DUBLIN BUSINESS SCHOOL

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WHAT DID WE LEARN FROM THE DORA CASE?

TRANSFERENCE AND COUNTERTRANSFERENCE IN THE DYADIC RELATIONSHIP

THESIS SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS OF THE HIGHER DIPLOMA IN COUNSELLING AND PSYCHOTHERAPY

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ABSTRACT

Transference was discovered by Freud, through working with his patients. However, it took a failed case to recognize its power on the therapeutic relationship. In his famous Dora case, he didn't recognize the transferences at play, and it led to his patient stopping therapy, as revenge. However, through this case Freud realized that the analyst plays a role, he is more than just a passive object. What he did not recognize at the time was his own unresolved countertransferential issues, which can become an obstacle in helping the suffering person.

Today it is recognized that transference and countertransference are part of the therapeutic relationship, and are interconnected, inseparable. Some therapies, including humanistic therapies don't work with transference, there is more emphasis placed on the therapist's own countertransference, how to manage it, and how to learn about the patient.

INTRODUCTION

"*When two personalities meet, an emotional storm is created*" (Bion, cited by Poledri, 2014. p. 544.)

When someone enters therapy, they will see the therapeutic relationship in light of their earlier relationships, and they will try and recreate early difficult situations. Freud named this phenomena transference, meaning that clients transfer their old patterns and repetitions onto the therapist. (Kahn, 1997).

This study aims to look at transference in therapy, by examining Freud's Dora case and its legacy. This case was published in 1905 and became famous as a fragment of an analysis as it came to an end immaturely. Freud believed that this case failed, because he never interpreted the transferences at play to Dora (Freud, 1905).

To briefly outline the Dora case, it is a dance of four: Dora, her father, Herr and Frau K. (Lacan, cited by O'Donnell, 2006). At the time of treatment Dora was an 18-year-old young woman. She was brought to treatment as she was on bad terms with her parents, she withdrew herself from social life lately, and the final cause was that her parents found a suicidal note she wrote.

She was deeply attached to his father during her childhood but looked down on her mother. Freud successfully treated her father previously, and due to this successful outcome, he brought his daughter to Freud for treatment. (Freud, 1905). For Dora it meant, that she was handed over from one man to another (O'Donnell, 2006).

When her father fell ill in the past, he was nursed by Frau K, whom Dora became very fond of. The father got involved in a love affair with Frau K, and initially Dora was their ally. At the same time, Frau K's husband showed a lot of affection towards Dora. One day he made her a proposal, which Dora found very distressing and asked her father to break off any

relationship with Herr and Frau K. Her father never obliged this wish, instead asked Freud to "bring her to reason" (Freud, 1905).

In this love triangular Dora was used as a pawn. She felt she was offered to Herr K. as a "gift", in return for tolerating the relationship between her father and Frau K. Dora could not forgive her father for not breaking off the relationship with the K. family. (Mahony, 1996). She felt there was a falseness in her father's character, he only thought about himself, which later also transpired in Freud's behaviour towards her, giving rise to transference.

Dora decided to stop analysis after less than 3 months and gave 2 weeks of notice to Freud. Freud made a connection between the two weeks' notice with a previously discussed event. The K's had a governess for their children, who also had an affair with Herr K. This governess gave Herr K two weeks' notice when he no longer showed interest in her. (Freud, 1905).

Freud already talked about transference before the Dora case, in his first published book, Studies on Hysteria (Breuer, Freud, 1895/1995.). However, this was the first case where he identified transference as the reason for a case ending unsuccessfully. Freud looked at transference initially as an obstacle, but he later saw it as a vehicle for conducting therapy, it became an aid in making unconscious wishes conscious by therapy. (Clarkson, 1995). Transference can be described as unconscious wishes and fears being transferred onto or into the therapeutic relationship (Clarkson, 1995. p. 62).

The Dora case shifted the attention towards the importance of the therapeutic relationship, and the challenges with transference for the first time in the history of the talking therapies. This case can demonstrate how our understanding of transference evolved, and how we understand it effects in the therapeutic dyad today.

As a trainee psychotherapist it is hoped that a greater understanding of transference in the therapeutic dyad can help with identifying its role in therapy, and how it can help the healing process.

AIMS AND OBJECTIVES

Aim: To compare how transference in this case was dealt with at the time, and how it would be viewed by psychotherapy today.

Objectives:

- To explore Freud's understanding of what led to the breakdown of the Dora case
- To explore the role countertransference
- To compare how transference would be dealt with today
- To understand how transference can bring about change in therapy

CHAPTER 1: EXPLORING WHAT LED TO THE BREAKDOWN OF THE DORA CASE

Discovering transference

Discovering transference was central to the newly founded psychoanalysis. Freud's definition of transference in 1905 was "A whole series of psychological experiences are revived, not as belonging to the past, but as applying to the person of the physician at the present moment" (Freud, 1905. p. 116). He believed that transference is a necessity and cannot be avoided. The physician needs to detach the transference from himself and track it to its source or the patient's condition will not improve. (Freud, 1905. p. 120). And indeed, there was no improvement in Dora's condition, apart from the disappearance of a nervous cough (Mahony, 1996).

Freud also brought transference into our everyday life, he added to our knowledge of ourselves. We can see it in our private life, in our love affairs, work, relationships with friends, in our authority relationships.

Freud's understanding of transference evolved during his life, initially he only thought that patients transferred positive emotions to their analyst, trying to please him. It became difficult when strong erotic transference happened, which was evident in the first psychoanalytic case of Anna O. In some cases, Freud found it impossible to persuade his patients to give up their demand for love towards their therapist, and the therapy came to an end. Interpreting the transference, i.e. helping the patient understand the source of these feelings did not help either. (Kahn, 1997. P. 30.)

He differentiated two types of transferences, positive and negative. In the positive transference affectionate feelings, in the negative hostile feelings are transferred to the analyst. (Laplanche & Pontalis, 2006.)

He met negative transference in the Dora case, but he believed this was an obstacle, it acted as a resistance against remembering forgotten memories. He believed that the aim of the therapy was to uncover hidden memories, which would lead to the disappearance of symptoms. He noticed that transference occurs at the moment when repressed content is about to be revealed, and thus transference seemed to be a form of resistance to the treatment. As his ideas evolved, he changed his views on transference and believed that positive transference was an ally in therapy, however he never changed his view on negative transference, and he could only accept is as an obstacle. (Mahony, 1996.)

Freud's initial view on the task of the analyst was that he needed to translate the transference, to make the patient understand the transferential transactions at play. However, he came to realize that knowledge gained this way wasn't as helpful as he initially thought. Patients did not give up their old patterns which were causing their suffering, regardless of the new knowledge. They now possessed the new insight, but it wasn't sufficient for the healing to happen. Freud therefore came up with the "working through" idea, where these insights became well integrated into the psyche, and patients would slowly give up their old patterns. (Kahn, 1997.)

Laplanche & Pontalis (2006) also points out that when Freud talks about transference, he talks about displacement. In this displacement unconscious wishes are expressed "in a masked form through the material furnished by the preconscious residues of the day before". (Laplanche & Pontalis, 2006. p. 457.)

Transference wasn't described as something essential in the therapeutic relationship initially by Freud. But when he discovered the Oedipus complex his attention shifted towards the very early childhood experiences, and he came to realize that patients unconsciously made their analyst to play the role of paternal figures, they were repeating earlier patterns that they experienced during their childhood. He believed that transference essentially can be

traced back to childhood conflicts, and he talks about transference as a repetition of past experiences, which are unconscious wishes and desires and therefore are symbolic manifestations in the here and now. (Mahony, 1996.)

According to Murdin (2010) transference is a "mental process, where the human mind makes what is lost and gone still present" (Murdin, 2010. p. 20). The reason for this maybe to try and repeat past issues in the hope that the mind can find a better solution to it in the present.

Clarkson (1995) also emphasises the importance of the transference, when she says that a person can resist, and base their experiences on the past. Or they can choose to process information from the past along with information from the present, in which case it's no longer a symptom, but a vehicle through which past issues can be overcome. (Clarkson 1995. P. 66).

A fragment of an analysis

When Dora stepped into Freud's consulting room, she was an adolescent who was failed in her needs by the adults surrounding her. Her father was not willing to give up his relationship with Frau K. Herr K. was pursuing her with gifts, and now she finds herself with another man, her analyst who does not understand her. Freud had a misconception of this case, and also treated Dora with less empathy than the rest of his patients (Mahony, 1996). He wanted to use this case for scientific purposes, to show how the new technique he invented was working and was ignorant of the transferences at play (Mahony, 1996.) He was unconsciously becoming one of the adults in Dora's life who failed her.

Dora was constantly comparing Freud with her father, trying to make sure that her analyst was straightforward with her, unlike her father who "always preferred secrecy and roundabout ways" (Freud, 1905. p. 118).

Mahony (1996) asks whether Freud indeed was acting like her father, only thinking about his own enjoyment and only noticed things which were suiting his own needs. (Mahony, 1996. p. 40). Dora left Freud, as revenge, just as she took revenge on Herr K. and according to Freud (1905) by this, she acted out in the treatment what happened in her real life. Even at the end of the therapy he was still only looking at Dora's vengeance as a transferential act but did not notice his own transferences in the case (Mahony, 1996).

Freud believed that the Dora case broke down, as he never translated the transference, he wasn't looking out for signs of transference. "At the beginning it was clear that I was replacing her father in her imagination, which was not unlikely, in view of the difference between our ages" (Freud, 1905. p. 118).

Dora brought two dreams into her analysis, and according to Freud (Freud, 1905) there was a warning in her dream, that she needed to leave the treatment. Freud identified the transference in this dream where Dora transferred what he felt towards Herr K. to Freud. Freud felt that he should have pointed this out: "It is from Herr K. that you have made a transference onto me. Have you noticed anything that leads you to suspect me of evil intensions similar (whether openly or in some sublimated form) to Herr K.'s?" (Freud, 1905. p. 118).

The case came to an end, not because Freud did not translate the transference, but because he identified with the position of Herr K. and was acting towards Dora like Herr K. did (O'Donnell, 2006).

Identification and question of femininity

In the therapeutic dyad, Dora was criticizing everybody but Frau K., and Freud was criticizing everybody, but Herr K. Freud believed that Dora should had accepted the romance

offered to her by Herr K., and by this he joined the adults who were ignoring her (Mahony, 1996).

According to Mahony (1996) Freud identified with Herr K. He resembled Dora, and in his behaviour, he also identified with Dora, the aggressor. (Mahony, 1996). Dora treated Freud, like a maid when gave him the two weeks' notice. They both acted out their part in the sessions, which pushed the analytic aim into second place only. (Mahony, 1996)

It wasn't just the transference that Freud didn't address in this case according to Lacan (2006). He also never dealt with the underlying bisexuality in the Dora case, and her identification with her father. Lacan argued, that Freud's aim to find out what Dora desired, wasn't the right approach. He believed what was more important, is who desired through Dora (Lacan, 2006).

Dora's homosexual desire towards Frau K. were the same, as his father's desire. Dora was an ally in her father's and Frau K's relationship, until one day she became unhappy with this situation. Freud uncovered the reason for this sudden change. It wasn't due of jealousy of her father's love towards another woman, but due to her interest in the same woman (O'Donnell, 2006).

According to Lacan, as cited by O'Donnell (2006), what was driving this change was the question of the hysteric. Frau K. represented this question for Dora, which was the question of her femininity, her bodily femininity: "Am I, and in particular is my body, lovable as male or female?" (O'Donnell, 2006. p. 96). This is from where the hysteric will manifest their psychopathology. For Dora, tolerating to be at the centre of the desire of Herr K. meant that she could approach the question of her own femininity. (O'Donnell, 2006)

The desire of the hysteric may be for an unfulfilled desire, which desire may never gets fulfilled, which is the characteristic of a hysteric (O'Donnell, 2006).

Freud warns against giving into the demand for love, that the patient brings into analysis. The hysteric will never be satisfied by the love that is offered, it will never be enough, and trying to fulfil their need for love will result in failure. Through working with hysterics Freud discovered the greatest challenge in analysis, the transference-love. If someone's need for love is not satisfied by reality, they will turn to their analyst to fulfil this desire, to which the psychoanalytic response is refusal. (O'Donnell, 2006.)

According to Lacan (2006) if he chose to go on with Dora's feelings towards Herr K., and accepting to be the transferential object for her, rather than insisting on her marrying Herr K., the case would had gone on.

CHAPTER 2: EXPLORING THE ROLE OF COUNTERTRANSFERENCE

Lacan took a different view on why the Dora case broke down. He took the case a step further and believed that the analysis ended prematurely due to Freud's own countertransference, and not so much due to the transference (Lacan, 2006).

This was the first case where Freud realized the part the analyst plays in therapy and introduced the term countertransference in 1910. Countertransference is the result of the patient's influence on the analyst's unconscious feelings. These can "blind spot" the therapist and could interfere with his therapeutic functioning (Goldstein, Goldberg 2008).

Freud felt fondly towards Herr K., and due to his counter transferential feelings he believed that Dora was in love with Herr K., and ignored her feelings towards Frau K. He identified with Herr K., in feeling betrayed. This unconscious countertransference didn't allow him to address the homosexuality in Dora (Oelsner, 2013).

Freud felt counter-transference was a disturbance but acknowledged that patients did stir up emotions in the analyst (Oelsner, 2013). Freud asked for self-analysis for all therapists to deal with the counter transferential issues which may arise during analysis. He believed, that analysts cannot go further then their own "complexes and internal resistances permit", therefore there is a need for analysts to ensure deeper work (Freud, 1910).

One of the often-quoted countertransference in the Dora case was linked to Freud's friendship with Fliess. This was a very long and intimate relationship that was coming to an end; therefore, he was dealing with a loss in his life around the same time when Dora came for analysis. He did not identify or approach the question of his own homosexuality at the time, similarly he did not tackle Dora's feelings towards Frau K. (Mahony, 1996).

Freud did not believe that countertransference was an interesting topic to pursue (Lia, 2017). He felt countertransference was the therapist's feelings transferred to the patient, and as such, it was interfering with understanding the patient.

CHAPTER 3: TRANSFERENCE AND COUNTERTRANSFERENCE IN THERAPY TODAY

Transference

Transference is important in any therapeutic situation as it can create misunderstanding and can lead to an immature ending in therapy (Grant, Crawley, 2006).

Freud discovered transference via working with his patients, but he did not solve all of its problems at the time(Kahn, 1997). Theorists after Freud were tasked to further understand its effect on the dyadic relationship.

In the Dora case Freud believed he had the power of keeping Dora in the analysis, and he believed, if he brought transference to the attention of his patient than the case would had continued, until the symptoms disappeared. Freud's main aim was to liberate patients from the symptoms via working with the unconscious.

His followers learnt that working through the symptoms will not bring healing. Freud's central idea was that patients had to remember their forgotten memories, however, according to Gill (as cited by Kahn, 1997), it's re-experiencing what helps healing from trauma. The difficulties came to exist via experience, therefore reexperiencing these can help. It's more than just understanding the roots of their problems that is needed (Gill, cited by Kahn, 1997. p. 57). He said that transference is about realizing ones wishes, and the therapeutic gain comes from re experiencing these wishes in analysis, with the analyst. If these are to have a therapeutic effect, then the re-experiencing must be directed towards the analyst. However, the therapeutic relationship is crucial as the therapist must be open, willing to discuss the patient's feelings without being defensive, with objectivity and interest. Freud didn't show much interest in how Dora felt, he tried to direct the analysis and behaved defensively throughout the analysis. In his identification with Herr. K. he became defensive and was unable to show the support and empathy Dora needed (Mahony, 1996).

Gill (as cited by Kahn, 1997) views the therapeutic situation as a unique one. Patients will find themselves experiencing forbidden emotions towards their therapist, this is what Freud called repetition compulsion. Patients learnt responses in the past and need to relearn these to free themselves from the suffering. If these experiences cannot be re-experienced in a safe environment with the help of the therapist, the aim of the therapy remains futile. Figuring out the causes of symptoms is simply not sufficient to liberate people from their suffering, knowing does not bring relief from the pain.

To unlearn old responses which are causing the suffering, it's rudimental to recreate those situations where the responses were learnt in the first place. The optimal place for re-experiencing this, is in the therapy room. As the feelings are now aimed at the therapist, they will evoke a different response than in the past. The original event caused confusion and pain. Gill believed that the value of transference lied in clients being able to re-experience these past events (Kahn, 1997).

Countertransference

Countertransference wasn't at the centre stage until 1950, it was neglected compared to transference. Change came about when psychoanalysis went through and expansion. Countertransference was viewed as a starting point for the analyst for seeing more, and not less as previously believed (Lia, 2017). It became an additional tool for the therapeutic work. This change was due to therapy being seen as a relationship, rather than a "surgery on a surgical field" (Oelsner, 2013. p. 237).

In the past transference and countertransference were viewed separately, today they are viewed as intertwined, blurred, and inseparable (Goldstein, Goldberg, 2008).

According to Gelso and Hayes (as cited by Gelso and Silberberg, 2016 p. 6) countertransference is: "The psychotherapist's internal and external reactions to the client and

client's material that reflect the psychotherapist's own unresolved conflicts and vulnerabilities".

Countertransference can offer insight to the therapist about the dynamics of the therapy, but at the same time it can give the wrong impression to therapists (Hayes, Nelson, Fauth, 2015). Countertransference has its roots in psychoanalysis, but it has also been researched by all types of therapies due to its effect on the therapeutic relationship. Hayes et al (2015) carried out a research on countertransference. They interviewed therapists and found that unsuccessful cases were linked to their own countertransference issues. They were either unaware of their countertransference, or they were trying to contain it. The therapists' countertransference was triggered by their unresolved personal and professional issues.

Countertransference therefore can either jeopardize or benefit therapy. The effect it has on therapy depends on how well the therapist can manage their own countertransference. If it is managed well, it can help with understanding the client and what the client creates in the therapist and in others outside of the therapy room. Managing it will ensure these feelings are not acted out by the therapist (Gelso, Silberberg, 2016).

The therapist's self-awareness also plays an important role. This will ensure they can separate their feelings from the client's feelings, and can see the client more clearly, without the distortion of their unresolved issues. It will also ensure that the therapist can feel genuine empathy towards clients (Gelso, Silberberg, 2016).

Not all therapies would address both transference and countertransference. Humanistic therapy is one of these. Humanistic therapies believe that transference is not necessary for change to happen in client's life. Humanistic therapists are more focused on countertransference, to ensure they can stay authentic, genuine, congruent. They accept the notion of transference but believe that working with transference is only necessary if

interpersonal work becomes chronic. In this case this need to be worked through to ensure stronger alliance between client and therapist (Grant, Crawley, 2006. p. 76).

They don't place transference in the centre, they rather focus on internal responses of the therapist towards the client, as a form of understanding the client more deeply. They also might disclose their counter transferential responses to the client to help staying congruent, authentic.

Gelso and Silberberg (2016) also discusses that therapists can communicate their counter transferential responses. According to them, the appropriately disclosed emotions, when used intentionally, can strengthen the dyadic relationship. It can increase the therapist's genuineness and build trust.

It is accepted today that countertransference is not an obstacle, but a source of information about what is going on in the dyadic relationship between therapist and client (Goldstein, Goldberg, 2008).

According to Clarkson (1995) there is a whole interactive and inseparable system that consists of four elements. These are what the patient brings to the therapy, what the therapist brings to the therapy, what the psychotherapist reacts to the patient, what the patient reacts as a result of what the psychotherapist brings (Clarkson, 1995. p. 101). Countertransference and transference exist in any therapeutic relationships, and any of these four elements can facilitate or destruct the healing process (Clarkson, 1995). However, Clarkson (2000) also points out that transference forms only one part of the five elements identified by research, which are present in the therapeutic encounter. The other four are working alliance, the reparative, the person to person, and the transpersonal relationships.

CHAPTER 4: TRANSFERENCE AND CHANGE IN THERAPY

According to Grant & Crawley (2006. p. 129), if therapists want to use transference constructively, they must understand how transference can be the source of change for clients.

When clients enter therapy, they enter it with a hope for change. Høglend et al (2011) looked at the controversy around whether it's transference or the alliance that causes change in therapy. They defined transference work as all the interventions done by the therapist. Furthermore, they argued that transference can distinguish what is real in the therapeutic relationship from what is brought in from the external world. They also mention that analysing transference can help with problematic relationships, as it can help with gaining insight into these situations for the client. They also found that clients with mature relationships did better without transference interpretations, which is in opposite with the current belief. However, they also found that transference interpretation is crucial for disturbed patients. Without this interpretation these patients might feel less support or experience less understanding. Their research highlighted individual differences in the need for transference interpretation to enable change in patient's lives.

Transference is a cornerstone of psychodynamic therapies, as it can assist with understanding the past and how it affects the present. The past presents itself in the here and now. With the help of transference clients can experience their strong negative or positive feelings belonging to schemas they developed in the past. Working with transference produces change in their life. There was a shift in psychoanalysis, where initially transference meant working with the there and then, which was changed to working with the here and now (Grant, Crawley, 2006).

Working through the transference and countertransference has the most potential for changing relationship patterns (Clarkson, 1995).

CHAPTER 5: CONCLUSION

The subject of this study was transference in the dyadic relationship, taking the Dora case as the starting point for exploration. It sought to learn about Freud's understanding of what led to the breakdown of this case, and how transference and countertransference influenced this case, and how transference is viewed today.

Freud was the founding father of psychoanalysis, however one of the main criticisms is that he was using his patients to prove that the new technique he invented is working (Mahony, 1996). In the Dora case he lost sight of his patient, and therefore he never uncovered the transferences that were at play in their dyad. His ignorance towards her, reminded Dora of the ignorance of his father and therefore provided the basis for transference. However, he acknowledged his lacking, and allowed us to learn from it.

What did we learn from the Dora case? Freud pointed out that the case ended immaturely as he never translated the transference to her, and never pointed out her transferential feelings towards him. He felt that Dora took revenge on him, just as she took revenge on Herr K. Through this failure, Freud realized for the first time that the analyst plays a part, he has a role in therapy and is more than a passive object. A relationship exists between therapist and patient, with transference and countertransference present.

Freud's followers further evolved the theory of transference and placed more emphasis on countertransference, as understanding how it can bring therapy to an end immaturely pointed out its importance in the dyadic relationship. Dora was acting out her rage and frustration, but Freud didn't take on the transferential role due to his own unprocessed counter transferential issues. Therefore, transference and countertransference obscured the way for continuing the therapy. As Lacan (as cited by O'Donnell, 2006) pointed out, if he took on the transference the case might had continued.

Therefore, apart from transference, this case highlighted the notion of countertransference, which can help or get in the way of therapy. It can obstruct the work and can bring the therapy to an end. Countertransference was viewed as distinct from transference, but modern view shows us that the borders of transference and countertransference are blurred, and one doesn't exist without the other. In humanistic psychotherapy there is a great emphasis on the therapist's countertransference, which can aid the therapeutic process, if used skilfully.

Transference has an effect on therapy, regardless of the orientation. Working through it will help change people's life, however therapists must be aware of how their own countertransference can obscure the healing process.

It is also important to understand that according to research there are four more notions in addition to transference which influence the therapeutic encounter, and the limitation of this study is that it only concentrated on one notion.

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