

Freud's Dora Case: a relational approach

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First of all, I would like to thank Sandra Garfield for inviting me to participate in this workshop (American Society of Group Psychotherapy and Psychodrama: 2000). I would like to present some thoughts on Freud's Dora Case that, I believe, illustrates the subject of this workshop. Probably most of you remember Freud's Dora Case. But if some of you do not remember very well, you will be able to follow this interesting story easily.

RELATIONAL FOCUS OF THE DORA CASE

Freud's *Dora Case* (1968, p. 605-658), when considered within the relational focus, should take into account all of the relational possibilities by grouping Dora, her father, her mother, Mr. K, Mrs. K, and Freud, in all of the sociometric alternatives -- the isolated member, the different diads, trios, quartets, quintets, and the sextet, according to the forces of attraction, repulsion and neutrality. One should also take into account the form in which Dora internalized her primary relationships, her partial internal "I"s into good "I"s and bad "I"s in the identity matrix (the first symptoms appeared at 8 years of age). Dora was the "identified patient" from a saturated and pathological relational network.

The father (who Freud had previously treated for syphilis) and Mrs. K were lovers, to the knowledge of Mr. K, who benefited from this commercially. Mr. K, in turn, had sexually harassed Dora since she was 14 years old. She reacted with fear and disgust. Her father, an accomplice, did not respond to Dora's pleas for help. Dora told her mother what was happening "... so that she would tell her husband that Mr. K dared to make sexual advances..." (p. 610) Dora had a devoted friendship with Mrs. K, which later became deception ("unconscious homosexual link"). Apparently, the mother would watch all of this distantly. Dora's father and Mr. K were "friends", despite, or perhaps due to the fact that one

was sleeping with the other's wife and the other was "flirting" with the adolescent daughter of the former. Freud gives his testimony and expresses his personal evaluation in considering the physical repugnance that Dora had for Mr. K as the fruit of sexual repression: "Dora's repugnance, upon being kissed, surely did not depend on accidental circumstances which she would have remembered or mentioned. I had previously known Mr. K as someone who would accompany Dora's father once in a while to my office, and I knew that he was a man who was still young and attractive." (p. 612)

Freud did not consider that Dora could have been disgusted by the conspiratory plot of the adults whom she attempted to denounce. He firmly maintained his classification "without hesitating, any person as hysterical where sexual excitement provokes disgust." (Freud in Rodrigué, p. 47) Dora contests being considered an adolescent who lied. Emilio Rodrigué (1995, Vol. 2, p. 48) refers to this point: "Continuing with this task of "supervising" Freud, the flood of interpretations is alarming. His refusal to consider Dora's doubts as anything beyond mere resistance is also impressive." Further, Rodrigué refers to Freud's later recognition of his error, saying that he was not able to "manage" the transference. A clinical error which, by the way, did not impede the scientific-literary success of the case.

Dora hoped for validation by capturing her familiar reality. She had hopes that the entrance of the sixth element, Freud, could modify the previous system, and relieve her from the condition of identified patient. There was, besides Dora's symptoms, a relational neurosis. However, she received interpretations which, despite being theoretically correct, invalidated her in her social network. What was important to Freud was the sexual attraction that Dora denied and not the existential experience in her social atom. For this reason, Dora understandably refused to continue treatment, retaliating once and for all against the family and doctor who did not understand her.

Freud, in his obsession for the "unconscious truth" (intrapsychic), becomes blind to the "relational truth" (interpersonal). Within the first circumstance, the "other" is secondary or does not exist and the perspective of the relationship is lost — the "other" would always only be internalized. This attitude generates a psychotherapeutic position where the privilege is given to only one of the "truths." On the other hand, an attitude that emphasizes only the external relational "truth", to the detriment of the internal "truth", would also be partial. I think that it is possible to conciliate the two "truths" in a relational psychology that includes

the I-I relationship (internal truth) and the I-you (external truth). This attitude is coherent with the new scientific paradigms where it is recognized that all theories are limited. Science cannot obtain a definitive comprehension of reality and scientists always deal with approximate descriptions of such reality. For this reason, the reader who is passionate about an author should remember that the truth is not **only**, but **also** what he/she is reading.

These comments, by the way, about the “Dora Case” reveal that there are other angles to be explored by studying the relational dynamic of this diabolic quintet, or sextet — without missing the pun: sex - tet, given the number and the intensity of the sexual currents involved. In the first place, as previously mentioned, Dora cannot be identified as the only “sick person” in the saturated relational network. In the second place, our attention is called to the fact that, although there is an “unconscious truth” to be discovered, there is also a “conscious truth” to be confronted. Finally, for an adolescent of 17 years of age, even without considering aspects of her personality, to know that her father is the lover of a woman she had admired and who she had modeled as a woman (as the saying goes: “when I grow up I want to be just like him/her”); and to realize that the oldest man whom she had liked, the “uncle”, was not a hero, but a conspirator with hidden interests involved in a maddening farse that the adults, including Freud, enacted around her; and to further have a weak mother who was not able to protect her (“housewife psychosis”¹), were already more than enough reasons to have had many hysterical fits and demonstrate disgust toward anyone. Mannoni (in Rodrigué, 1995, vol. 2, p. 48) in Ficções Freudianas (Freudian Fictions), imagines a dialogue where Dora says to Mrs. K: “My father with syphilis, my mother, poor thing, an idiot; you an adulterous woman and your husband, knowing that he is betrayed. What a group!”

In outlining these ideas, I cannot help being tempted to fantasize about the participants gathered with Dr. Freud, in his office, with Freud enacting his first family group psychotherapy session. It must have been a grandiose première.

¹Expression from Rodrigué (1995, p. 42) about Freud’s reference to the “symptoms of this disinterested and common nosologic entity: disinterest in one’s children, obsession for cleanliness, total lack of insight for the nature of one’s disease, coldness.”