What Freud Did Not Write About Dora

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Using clinical material and an allegory, I argue that Freud's lack of attention to the clinical theory of psychoanalysis set a course that has led to considerable ambiguity and confusion about what actually occurs in an analysis. In "Fragment of an Analysis of a Case of Hysteria," Freud (1905) described very little of his interactive experiences with Dora and minimized his most humane contribution to Dora.

A MALE PSYCHOTHERAPIST, WHOM I WILL CALL DR. A, ASKED ME FOR help with his psychotherapy of a 35-year-old woman. After a year of progress, therapy had reached an impasse. A week before Dr. A's consultation with me, the patient announced, to Dr. A's surprise and frustration, that she was terminating treatment at the end of the month because he had not helped her. Since that time, Dr. A felt enraged and was preoccupied with thoughts of retaliation. He wanted to tell her that he did not have time to see her anyway. He thought that her borderline or character pathology, which had been latent, had emerged with a fury. He doubted if she really had the motivation or capacity to continue. Yet, he could not stop thinking of her. He was not certain why he was having such trouble with her.

He continued to tell his story of the psychotherapy. The patient was intelligent, attractive, and creative. For almost a year, he felt the

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treatment was progressing well. However, she suddenly began criticizing his technique. Her communication was increasingly fragmented. She believed he was trying to manage her, and she no longer could trust him. When he clarified himself, she ignored his explanations. It seemed that there was nothing he could say that would comfort her. He was distressed and embarrassed. He felt helpless. Although he really did not believe it to be true, he was concerned that his lack of success with this patient only foreshadowed his inability to do psychoanalytic work and would necessitate his reconsideration of eventually pursuing psychoanalytic training.

The patient had been in treatment for 18 months. She entered treatment a year after her husband had committed suicide. He had developed a gastrointestinal cancer during the second year of their marriage. She had devoted that year to nursing him, but it ended with his suicide. He had been depressed because of the dire prognosis, and, one evening when she had left his room, he took a hunting gun and shot himself.

The patient said that since her husband's death she had not been able to feel anything and had developed vertigo and headaches that prevented her from leaving the house. Terrified of the vertigo, she thought that remaining home was the only way to control it. She had seen many physicians, but they could not find a physical basis for her symptoms. She had been prescribed antidepressants and antianxiolytics, but her symptoms did not improve.

She said that her husband had been a take-charge person before his illness and that the only way to accommodate him was to be submissive. He handled everything in the home. She described a childhood with a domineering father, an insignificant mother, and an older brother who was sexually abusive.

Dr. A elaborated that early in the psychotherapy she described being sexually abused by her beloved brother for several months when she was 16. She had been too frightened to stop him. When she tried to tell her parents, she was told she was imagining the situation.

Dr. A said that during the first year of the psychotherapy he encouraged the patient to tell her story. There was a richness to her communications, which included present and past events and fantasies. Dr. A made interpretations about her feelings of anger and rejection surrounding her husband's suicide, her parents, and her brother's neglectful and abusive behavior.

I had the impression that Dr. A conveyed to his patient considerable warmth and interest, responses unlike those to which she had been accustomed. Although Dr. A's interventions may have been intellectual and premature, they were "somewhere in the neighborhood." He helped in creating an atmosphere of safety with comfortable adult attachment in the therapeutic relationship.

Dr. A told her that she could not express the variety of her feelings, including loss, anger, helplessness, and even sexuality, because she had not been able to talk about them. He suggested that developing vertigo and headaches was how she expressed those feelings. During the first year of psychotherapy, the patient improved symptomatically and was able to work with Dr. A's interventions. During a poignant hour in which she was expressing her feelings of shock and rage at her husband, she said that Dr. A was the first person ever to show such interest in her.

"Then everything changed," Dr. A proclaimed. She became critical of him, accused him of not being interested in her. She railed that she could not trust him, and nothing he said had any ameliorating effect on her. He said that at times her responses were so fragmented that he could not make sense out of them. The intensity of her symptoms increased. The gains they had made disappeared. He said, "I am filled with anger at her. I really do not want to see her any more. So, Dr. Bornstein, here I am. I need help, or I will lose the patient for sure!"

As I understood the clinical situation, the patient and Dr. A were immersed in a dialogic-subjective interaction to enable the patient to create a narrative of being in a traumatic state comprised of overwhelming sexual excitement, betrayal, loss, helplessness, and anger. In this narrative, the patient defends herself by creating a semblance of control through withdrawal into a sadomasochistic response that includes her threat of terminating. Her dissatisfaction with and criticism of Dr. A and the therapy were not aberrant problems about the therapy. They were the therapy.

In the creation of this narrative, Dr. A is engaged with the patient's overwhelming repetitive state, which is being expressed in a transference resistance. The transference resistance promotes a generically similar countertransference resistance. For therapy to progress, Dr. A would have to transform his countertransference resistance into his narrative about trauma to help the patient in developing her narrative. More important, he would have to feel safe in accepting his

limitations of vulnerability and humiliation within his trauma; that is, the trauma and narcissistic injury could not be undone but required acceptance to be used for development.

Dr. A was searching for help. He had not withdrawn from his patient. My impression was that he was one of the few people in the patient's life who had been able to convey a heartfelt interest in her suffering. Winning the patient's initial trust was an achievement for this inexperienced therapist. In communicating what I believed was happening between Dr. A and his patient, I would be able to help him by increasing his sense of safety within the psychotherapy.

I was able to conceptualize my understanding because I was in touch with similar themes in my unconscious and preconscious that were mobilized in listening to Dr. A.

More than 100 years earlier, in a different social and historical setting, Sigmund Freud and Dora were struggling with issues similar to those faced by Dr. A, his patient, and me. Freud was immersed in an intense transference–countertransference interaction with 18-year-old Dora. Although he was struggling for greater clarity regarding what was occurring in their relationship so that he could be helpful, the transference–countertransference interaction was having a detrimental influence on Freud's behavior toward Dora.

My hypothesis is that Freud was able to create an atmosphere of safety for her because of his interest in and sensitivity to her suffering. He listened to her and attempted to make sense of her experiences that he could then convey to her. Freud, like Dr. A, had ambitions and an agenda that influenced his reactions to his patient. Freud's achievement with Dora was unique, brilliant, and loving. When he published "Fragment of an Analysis of a Case of Hysteria," Freud (1905) was creating the clinical and general theory of psychoanalysis. He had no supervisor. He did not have 100 years of accumulated psychoanalytic experience. Yet, by the time the treatment with Dora ended, he had established the basis of the clinical theory of psychoanalysis that guided my understanding of Dr. A's clinical situation. While Freud was treating Dora, the clinical theory of psychoanalysis did not yet include anything about the role of transference (addressed by Freud in the postscript to the paper) or countertransference (which Freud would recognize but not address in any depth).

My current understanding of the situation of Freud and Dora—which is similar to my understanding of the situation of Dr. A and his

patient—rests on Freud's description of the transference as resistance in a repetition and its working through. The transference was the major resistance against transforming Dora's story into a narrative that would enable her to be in touch with reality again. For this transformation to occur, Freud would have had to demonstrate that it was safe for Dora to own her story in the form of a narrative. A description of this transformation process would have had to be subjective and interactive. As with Dr. A with his patient, Freud had provided safety to Dora and some consolidation of her experience that resulted in an increase in her emotional freedom and a decrease in her symptoms. This significant achievement has not been sufficiently acknowledged in the literature on "Fragment of an Analysis of a Case of Hysteria" (Adatto, 1966; Marty et al., 1968; Lindon, 1969; Blos, 1972; Moscovitz, 1973; Viderman, 1974; Spence, 1986).

At the beginning of "Fragment," Freud (1905) discussed the difficulties in writing a case history. He struggled with the reader in exploring how to best convey the happenings of an analytic treatment:

> There is another kind of incompleteness which I myself have intentionally introduced. I have as a rule not reproduced the process of interpretation to which the patient's associations and communications had to be subjected, but only the result of that process. Apart from the dreams, therefore, the technique of the analytic work has been revealed in only a very few places. My object in this case was to demonstrate the intimate structure of a neurotic disorder and the determination of its symptoms; and it would have led to nothing but hopeless confusion if I had tried to complete the other task at the same time [p. 12].

Freud was preparing his readers for his not devoting too much effort to bringing light to the complicated experience between him and Dora. He was also anticipating his lack of attention to clinical theory throughout his life. After the papers on technique, he wrote very little about it.

I believe that, because of his lack of attention to psychoanalytic technique (i.e., the actual events that occur within the analytic situation), Freud set a tone that has contributed to a history, within psychoanalysis, of deficiencies in oral and written descriptions of the clinical situation.

Brooks (1984), a literary critic, wrote about plot and narrative, topics germane to Freud in his "Fragment" paper and to psychoanalysis in general:

> Plot as I conceive it is the design and intention of narrative, what shapes a story and gives it a certain direction or intent of meaning. We might think of plot as the logic or perhaps the syntax of a certain kind of discourse, one that develops its propositions only through temporal sequence and progression. Narrative is one of the large categories or systems of understanding that we use in our negotiations with reality, specifically, in the case of narrative, with the problem of temporality: man's time-boundedness, his consciousness of existence within the limits of mortality. And plot is the principal ordering force of those meanings that we try to wrest from human temporality [p. xi].

Yet because of his inattention to technique, Freud conveyed only parts of the narrative and plot—and left unacknowledged significant aspects of the subjectivity that are integral to the narrative and plot. Freud structured the case history as a narrative with a plot directed toward discovering the meanings of Dora's experience. The plot unraveled gradually. Freud lured the reader to identify with him and Dora in their discovery of the meaning of Dora's symptoms. With the discovery of the meaning of the symptoms, they became transformed into a greater coherence of Dora's experiences.

Freud demonstrated that Dora's symptoms were connected to her current life and to her recent and distant past. He weaved her symptoms into the events of her life and revealed how they contributed to her living and self-experience. He demonstrated how her hurt and desire had a historical basis and how they merged with her current experience. He demonstrated how the past and present work within the mind. Dora's symptoms were her story, which she could not speak about.

Freud did not include the subjective interaction of the analytic process in the narrative plot. That interaction would have included the obstacles that he and Dora would have had to negotiate as well as the courage and love intrinsic to such an enterprise. In not revealing the subjective interaction, Freud withheld his most human qualities from the psychoanalytic interaction and ignored the humane character of psychoanalysis. These characteristics are generally not addressed in

reviews of "Fragment" (Rieff, 1971; Langs, 1976; Rogow, 1978; Bernstein, 1980; Glenn, 1980; Begel, 1982; Krohn and Krohn, 1982; Possick, 1984).

To illustrate my ideas about Freud's description of his analysis with Dora, I present an allegorical tale. Let us suppose that Freud returns to Earth and wants to submit "Fragment of an Analysis of a Case of Hysteria" (1905) as one of his case reports for certification in the American Psychoanalytic Association. Being a member of the Certification Committee, I am one of the evaluators of his application. After reading his paper, I invite Freud to my office.

* * *

Dr. Freud, you have written a wonderful description of a fragment of an analysis. This description conveys many of your ideas about psychoanalysis and the genesis of Dora's neurosis. In fact, I must say that your paper is an awesome piece of literature. Many literary critics have described it as having the elements of a wonderful postmodern short story. It is a paper written for our time. In this paper, you create a narrative with a plot of discovery that progresses like a Sherlock Holmes novel and brings clarity to Dora's life.

It is amazing how, by gradually connecting past and present into the whole of Dora's life, the writing illuminates her motivations so well. You also describe the development of her pathology and how some of it was resolved by the analysis. I wish I could write as well as you. . . . But, sir, . . . even though you have forewarned the readers that you are not going to tell us what happened in the subjective interaction between you and Dora, that is exactly what we need from you to be able to certify you. We have no idea whether you understood what actually happened between you and Dora because you did not write about it. We think that not writing about the happenings between you and Dora minimizes your achievement with her and is an injustice to the case history.

Incidentally, a source of difficulties in my training and practice of psychoanalysis through the years is that, though you helped generations of psychoanalysts by giving us a clinical theory, you did not really do much in showing us how to use it. In fact, you could not find a place for love and soul in the analytic experience. Love and soul are fundamental to the psychoanalytic experience. I understand that you were committed to preserving the biological character of the sexual

drive that placed human beings in the same category as animals so that psychoanalysis could be studied objectively. It did not work when you tried to place love as an elaboration of the sexual drive and the soul as an elaboration of the ego.

The problem that you were not able to solve was how to work objectively with subjective material. It seemed that one way you dealt with the problems was by playing down the subjective experience within the clinical situation.

You see, we are in such a jam today because we have done such a terrible job at telling people what we actually do. To this day, we have not satisfactorily resolved these difficulties. Scores of psychoanalysts have understood your description of your interventions with your patients to represent what you actually said to them, even though you made it clear that this was not the case at all.

These psychoanalysts modeled their interventions not on what actually occurred between you and Dora—that information was not available—but on your abstracted descriptions. Their interventions were cold and bullying, and they claimed that they were simply conveying meanings to their patients as objectively as possible, which sounds like how you described your interventions with Dora. During the past 20 years, reviewers of your paper have been terribly unflattering of the way you handled the case.

I cannot completely agree with them because they are literal about the descriptions of your interventions. They are missing the intersubjective dimension, and they are not considering the loving developmental process of what you must have gone through to organize your experience in relationship with Dora so that you could help her organize her experience.

So, having said all that, I have some suggestions to make on your description of the analysis with Dora so that you will be certified. In the first section of the paper, "The Clinical Picture," you show the reader the abundance of material that you have on Dora. Much of the material you received from Dora—I can see that obtaining it was no doubt possible only because of your enormous capacity to contribute to an atmosphere of safety to help her tell you the most disturbing material, like the two seductions by Herr K and her betrayal, rage, and humiliation.

I think that being able to create safety for Dora was an achievement that you have not addressed directly, probably because you would

have been led into areas for which you were not prepared. As I have already said, you would have had to focus on the subjects of you and Dora. Lear (2003) addressed this when he considered that the difficulty you had with the clinical and general theory of psychoanalysis is where to place love. Love belongs to the subjective realms.

Dora, an adolescent female with hysterical symptoms, lived in Vienna at the beginning of the 20th century. She belonged to a group of patients who were demeaned and derogated by the medical profession. Physicians considered hysterical women to be albatrosses around their necks. Decker (1991) poignantly described their abuse. These women were considered controlling, unresponsive, and virtually impossible to treat. They were seen regularly, but, because their complaints were not understood, they were ignored. They were scolded for being ill. Rather than being treated, they were managed. They were sent away to sanatoria for rest cures. A common treatment was Erb therapy. This electroshock therapy was increased in intensity if there were no results. They were also treated with cold-water therapy, another type of shock therapy.

The extreme therapies were hysterectomies and even clitoridectomies. We can surmise that Dora was taken to several physicians before seeing you when she was 18. It is very likely that she received some form of electrical therapy. Decker (1991) suggested that, because Dora had intestinal problems, she probably had courses of colonic irrigation, a popular form of therapy for nonspecific gastrointestinal problems.

When she was 16, she simply refused to go to see you. It is likely that this headstrong adolescent had had it with the incompetence of the adults she needed. Yet, by the time she was 18, for reasons that are unclear; she did agree to see you.

Dora could not express her desires and betrayal except through her symptoms, and she could not transform them by telling her story. Yet, as Erikson (1962) told us, Dora's aspirations were the same as any adolescent female's—to develop into a whole, autonomous, functioning female. She was figuratively battered and must have been filled with loneliness, as she was surrounded by adults who conveyed very little appreciation and love for her.

The difficulties that she had in expressing her desires and betrayal made it impossible for her to develop further because of the evolution of her neurosis. She had no one who could act as a developmental object for her. In this impossible, lonely, and hopeless situation, you

entered her life. You, as described in the clinical section of your paper, told her about some of your ideas about her experience. I believe that she could feel your closeness and empathy because some of the things that you said about her resonated with her experience. She was able to respond to your comments and tell you more about her experience.

Although the critics Marcus (1984), Ramas (1985), and Rose (1985) have said that you were interested only in supporting your ideas about your libido theory, as a clinician I know that it would have been impossible for you to get the type of information about Dora's inner life had she not felt safe and felt your interest and love. Similar to Dr. A, you were no doubt the first human being who had treated Dora with such consideration for her individuality as a human being. She felt your strength of character in the context of what sounds to me like a jungle in your medical world for the treatment of young hysterical women.

Had you added to your paper some details about what enabled Dora to feel safer with you—expressing interest in her, telling her your ideas about her experience, giving your subjective impressions—I am reasonably sure that the clinical section would be acceptable for certification. You could have added information about what actually occurred in developing safety in the analytic relationship. Sandler (1960) and Schafer (1983) have written about safety as a pillar in the clinical situation.

I'll go on with the case summary. You describe her symptoms of chest pressure and suggest that they were erotic in nature because of her feeling Herr K's erection. For an 18-year-old woman, this experience would have been exciting, frightening, and indicative of a betrayal, but she could not express her reaction to the experience directly.

Yet for you to have felt and understood her experience, you must have had to delve into your own early erotic experiences, which had been surrounded by fear and hurt and been difficult for you to deal with. Nevertheless, you were able to deal with them enough, to find language for them, to fit them into your evolving theory, and to convey that understanding to her. You could communicate that there is a way today to deal with these experiences. The analysis may have been lifesaving for Dora. Your mentor Breuer had a similar situation with Anna O, and he fled. He really botched the situation. You were able to use it to further your development.

You spend some time describing Dora's identification with her mother, with Frau K, and with a cousin, all of whom were using illness to express some of their desires in a reality they felt was intolerable. You were able to convey very simply the complexity of Dora's neurosis. Not only was her neurosis the result of an inability to express a sexual wish, but it contained identifications and object relations. I think that, had you elaborated on your idea of identification and object relations as part of Dora's neurosis, you would have helped us out of our conceptual bind of thinking in linear and either–or terms about analysis.

I hope you do not feel that I am being too critical in commenting on work you did more than 100 years ago. I understand that you were working on all this alone. I have the advantage of being able to trace the results of what you did and did not do in those pioneering days, and as a result I may be of help in putting your work into perspective today.

Let us move along in the case summary. You describe the analysis of Dora's cough. I quote you and include my comments to improve the history so that I might help you achieve certification. You write, "An opportunity very soon occurred for interpreting Dora's nervous cough in this way by means of an imagined sexual situation. She had once again been insisting that Frau K. only loved her father because he was 'ein vermogender Mann' ['a man of means']" (p. 47). You have already led the reader to Dora's perseveration of her betrayal, hurt, and rage. As a clinician, I understand that the themes that were so intensely expressed included latent stories that she could not tell. She did not think that it was possible to do anything more with her experiences with Herr and Frau K and her father than express them in fragmented, repetitive states in which she could only keep the past as the present. There could not be any development beyond that.

One of the meanings of her rage was a response to the incompetence of Herr K and her father. They betrayed her. They did not understand her. You no doubt heard and felt the material that was also expressed in the transference. You tell the reader, "Certain details of the way in which she expressed herself (which I pass over here, like most other purely technical parts of the analysis) led me to see that behind this phrase its opposite lay concealed, namely, that her father was 'ein univermogender Mann' ['a man without means']" (p. 47). I

believe that, had only you described the technical parts of the analysis, the reader would have found it easier to imagine the subjective experience. For generations of psychoanalysts, the inclination to write and to describe analysis simply as linear decoding—in contrast to a whole intersubjective experience of the analysis, which you refer to as the technical aspects—might have been diminished.

You write that you told Dora that her comment could be meant only in a sexual sense—that her father as a man was without means, was impotent.

Dora must have been enormously relieved on hearing your interpretation. Eighteen years old, sexually excited, hurt, abused, neglected, and withdrawn from the thrill of life, she was treated as if no one had had any inkling of what she was experiencing. You not only showed her you were interested in her, but you worked to understand the depth of her experience. You did not include the betrayal in your interpretation, but you seemed to show her that you were resonating with her experience. You write,

> Dora confirmed this interpretation from her conscious knowledge; whereupon I pointed out the contradiction she was involved in if on the one hand she continued to insist that her father's relation with Frau K. was a common love-affair, and on the other hand maintained that her father was impotent, or in other words incapable of carrying on an affair of such a kind [p. 47].

You go on to construct and interpret a fellatio fantasy that contains her rage, hurt, and excitement regarding her father and the Ks. You continue,

> I could then go on to say that in that case she must be thinking of precisely those parts of the body which in her case were in a state of irritation, the throat and the oral cavity. To be sure, she would not hear of going so far as this in recognizing her own thoughts; and indeed, if the occurrence of the symptoms was to be made possible at all, it was essential that she should not be completely clear on the subject. But, the conclusion was inevitable that with her spasmodic coughing which, as is usual, was referred for its exciting stimulus to a tickling in her throat, she pictured to herself a scene of sexual gratification *per os* between the two people whose love affair occupied her mind so incessantly. A very

> short time after she had tacitly accepted this explanation, her cough vanished [pp. 47–48].

You contributed to an increase in Dora's feeling of safety by responding to the pain in her soul (i.e., her frightening story, which she did not know how to reveal). Through your interested presence and your language, which you used to help her think and talk about her pain, you showed her that her frightening story can be safely revealed. You found similar issues within your soul and brought coherence to her experience, which enabled you to make an interpretation. You did not make interpretations simply to support your general theory of psychoanalysis; you also conveyed the application of your clinical theory (i.e., the technical aspects, which you chose not to make explicit).

Many of your critics (e.g., Lacan, 1985; Ramas, 1985; Sprengnether, 1985) have written that you imposed your ideas on Dora to support your theory and that you abused and betrayed her as everyone else had. Granted, some criticism is justified, but certainly not all of it. I think that the critics do not appreciate your and Dora's subjective interaction, which enabled the therapy to evolve the way it did.

You conclude the analysis of the second dream by indicating that Dora opened the next session saying, "Do you know that I am here for the last time to-day?" (p. 105). You said that she could leave whenever she wanted, but then you said that you and Dora would continue with your work that day. Dora said that she had taken a fortnight to decide to leave. You responded that *fortnight* is a word a maidservant might use. Dora then told you that her maidservant had been seduced by Herr K. The maidservant had told her that Herr K made violent love to her and then ignored her. The foregoing is an illuminating portrayal of your working interaction with Dora. Freud the analyst and Dora the patient interacted intimately while bringing more and more coherence to the patient's evolving story.

Yet you went on to tell Dora that now you knew her motive for slapping Herr K's face in response to his proposal: "It was not that you were offended at his suggestion, you were actuated by jealousy and revenge." You continued,

> The fact is, I am beginning to suspect that you took the affair with Herr K. much more seriously than you have been willing to admit so far. Had not the K.'s often talked of getting a divorce?

> . . . You will agree that nothing makes you so angry as having it thought that you merely fancied the scene by the lake. I know now—and this is what you do not want to be reminded of—that you did fancy that Herr K.'s proposals were serious, and that he would not leave off until you had married him . . . .
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> She seemed so moved; she said good-bye to me very warmly, with best wishes for the New Year, and—came no more. Her father, who called on me two or three times afterwards, assured me that she would come back again, and said it was easy to see that she was eager for the treatment to continue [pp. 108–109].

You then write,

> But it must be confessed that Dora's father was never entirely straightforward. He had given his support to the treatment so long as he could hope that I should "talk" Dora out of her belief that there was something more than a friendship between him and Frau K. His interest faded when he observed that it was not my intention to bring about that result. I knew Dora would not come back again. Her breaking off so unexpectedly, just when my hopes of a successful termination of the treatment were at their highest, and her thus bringing those hopes to nothing—this was an unmistakable act of vengeance on her part [p. 109].

In the postscript, you conceptualize the place of transference in Dora's experience. You say that she came back to see you a year later. You make this incredible statement:

> One glance at her face, however, was enough to tell me that she was not in earnest over her request. For four or five weeks after stopping the treatment she had been "all in a muddle." . . . [A] great improvement had then "set in"; her attacks had become less frequent and her spirit had risen. In May of that year one of the K.'s two children had died. She took the opportunity of their loss to pay them a visit of condolence, and they received her as though nothing had happened in the last three years. She made it up with them, she took her revenge on them, and she concluded her own business. To the wife she said: "I know you have had an affair with my father"; and the other did not deny it. From the husband

> she drew an admission of the scene by the lake which he had disputed, and brought the news of her vindication home to her father. Since then she had not resumed relations with the family [p. 121].

Dora's expression of her anger and her desire to retaliate could be understood as her greater capacity for being in touch with herself.

Your response to Dora conveyed betrayal, anger, and retaliation. You write that she denied you success. Her father told you that she was eager to return to see you. You dismiss his remarks as manipulative. Dora returned to see you, and you write that you knew, just by looking at her, that she was not interested. Of course, today we understand that working your way out of transference–countertransference interactions (essentially, resistances) is fundamental to every analysis. This work is a new experience and is an important source of development for the patient and analyst. Yes, you were limited in your ability to help Dora tell her story (expressed in the transference) through your immersion in your countertransference, which involved narcissistic injury, anger, and the wish to retaliate—responses that could be used to understand her situation better. I believe that you were trying to make sense of your reactions, and Dora must have understood this.

The analytic process of two subjects progressively interacting with each other to bring coherence to each other's experience is essential to therapeutic action. I believe that you were conveying this process to Dora at the time she threatened to leave. I think that neither of you wanted the analysis to end. You had given her a unique experience that to some degree was freeing. You both wanted more from the analysis. You could not give her more because you had not evolved to appreciate the meaning of your reactions.

Based on my understanding of the clinical experience of analysts, you were not cold and objective. You were interested, searching, and evolving—which puts you in the same category as any good analyst helping a patient.

I think one of the problems in this case history is that you did not appreciate your achievement with Dora and could not use it to improve your understanding of what you had actually given her. I suggest that you include my last remarks in the case history that you submit for certification.

* * *

We have come to the end of the parable. I believe that a problem in Dora's analysis is the problem of psychoanalysis today. Putting our worst foot forward, we often describe what we do in an objective manner that does not convey the warmth, courage, and usefulness of an analytic approach. Objective descriptions also do not reflect how much analysts need their patients in order to learn and to develop. Freud and Dora gave each other a great deal that contributed to their individual growth. That Freud was able to conceptualize transference partly because of the dialogic interaction with Dora suggests that Dora's participation in the analysis was far more than that of a passive recipient. Dora taught Freud, and Freud's understanding evolved from working with Dora. They both gave and received a great deal—a situation characteristic of psychoanalysis.

REFERENCES

Adatto, C. (1966), On the metamorphosis from adolescence into adulthood. *J. Amer. Psychoanal. Assn.,* 14:485–509.

Begel, D. (1982), Three examples of countertransference in Freud's case of Dora. *Amer. J. Psychoanal.,* 42:163–169.

Bernstein, I. (1980), Integrative summary: On the re-viewing of the Dora case. In: *Freud and His Patients,* ed. M. Krohn & J. Glenn. New York: Aronson, pp. 23–47.

Blos, P. (1972), The epigenesis of the adult neurosis. *The Psychoanalytic Study of the Child,* 27:106–135. New Haven, CT: Yale University Press.

Brooks, P. (1984), *Reading for the Plot: Design and Intention in Narrative*. New York: Random House.

Decker, H. (1991), *Freud, Dora and Vienna, 1900*. New York: Free Press.

Erikson, E. H. (1962), Reality and actuality. *J. Amer. Psychoanal. Assn.,* 10:451–474.

Freud, S. (1905), Fragment of an analysis of a case of hysteria. *Standard Edition,* 7:7–122. London: Hogarth Press, 1953.

Glenn, J. (1980), Freud's adolescent patients: Katherina, Dora, and "the homosexual woman." In: *Freud and His Patients,* ed. M. Krohn & J. Glenn. New York: Aronson, pp. 23–47.

Krohn, A. & Krohn, J. (1982), The nature of the Oedipus complex in the Dora case. *J. Amer. Psychoanal. Assn.,* 30:555–578.

Lacan, J. (1985), Intervention on transference. In: *In Dora's Case: Freud—Hysteria—Feminism,* 2nd ed., ed. C. Bernheimer & C. Kahane. New York: Columbia University Press, pp. 92–104.

Langs, R. (1976), The misalliance dimension in Freud's case histories: I. The case of Dora. *Internat. J. Psycho-Anal.,* 5:301–317.

Lear, J. (2003), *Therapeutic Action*. New York: Other Press.
Lindon, J. (1969), A psychoanalytic view of the family: A study of family member interactions. *Psychoanal. Forum,* 3:11–65.
Marcus, S. (1984), *Freud and the Culture of Psychoanalysis*. New York: Horton.
Marty, P., Fain, M., De M'Uzan, M. & David, C. (1968), Dora's case and the psychosomatic point of view. *Rev. Franc. Psychoanal.,* 22:679–714.
Moscovitz, J. (1973), Aspects of homosexuality in "Dora." *Rev. Franc. Psychoanal.,* 27:359–372.
Possick, S. (1984), Termination in the Dora case. *J. Amer. Acad. Psychoanal.,* 12:1–11.
Ramas, M. (1985), Freud's Dora, Dora's hysteria. In: *In Dora's Case: Freud—Hysteria—Feminism,* 2nd ed., ed. C. Bernheimer & C. Kahane. New York: Columbia University Press, pp. 149–180.
Rieff, P. (1971), Introduction. In: *Dora: An Analysis of a Case of Hysteria,* ed. S. Freud. New York: Collier, pp. 7–20.
Rogow, A. (1978), A further footnote in Freud's "Fragment of an analysis of a case of hysteria." *J. Amer. Psychoanal. Assn.,* 26:331–356.
Rose, J. (1985), Dora: Fragment of an analysis. In: *In Dora's Case: Freud—Hysteria—Feminism,* 2nd ed., ed. C. Bernheimer & C. Kahane. New York: Columbia University Press, pp. 128–148.
Sandler, J. (1960), Background of safety. *Internat. J. Psycho-Anal.,* 41:352–356.
Schafer, R. (1983), The atmosphere of safety: Freud's "Papers on technique" (1911–1915). In: *The Analytic Attitude.* New York: Basic Books, pp. 14–33.
Spence, D. (1986), When interpretation masquerades as explanation. *J. Amer. Psychoanal. Assn.,* 34:1.
Sprengnether, M. (1985), Enforcing Oedipus: Freud and Dora. In: *In Dora's Case: Freud—Hysteria—Feminism,* 2nd ed. ed. C. Bernheimer & C. Kahane. New York: Columbia University Press.
Viderman, S. (1974), Interpretation in the analytic space. *Internat. J. Psycho-Anal.,* 1:467–480.

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