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The story of Freud's patient Anna von Lieben – as told by Anna von Lieben

Abstract

Anna von Lieben (Cäcilie M.) was treated for some five years by Sigmund Freud who discussed her case in *Studies on Hysteria*. This article presents an alternative view of the case based on the discovery of new primary material, principally, a handwritten corpus of confessional poetry by Anna herself. The poems were studied using a qualitative research methodology, Interpretative Phenomenological Analysis (IPA), the findings of which were then further explored through the lens of her husband's unpublished diary entries. On this basis, it is suggested that Anna's ill-health appears to have been due mainly to chronic gynaecological disease, morphinism, troubles of iatrogenic origin and possibly phenomena similar to what are now termed psychogenic non-epileptic seizures. Overall, the findings contradict Freud's account of satisfactory therapeutic progress culminating in a cure.

Introduction

Both by birth and marriage, Anna von Lieben (1847-1900) belonged to a prominent level of Viennese society. Her father was the ennobled businessman Eduard von Todesco, her mother, Sophie von Todesco, was a renowned salonnière, and her husband, Leopold von Lieben, was a well-known banker and industrialist, as well as President of the Vienna Stock Exchange. Anna's more enduring claim to fame, however, lies in her status as one of Freud's most significant patients. Freud himself credits the case with being instrumental in the development of his thinking about hysteria, claiming that he gained from her "the most instructive information on the way in which hysterical symptoms are determined".^{1 pp250-251} In a letter to his friend Wilhelm Fliess he describes her as his "teacher".² Yet, despite reporting that he came to know Anna von Lieben "far more thoroughly than any of the other patients mentioned in these studies", Freud was prevented by "[p]ersonal considerations" from devoting a full study to the case.^{1 p127n} He therefore presents only a fragmented account in *Studies on Hysteria*, inserted at various points in the main text and in footnotes.

The principal symptoms Freud mentions are:

- Facial neuralgia
- Hallucinations
- Various pains
- 'Absences'
- Spasms
- Gaps in memory
- Fears of her own worthlessness

Freud attributes Anna's condition to hysteria and claims that each of her symptoms was associated with a traumatic experience from the past, now forgotten. He further claims that he enabled her to recover those memories and to give vent to the associated emotions – emotions which had not been allowed expression at the time of the original event. At this point, "her troubles disappeared as though by magic".^{1 p250} If Freud's account is to be believed, his treatment of Anna von Lieben was a resounding success.

It has been known for almost four decades that Anna von Lieben was the patient discussed in *Studies on Hysteria* under the pseudonym Cäcilie M.³, yet to date little information has been available about Anna's personal experience of her illness or her family's perception of her condition, beyond the fact

that her ill-health started in adolescence. Now, thanks to a treasure trove of autobiographical material found by the author of this article in Israel, in the possession of Anna's great-grandson Dr Michael Karplus, we can at last access the perspectives of the patient herself and of her entourage.⁴ The material in question comprises:

- two handwritten volumes of autobiographical poetry authored by Anna herself, 'Gedichte 1' and 'Gedichte 2'
- the diaries of her husband, Leopold von Lieben
- letters by Anna, Leopold and other family members.

'Gedichte 1' contains some 330 poems written between 1866 and 1870, when Anna was aged between 19 and 23; 'Gedichte 2' appears to be a fair copy of 'Gedichte 1', with the addition of some 70 poems written between November 1870 and March 1873, covering the period of her engagement to Leopold and the first sixteen months of her marriage. Many of the poems in 'Gedichte 1' are confessional in nature, dealing with Anna's thoughts and emotions, including frequent references to ill-health. As such, they constitute a window onto her states of mind as she progressed from late adolescence to early adulthood and to matrimony.

The diaries of Leopold von Lieben, which he maintained from his early teenage years until almost the time of his death, provide the husband's view of the von Lieben ménage, with the volumes covering the period from 1870 to 1900 being of relevance here. Leopold's diary style is prosaic, and his content limited largely to matters of fact. As a result, we have a relatively unadorned account of his family life which includes valuable information about Anna's ill-health and her treatment by Freud, information which is supplemented and given added weight by concomitantly discovered family correspondence.

An assessment of the material found and of its diverse sources indicated that a case study approach would be suitable for the examination of Anna's condition, the aim being to investigate how Anna von Lieben experienced her illness; how the diary entries and letters of her husband might contribute to an understanding of her illness; and what new light the answers to those questions might throw on Freud's reporting of the case.

As the principal focus was an exploration of Anna von Lieben's first person experience of ill-health, it was decided to use Interpretative Phenomenological Analysis (IPA) to analyse those of her poems deemed both amenable to this treatment and relevant to the stated aim. Familiarisation with the total corpus of poems was achieved during the transcription from the original handwritten texts. This in-depth overview permitted the identification of poems dealing with physical or emotional distress, and these were then selected for the analysis. The remaining poems continued to serve as a contextual backdrop and were consulted whenever necessary to clarify any queries arising during the IPA process.

IPA is a relatively new hermeneutic research methodology which uses an inductive approach and is designed to understand what it is like for an individual to experience the phenomenon of interest. It works with first-person accounts and aims to explore experience in its own terms rather than by applying a predefined system such as feminist theory or psychoanalytic theory.⁵ The procedure involves in-depth study of the participant's words, starting with a close reading of the text which acts as a foundation for the subsequent interpretative activities. The researcher first notes exploratory comments, from which emergent themes are identified. Those are then grouped into overarching super-ordinate themes on which the final narrative is based. A key feature of IPA is the implementation of the hermeneutic circle, whereby a text is subject to repeated re-examination in light of any new information and insights which appear. The researcher should adopt a stance of reflexivity throughout, to minimise the influence of her existing preconceptions and worldview. It is nevertheless acknowledged that the methodology, being interpretative in nature, does not provide a

direct route to another person's experience, and researcher subjectivity can never be eliminated entirely.

Although IPA normally entails the analysis of texts obtained by semi-structured interviews, there is precedent for its use with 'found' texts, including autobiographical poetry.⁶

Anna's narrative

The IPA analysis of Anna's poems yielded six principal super-ordinate themes on which the following narrative is built. These themes encompass all of Anna's statements that can be related to her mental and physical health, in other words, they constitute the patient's interpretation of her symptoms, which can be compared with those of Freud, listed above. For each theme, prose translations of selected quotes from the poems are provided as illustrative examples. The following extensive quotes from unpublished writings by Anna gives the modern reader access to the patient's own tablevoice for the first time.

Unwillingness to be explicit

Anna displays an unwillingness to give details about her illness beyond indicating that it impacted her both physically and psychologically as we see here, for example:

I am indeed sick, and not only in the body. I am also sick in the mind, very sick in heart and soul.

Feeling nothing in my heart but the suffering and pain of my body.

Her suffering is a secret which must remain hidden from others:

You have no idea how frightfully I suffer, and you do not know how terrible I feel. You only see my smiling exterior and say that I have colour in my cheeks. You have no idea of my terrible secret, the pain of which nothing eases. You do not know how my poor weakening mind constantly struggles between horror and fright.

This reticence could be explained by feelings of shame and embarrassment about her illness:

What is wrong with me? What is torturing me? ... I will never speak of it; my heart hides it shyly.

I would die of deep shame if I had to reveal my pain.

She has sought relief by expressing herself in poetry but admits that even here a sense of pudeur has censored the processing of her feelings:

I have always written what I felt and I have soothed much painful suffering with words; but often my feelings have been so searing that I have kept them hidden in my heart and I can only whisper them in the dark, my cheeks hot with anxious fright.

Nowhere does Anna give any indication of what her physical symptoms may have been, but they appear to have been a source of acute embarrassment to her.

Feelings of personal loss

Anna writes of the impact her illness had on her personal attributes, on her social life and on her adult potential. She experienced an atrophy of her ability to enjoy herself: "Nothing can make me happy anymore. Nothing incites me to pleasure or laughter". She laments the loss of her previous characteristics: "Where has my courage gone, oh God, where? Where has my previous cheerfulness

gone?" She complains about being socially isolated, prevented from joining in the activities of family and friends:

I lie in the house alone in the springtime of my youth. [My sisters] are roaming up and down in the moonlight, I lie sick and may not enjoy myself.

I lie in my room, crying my eyes out The others have gone out in the beautiful month of May. I will never get better, my heart breaks in two.

She feels deprived of her previous potential:

I am a little bird whose wings have been clipped; a poor little flower stripped of its leaves.

I am a poor little flower, which a bad storm crushed early, I am a poor maiden which a storm of tears has stifled.

She is no longer the person she once was, and she feels the loss bitterly.

Like a prison

Anna frequently uses a language of captivity. In her poem 'Traumesdeutung' (dream interpretation) she gives us a metaphorical image of herself as a prisoner:

I live in a gloomy cell, prey to my misery. ... I wanted to break down my confining prison walls with my fist. ... I ran round in circles, over and over again, trying to force an exit, inconsolable at not succeeding.

She contrasts herself with those fortunate others who, unlike her, are free: "You live on the sunny green Earth, I live in a horrific gloomy world where an evil spirit holds me fast, prisoner in the ghostly network of horror." Yet at times, she suspects she may be her own jailer: "So go out! The door is open. Your room isn't a locked prison."

But she is unable to liberate herself.

Desire for death

Anna longs for death, which she sees as a means of escape from her suffering:

My body is sick, the soul wants to depart. It is looking for a different, more beautiful place.

But you, beautiful hope-offering Death, will answer me! Hurry, rescue me from life, come and put an end to my torment.

She envisions death as state of heavenly peace in the company of God; she begs Him to come to her rescue by letting her die:

The soul is hurrying to you, my God.

Come, dear God and extinguish the little lamp of my life, and carry me out of the crush, out of life's confinement into your house of peace.

Both God and Death are deaf to her pleas.

Impacted sense of self

Anna portrays herself as being in a state of inner conflict, internally fragmented, and impotent in the face of her distress:

The soul wrestles and struggles in vain. The soul constantly feels ill at ease in life. It cannot unite with the body.

Once I was different from how I am now. My mind is fragmented and shattered.

My spirit is so confused, my mind so fragmented, that I often have to wonder where I actually am.

There is a lack of agency. Anna feels as if she is not in control of her own destiny, which she sees as being in the hands of Fate or God:

What a cruel fate was accorded to me.

I begged you, Lord: oh let me die.

Now I beg – Lord, let me recover!

She personifies abstract nouns, making them active agents in the drama of her life:

Happiness and joy avoid us

Suffering chose me

She is no longer in charge of her life, her mind or her destiny.

Attribution of responsibility

Thus far we have an idea of *how* Anna experienced her ill-health; but does she give us any clues as to the cause of it?

During the initial close reading of the poems selected for the IPA study, a narrative arc had appeared, with a pivotal moment identified by Anna herself in the poem 'Einst und jetzt' (then and now). Written in 1867, this poem appears to be a first-person account of a traumatic experience which Anna links to ongoing negative changes in her physical and psychological health. Supporting evidence from other poems places the experience in 1864, when she was aged about sixteen. In 1866, she thanked the Star of Hope for supporting her over "two long difficult years". In 1868 she reports having been in a state of living death for four years: "For four years I have been dead in life, but I live and do not die."

In 'Einst und jetzt' Anna reflects nostalgically on a carefree childhood and the expectations she once had of an equally happy and fulfilling future. All this was brought to an abrupt halt, however, by a crushing event. She begins: "Once I could revel in blissful dreams of a happy future; now I can only cry alone in my quiet little room. The hopes and happiness of my youth were shattered one night."

Anna describes stepping out into the garden on a beautiful star-studded evening:

It was a lovely night, the heavens shone brightly as I stepped over the threshold, with a garland on my head. And I hurried out of the lively house in a thin white dress into the mysterious darkness of that beautiful night. The moon shone down gently, the flowers nodded dreamily as, surrounded by bright dew, they looked out from the dark grass.

She lies down on the dew-laden grass, daydreaming happily. But it was to be her last experience of happiness, her last feeling of peace; and for this she blames the dew: "That deadly beautiful dew was to embrace me murderously, it was to be the herald of the tears that the future was to bring

me.” She accuses it of being the agent of her doom: “Your beautiful pearls cruelly devastated the springtime of my life, and turned my health, strength and happiness into the bitterest suffering.”

By telling her story in poetic form Anna allows herself to hide the details behind literary devices. But, looking closely, we see that the poem is larded with metaphors of seduction which have been in use across cultures for centuries.

The setting is a garden, a traditional locus amoenus and often the scene of romantic or sexual encounter.^{7,8} Evett draws attention to a close relationship between sex and the locus amoenus and discusses the topos’s “built-in hospitality to moral perversion”.^{9 p56} As for the word ‘dew’ – the element Anna regarded as the author of her misfortune – it is frequently found in folk literature where loss of virginity is featured.⁷ Clarke suggests that Eros “is, in fact, the dew – mysterious deposit of droplets and literally the embodiment of mist”.^{10 p69} Anna’s choice of words in describing herself also seems significant. She appears as a virginal figure in a thin white dress, wearing a garland on her head, the latter being traditionally a symbol of a maiden’s virginal status⁸. The above tropes are found in many of the folk songs and poems from other lands translated into German by Johann Gottfried Herder (1744-1803).¹¹ In *Das Mädchen und die Haselstaude*, a hazel branch (a phallic symbol) advises a maiden that if she wants to keep her garland she should avoid the company of reprobates, warning that, once lost, the garland can never be recovered. In *Lied des Mädchens um ihren Garten*, a young woman bemoans the ravaging of her garden, where the flowers lie destroyed, with the dew wiped away, and she is left desolate with her withered garland.

Could some kind of unwelcome sexual encounter have been at the root of Anna’s subsequent suffering? At this point it seemed very possible.

But let us turn now to the diaries of Anna’s husband, Leopold von Lieben which provide an observer’s perspective on her illness and treatment.

Leopold’s account

Leopold is rarely specific about Anna’s symptoms, often using short phrases such as “Anna very unwell”, “Anna in severe pain”, “Anna wretched”. Often there is no indication of whether he is referring to her physical or psychological condition or to a combination of both. This terse style is in keeping with the way in which he notes other events. On the day of his marriage, for example, he writes merely: “Wedding at 1.30. Josephine after the wedding. Franzi and Adolf. Supper at home.” However, we learn from repeated references to Anna’s periods that she suffered from chronic menstrual difficulties, including dysmenorrhoea, amenorrhoea and menorrhagia, throughout their married life. Leopold also reveals that she underwent at least two gynaecological operations, one for the removal of unspecified growths. It further appears that Anna was, for decades, a severe morphine addict and there are indications that her morphine consumption was associated, initially at least, with menstrual pain. She was hospitalised at least once to be treated for morphinism.

We also learn from Leopold that Anna was treated for some months in Paris, and on more than one occasion, not by Jean-Martin Charcot as had previously been assumed, but by a hydrotherapist, Dr Théodore Keller, to whom she had been referred by Charcot. Leopold, who was present for some of this time, gives a detailed account of Anna’s experiences there. Her treatment by Keller seems to have coincided with the occurrence of psychotic episodes in Anna, with hallucinations, bizarre behaviour, expressions of paranoia and imagined culpability, and fears that she, her family and Keller were going to be, or had already been, murdered. Years later, while she was being treated by Freud. Keller continued to figure prominently in her mental activity. Leopold’s reports of the memories which Anna was processing at this later time reveal that she was reminiscing constantly about Keller and about her experiences in Paris.

As regards Freud's treatment of Anna, Leopold appears largely non-committal in the earlier years, expressing only the occasional reservation. In June 1890, for example, he noted simply that Freud believed that Anna's re-experiencing of previous states signalled the end of her illness ("Freud's Hypothese von der Wiederkehr alter Zustände als Ausklingen der Krankheit"). Often, he mentions only that Freud has been in attendance, without further elaboration. Later, however, Leopold writes of serious misgivings, both in his diaries and in letters to family members. In April 1891, with Anna's condition deteriorating, he observes that Freud and Breuer are baffled ("Zustand Annas immer ärger ... Besprechung Breuer Freud, die sich auch nicht auskennen"). In the following month Freud was becoming impatient ("Freud wird ungeduldig"). In a letter to Anna's aunt, Josephine von Wertheimstein, on 13 May 1891, Leopold expressed a despairing frustration, confessing that he had postponed answering her letter in the hope that he might soon have some good news to report, but to no avail; they are all, physicians included, confounded by the sheer peculiarity of Anna's illness ("Dieser Krankheitsverlauf und Alles was dazu gehört, ist ein so eigenthümlicher, dass ich vollkommen begreife dass jeder davorstehende sich davon absolut kein Bild machen kann"). December of the same year found Leopold again apologising to Josephine for his epistolary silence and confessing that he had finally put pen to paper only because "human wretchedness has more persistence in tormenting us than I have the patience to refrain from writing".

As with Keller in Paris, Anna's treatment at the hands of Freud is accompanied by psychotic manifestations, with hallucinations and fanciful imaginings. These included erotic scenes involving animals, and characters as diverse as Buffalo Bill and the corpse of Polonius. At times, she would speak nothing but French, a compulsion which she claimed was due to her desire to become French because of Keller. She was, writes Leopold, completely absorbed in thoughts about him ("Anna ganz bei Keller"). In describing these episodes, which also included a disturbed sleep cycle and lack of appetite, Leopold notes on one occasion that morphine played a significant part ("Morphin injectionen spielen eine große Rolle").

After Freud's services were terminated Anna remained as ill as ever, if not more so, and new doctors were brought in to continue her treatment. She died of a heart attack at the age of 53 without recovering her health.

Further interpretation of Anna's poems

In light of the findings from Leopold's diaries, it now seemed possible that a gynaecological condition – perhaps endometriosis or something similar – might account for the pattern of suffering described in Anna's poems. It would explain her unwillingness to go into detail about her condition, particularly in relation to her physical symptoms. It would also explain her feelings of shame about her condition, feelings which are found in the personal narratives of endometriosis sufferers – and indeed in gynaecological narratives more generally – even today.

Incorporating this new information, in an implementation of the hermeneutic circle as described above in the Introduction, the poems were re-examined, with a particular focus on what had appeared to be a key poem, 'Einst und jetzt'. Could this poem have been a metaphorical recounting, not of a sexual impropriety, but of Anna's menarche?

The emphasis throughout the poem is on transformation, and we may note that while a deflowering transforms a girl into a woman, so too does the menarche. The idea of transformation is announced first in the title with its contrasting periods of 'then' and 'now'. It is further heralded in Stanza 4 as Anna 'stepped over the threshold', as if she was progressing from one phase of her life to another. Anna characterises the phase she steps into as 'the springtime of her life', and here it is perhaps significant that the spring season is traditionally a period of fertility.

As regards the locus amoenus, while this type of setting may often be the scene of romantic encounter, it can also be understood as "a landscape of the mind"^{9 p50}, or as "an external equivalent for a state of mind"^{12 p131}. We may then interpret the opening stanzas of 'Einst und jetzt' as

representing the happy and carefree outlook which characterised Anna’s childhood, one which is transformed by events into a locus horridus, whereby the poem ends with a profoundly negative state of mind and it is ‘night in her heart’. As for the identity of the agent represented metaphorically by the dew, Anna poses a cryptic question about the cause of the devastating event: Was it the malice of blind chance or a higher power? The possibilities suggested here seem at odds with the earlier interpretation; they point rather to some outside agency, with no human actors involved, to something which, simply through bad luck, had just happened to her.

Comparison of the narratives

Let us now compare the narratives obtained thus far with the account given by Freud. To summarise, from Anna herself we have a picture of a young woman in considerable physical and psychological distress whose ill-health brings about an atrophy of her personal characteristics, prevents her taking part in normal social activities, curtails her life expectations, and causes her feelings of entrapment, impotence and despair, as well as chronic pain. The insights gained from her husband’s diaries suggest that these symptoms could have been due to the onset of a lifelong gynaecological disease, starting around the time of Anna’s menarche. The subsequent course of this disease was accompanied by increasing drug use, leading to chronic morphinism, and by possibly nocive interventions by physicians.

Table 1 below lists the various symptoms attributed to Anna, first by Freud and then by Leopold, and indicates which of them could be due to morphinism or gynaecological disease.

Table 1

Symptom	Freud	Leopold	Morphinism	Gynaecological disease
Facial neuralgia	X	X		
Hallucinations	X	X	X	X (if cerebral endometriosis)
Various pains	X	X	X	X
'Absences'	X	X		
Convulsions	X	X	X	X
Gaps in memory	X		X	
Mood disturbances	X	X	X	X
Fears of her own worthlessness	X			
Disturbed sleep pattern		X	X	
Diarrhoea		X	X	X
Lack of appetite		X	X	
Vomiting		X	X	X
Irregular menstruation		X		X
Menorrhagia		X		X
Dysmenorrhoea		X		X

Compulsion to speak French		X		
Obsession with Dr Keller		X		

It is clear from Table 1 that Freud failed to mention a number of the symptoms noted by Leopold and that he failed to consider the possibility that the symptoms he did mention could have been due to the co-morbidities of which he must have been aware – morphinism and gynaecological disease. By the second half of the 19th-century, doctors were well acquainted with the symptoms of morphine abuse and morphine withdrawal^{13,14}, phenomena which had become increasingly prevalent since the recent invention of the hypodermic syringe. Freud had likewise no excuse for ignoring Anna’s gynaecological condition. Although endometriosis had yet to be identified as a disease entity, contemporary gynaecological knowledge was nevertheless relatively wide-ranging, as illustrated by, for example, Franz Winckel¹⁵. Furthermore, she was being treated by the gynaecologist Dr Rudolf Chrobak, with whom Freud must have been in collegial communication. In addition, the obsession with Dr Keller and the compulsion to speak French – both prominent elements of Anna’s psychopathological state – appear nowhere in Freud’s account. As already mentioned, those phenomena, along with Anna’s psychotic episodes in Paris, may have been an iatrogenic effect of her relationship with Keller, a ‘transference’ condition of the kind described by Freud himself in *The Dynamics of Transference*. As Freud notes, the condition can occur even in non-analytic situations and can develop into a state of ‘mental bondage’. A similar iatrogenic phenomenon could also account, at least in part, for Anna’s more florid psychological manifestations during her relationship with Freud. As far back as 1908, Swiss psychiatrist August Forel described having a patient who had been completely shattered and rendered half-mad by Freudian psychoanalysis and expressed the opinion that psychoanalysis created more problems than it resolved.¹⁶ More recently the literature has provided abundant evidence in support of Forel’s views, as, for example, in Boisvert and Faust¹⁷ and Tormoen¹⁸.

As regards Anna’s convulsions, those could possibly have resulted from morphine consumption or endometriosis (if endometrial tissue had infiltrated the brain), or even catamenial epilepsy. However, it is also possible that they corresponded with what are now known as psychogenic non-epileptic seizures (PNES), a psychosomatic syndrome in which the individual experiences epileptic-like convulsions, but without the usual neuronal discharges in the brain. Those convulsions can also be accompanied by a loss of awareness or ‘absence’ of the type associated with temporal lobe epilepsy. The condition is currently understood to be ‘a dissociative response to potentially distressing internal or external stimuli’^{19 p100}. Given the degree of distress which Anna expresses in her poems, it is possible that in her case the origin could be found in the traumas associated with her menarche.

Over recent decades, there has been growing scepticism about Freud’s work, often with a focus on the dubious nature of his claims, many of which have been shown to be unfounded or downright false^{20, 21,22,23}. The progressive declassification of the Freud Archives²⁴ has enabled closer scrutiny of those claims, an opportunity exploited by the historian Mikkel Borch-Jacobsen who adduces evidence showing that in almost all the 38 cases he investigated the Freudian version was misleading and the outcome negative²³. As Borch-Jacobsen puts it, in dry understatement: ‘Freud’s cases were “an embellishment, to say the least, on what had actually happened”, and in explaining why the material was classified in the first place he suggests that Kurt Eissler, founder of the Archives, “didn’t want to contradict the Freud case histories”²⁵.

Powerful as the findings of Borch-Jacobsen are, they are nevertheless based on the second-hand recollections of relatives or friends of the patient, or filtered through the long-term memories of the patients themselves. With the discovery of the von Lieben material we have, for the first time, a dual

first-person narrative, authored by both the patient and her husband concurrently with the illness and treatment in question.

CONCLUSIONS

Based on the findings of the above study, it is tentatively proposed that:

- Anna von Lieben's condition was primarily due to a 'clinical syndrome similar to or consistent with' endometriosis (using the terminology advocated by Muramoto²⁶ when proposing a retrospective diagnosis).
- Her condition was exacerbated, and her symptomatology extended, by chronic morphinism.
- Her psychological condition was aggravated by iatrogenic effects arising during her treatment first by Théodore Keller and then by Sigmund Freud.
- Her convulsions and 'absence' seizures – if they were not of somatic origin – may have been due to what are now termed psychogenic non-epileptic seizures..

A reading of Leopold's diary directly undermines Freud's claim to have cured Anna and renders puzzling his claim to have found her case an instructive one in terms of the development of his theories. Overall, the study illustrates how qualitative research methodology can be combined with historical approaches to present the illness narratives of those who are no longer alive and are therefore unable to speak out for themselves.

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