The Emma Eckstein Episode

January 24, 1895

Dearest Wilhelm,

I must hurriedly write to you about something that greatly astonishes me; otherwise I would be truly ungrateful. In the last few days I have felt quite unbelievably well, as though everything had been erased — a feeling which in spite of better times I have not known for ten months. Last time I wrote you, after a good period which immediately succeeded the reaction, that a few viciously bad days had followed during which a cocainization of the left nostril had helped me to an amazing extent. I now continue my report. The next day I kept the nose under cocaine, which one should not really do; that is, I repeatedly painted it to prevent the renewed occurrence of swelling; during this time I discharged what in my experience is a copious amount of thick pus; and since then I have felt wonderful, as though there never had been anything wrong at all. Arrhythmia is still present, but rarely and not badly; the sensitivity to external pressure is slight, the sensations being between o [zero] and —o. I am postponing the full expression of my gratitude and the discussion of what share the operation had in this unprecedented improvement until we see what happens next.

In any event, I herewith dedicate to you a new insight which is upsetting my equilibrium more than much that happened before and to which I have not yet become indifferent. It is the explanation of paranoia; my inventions are all of such an unpractical nature. *Tell* me your opinion of it; by then I probably will have calmed down.

How would it be if you *first* experimented on the preparation jointly with Gersuny?[1] According to Breuer and Rie, he worked intensively on the matter after he had overcome his initial hesitation

Now only one more week separates us from the operation,[2] or at least from the preparations for it. The time has passed quickly, and I gladly avoid putting myself through a self-examination to ascertain what right I have to expect so much from it. My lack of medical knowledge once again weighs heavily on me. But I keep repeating to myself: so far as I have some insight into the matter, the cure must be achievable by this route. I would not have dared to invent this plan of treatment on my own, but I confidently join you in it.

Mrs. M. will be welcome; if she brings money and patience with her, we shall do a nice analysis. If in the process there are some therapeutic gains for her, she too can be pleased.

I shall give Paschkis a little push. I think he is behaving badly, but have already had similar experiences in Vienna.

Now I am expecting only a few more lines announcing your arrival.

With cordial greetings to your dear wife from me and Martha,

Yours,
Sigm.

1. Robert Gersuny (1844–1924) was Christian Billroth's former assistant and the first director of the hospital called the Rudolfinerhaus. He was also a well-known plastic surgeon (see Lesky, 1960). From a passage in Freud's letter of March 8, 1895, it would appear that Fliess was operated on by Gersuny, who later played a critical role in the case of Emma Eckstein.

2. In late January or early February Fliess was in Vienna and operated on both Freud and Emma Eckstein. (See note 3 to the letter of March 4, 1895.) The reference here is probably to the impending operation on Eckstein.

Draft H. Paranoia

[enclosed with letter]

In psychiatry *delusional* ideas stand alongside *obsessional* ideas as purely intellectual disorders, and paranoia stands alongside obsessional insanity as an intellectual psychosis. If once obsessions have been traced back to an affective disturbance and it has been proved that they owe their strength to a conflict, then the same view must apply to delusions and they too must be the outcome of affective disturbances and must owe their strength to a psychological process.

The contrary of this is accepted by psychiatrists, while laymen are inclined to attribute delusional insanity to shattering emotional

events. "A man who does not lose his reason over certain things can have no reason to lose."[1]

Now it is in fact the case that chronic paranoia in its classical form is a *pathological mode of defense*, like hysteria, obsessional neurosis, and hallucinatory confusion. People become paranoid over things they cannot put up with, provided they possess the peculiar psychic disposition for it.

In what does this disposition consist? In a tendency toward that which represents the psychic characteristic of paranoia; and this we will consider in an example.

An aging spinster (about thirty) shared a home with her brother and [elder] sister. She belonged to the upper working class; her brother was working his way up to becoming a small manufacturer. Meanwhile they rented a room to a fellow worker, a much-traveled, rather enigmatic man, very skillful and intelligent, who lived with them for a year and was on the most companionable and sociable terms with them. Then the man went away, only to return after six months. This time he stayed for only a comparatively short time and then disappeared for good. The sisters often lamented his absence and could speak nothing but good of him. Nevertheless, the younger sister told the elder one of an occasion when he made an attempt at getting her into trouble. She had been tidying up the rooms while he was still in bed. He called her to his side, and when she unsuspectingly went, put his penis in her hand. There was no sequel to the scene; soon afterward the stranger left.

In the course of the next few years the sister who had had this experience fell ill, began to complain, and eventually developed unmistakable delusions of observation and persecution with the following content. The women neighbors were pitying her for having been jilted and for still waiting for this man to come back; they were always making hints of that kind to her, kept saying all kinds of things to her about the man, and so on. All this, she said, was of course untrue. Since then the patient has only fallen into this state for a few weeks at a time; from time to time she becomes rational, explaining that it is all the result of the excitement; though even in the intervals she suffers from a neurosis which can without difficulty be interpreted as a sexual one. And soon she succumbs to a fresh thrust of paranoia.

The elder sister was astonished to notice that as soon as the conversation turned to the scene of the temptation, the patient denied it. Breuer heard of the case, the patient was sent to me, and I endeavored to cure her tendency to paranoia by trying to reinstate the

memory of that scene in its legitimate place. I failed in this. I talked to her twice; in concentration hypnosis got her to tell me everything to do with the lodger; in reply to my pressing inquiries about whether something "embarrassing" had actually happened, I received the most decided negation as an answer; and — saw her no more. She sent me a message to say that it upset her too much. Defense! That was obvious. She *wanted* not be reminded of it and consequently intentionally repressed it.

There could be no doubt whatever about the defense; but she could just as well have acquired a hysterical symptom or an obsessional idea. What was the peculiarity of paranoid defense?

She was sparing herself something; something was repressed. We can guess what it was. Probably she had really been excited by what she saw and by its memory. So what she was sparing herself was the reproach of being a "bad woman." That same reproach she then came to hear from outside. Thus *the factual content remained undisturbed;* what was altered, however, was something in the *placing* of the whole thing. Earlier it had been an internal self-reproach, now it was an imputation coming from outside. The judgment about her had been transposed outward: people were saying what otherwise she would have said to herself. Something was gained by this. She would have had to accept the judgment pronounced from inside; she could reject the one arriving from outside. *In that way the judgment, the reproach, was kept away from her ego.*

The purpose of paranoia is thus to ward off an idea that is incompatible with the ego, by projecting its substance into the external world.

Two questions arise: [1] How is a transposition of this kind brought about? [2] Does it also apply to other cases of paranoia?

[1] Very simple. It is a question of abuse of a psychic mechanism that is very commonly employed in normal life: transposition, or projection. Whenever an internal change occurs, we have the choice of assuming either an internal or an external cause. If something deters us from the internal derivation, we naturally seize upon the external one. Second, we are accustomed to our internal states being betrayed (by an expression of emotion) to other people. This accounts for normal delusions of observation and normal projection. For they are normal so long as, in the process, we remain conscious of our own internal change. If we forget it and are left with only the leg of the syllogism that leads outward, then we have paranoia, with its overvaluation of what people know about us and of what people

have done to us. What do people know about us that we know nothing about, that we cannot admit? *It is therefore abuse of the mechanism of projection for purposes of defense.*

Something quite analogous, indeed, takes place with obsessional ideas. The mechanism of substitution also is a normal one. When an old maid keeps a dog or an old bachelor collects snuffboxes, the former is finding a substitute for her need for a companion in marriage and the latter for his need for — a multitude of conquests. Every collector is a substitute for a Don Juan Tenorio, and so too is the mountaineer, the sportsman, and such people. These are erotic equivalents. Women know them too. Gynecological treatment falls into this category. There are two kinds of women patients: one kind who are as loyal to their doctor as to their husband, and the other kind who change their doctors as often as their lovers. This normally operating mechanism of substitution is abused in obsessional ideas — once again for purposes of *defense.*

[2] Now, does this view also apply to other cases of paranoia?

To all of them, I should have thought. [But] I shall take some examples.

The litigious paranoic cannot put up with the idea that he has done wrong or that he should part with his property. [He] therefore thinks the judgment was not legally valid, [that] he is not in the wrong, and so on. This case is too clear and perhaps not quite unambiguous; maybe it could be resolved more simply.

The *grande nation* cannot face the idea that it could be defeated in war. Ergo it was not defeated; the victory does not count. It provides an example of mass paranoia and invents the delusion of betrayal.[3]

The alcoholic will never admit to himself that he has become impotent through drink. However much alcohol he can tolerate, he cannot tolerate this insight. So his wife is to blame — delusions of jealousy and so on.

The hypochondriac will struggle for a long time until he finds the key to his feeling of being seriously ill. He will not admit to himself that it arises from his sexual life; but it gives him the greatest satisfaction if his ailment is, as Möbius says, not endogenous but exogenous. So he is being poisoned.

The official who has been passed over for promotion requires that there be a conspiracy against him and that he be spied on in his room. Otherwise he would have to admit his shipwreck.

What develops like this need not always be delusions of persecution. Megalomania may perhaps be even more effective in keeping the distressing idea away from the ego. Take, for instance, the jaded cook who must accustom herself to the thought that she is permanently excluded from happiness in love. This is the right moment for [the emergence of] the gentleman from the house opposite, who obviously wants to marry her and who is giving her to understand as much in such a strangely bashful but nonetheless unmistakable fashion.

In every instance the *delusional idea* is maintained with the same energy with which another, intolerably distressing, idea is warded off from the ego. Thus they love *their delusions as they love themselves.* That is the secret.

And now, how does this form of defense compare with those that we already know: (1) hysteria, (2) obsessional idea, (3) hallucinatory confusion, (4) paranoia?

To be taken into consideration: affect, content of the idea, and hallucinations. [See Summary.]

(1) *Hysteria.* The incompatible idea is not admitted to *association* with the ego. The content is retained in a segregated compartment, it is absent from consciousness; its affect [is dealt with] by conversion into the somatic sphere. — Psychoneurosis is the only [result].

(2) *Obsessional idea.* Once more, the incompatible idea is not

SUMMARY

	warded-off			
	Affect	Content of idea	Hallucination	Outcome
Hysteria	dealt with by conversion	absent from consciousness	———	Unstable defense with satisfactory gain
Obsessional idea	retained	absent from consciousness substitute found	———	Permanent defense without gain
Hallucinatory confusion	absent	absent	friendly to ego friendly to defense	Permanent defense with brilliant gain
Paranoia	retained	retained projected out	hostile to ego friendly to defense	Permanent defense without gain
Hysterical psychosis	dominates consciousness		hostile to ego hostile to defense	Failure of defense

admitted to *association*. The affect is retained; the content is replaced with a substitute.

(3) *Hallucinatory confusion*. The whole incompatible idea—affect and content—is kept away from the ego; and this is possible only at the price of a partial detachment from the external world. One resorts to hallucinations, which are *friendly to the ego* and *support the defense*.

(4) *Paranoia*. The content and the affect of the incompatible idea are retained, in direct contrast to (3); but they are projected into the external world. Hallucinations, which arise in some forms [of the illness], are *hostile to the ego* but support *the defense*.

In hysterical psychoses, in contrast, it is precisely the ideas warded off that gain mastery. The type of these is the attack and *état secondaire*. Hallucinations are *hostile to the ego*.

The *delusional idea* is either a copy of the idea warded off or its opposite (megalomania).

Paranoia and hallucinatory confusion are the two *psychoses of spite or contrariness*.[3] The "reference to oneself" in paranoia is analogous to the hallucinations in confusional states, for these seek to assert the exact contrary of the fact that has been warded off. Thus the reference to oneself always seeks to prove the correctness of the projection.

1. Gotthold Lessing, *Emilia Galotti*, Act 4, scene 7.

2. A reference to the aftermath of the Franco-Prussian War of 1870.

3. *Trotz- oder Justamentpsychosen*. These are Viennese colloquialisms, implying spite and deliberately doing precisely the opposite of what is expected.

February 25, 1895

Dear Wilhelm,

Must immediately send a letter to you. The report on labor pains has appeared in the *Wiener allgemeine Zeitung*,[1] is factual and reasonable, and deserves a correction only insofar as he[2] purports to have been in direct contact with you. Don't be too harsh, please; the public is really entitled to [hear] new things of this sort; and you do not need the cloak of virtue.

Cordially your
S.

1. This article appeared on February 26(!), 1895, on p. 4. The half column report called "Eine neue medizinische Entdeckung" begins, "In the gynecological clinic of Professor Chrobak, the Berlin physician Dr. Wilhelm Fliess has recently been con-

Emma Eckstein in 1895,
before the operation.