?

[...]

And, like an old and half-extinct tradition,
First love returns, with friendship in his train.

⁸ *Ibidem*, p. 209.

Ah, you were, in a past life,
My sister or my wife.