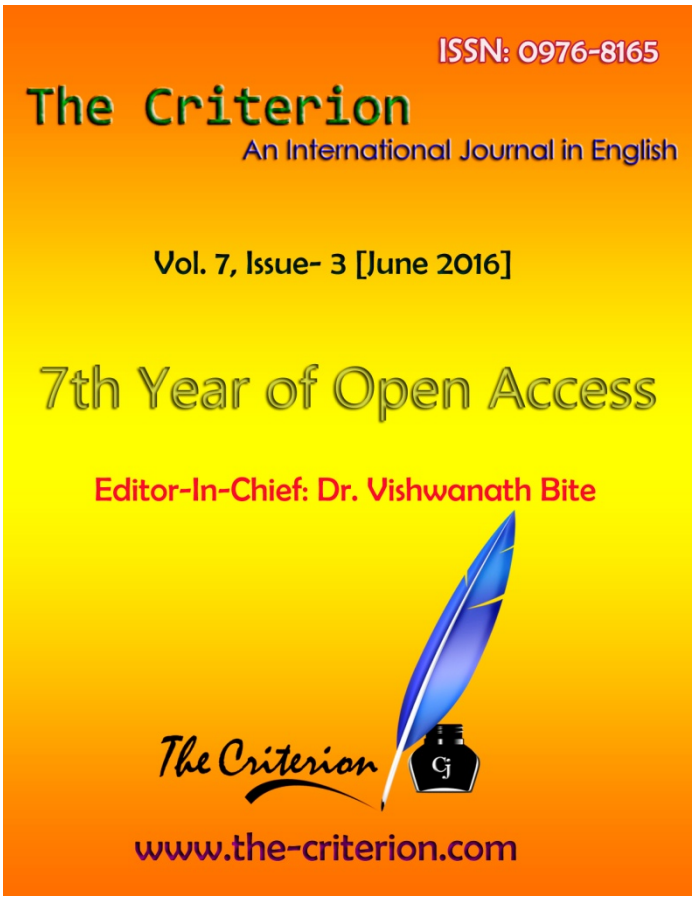

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Remembering the Woman in the Diegesis: Transference in Some of Freud's Case Histories of Hysteria

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With a goal to reinterpreting Freud's case histories from a narratological perspective, this essay resorts to approaches of narratologists such as Mieke Bal and Peter Brooks in a close reading of Freud's concept of "transference" in his various writings. By analyzing "transference" not only as a psychoanalytic concept but also as a narratological one, I explore how "transference" negotiates different narrative positions in the psychoanalytic text. I consider "transference" as related to the question of women, as well as the intricate relation between feminism and psychoanalysis. Mary Ann Doane extends Freud's discussion of transference to the transferential relation between feminism and psychoanalysis. She states,

> (In psychoanalysis) if the analysis is carried out correctly, we produce in the patient an assured conviction of the truth of the construction which achieves the same therapeutic result as a recaptured memory. There is a relation of transference at work here whereby the fictional and provisional status of the construction is elided.... Feminist theory can easily maintain such a transferential relation to psychoanalytic authority, if it takes its constructions, its apparatus --- too seriously. It is at this point that they become totalizing, allowing of no resistance which is not foreseen, assimilated (Doane 5).

To develop Doane's discussion of "transference", this essay investigates in what aspects "transference" functions as a relation at work "whereby the fictional and provisional status of the construction of the female is elided,"and what influence transference brings upon the woman who is situated at the recess of the diegetic structure of Freud's narrative. I first investigate Freud's definitions and interpretations of "transference" in his writings under various circumstances, paying special attention to the significance of this concept in narratology theory. Here I recall the concept of "frame narratives" defined by Mieke Bal and Peter Brooks, and examine how Freud plays with narrative frames and constructs a hyperbolically diegetic text in his case histories. Evoking Brooks' discussion of "narrative transference and transaction," I argue that Freud in his writings puts forward a narrative contract which the reader is urged to submit to, a contract that claims the analyst's frame of narrative as real or what is to be accepted as real. In the second part of the paper, I return to the specific case histories, especially that of Katharina and Dora, and examine the significance of "transference" as manifested in the temporal and spatial dynamics that shape Freud's narratives in our readings of them. The physician's narrative cannot make the readers strive toward the narrative ends as expected, because of the paradoxical function of "transference" always activates the female patient to make movements between different story dimensions, and by doing so, to reclaim certain territories that she formerly lost in the male-dominated narrative.

I. The Evolving Definition of "Transference"

In *Study on Hysteria*, Freud concludes his account of his failed attempt to analyze the recalcitrant patient Dora by claiming that the major reason for the failure of Dora's analysis is his own lack of the understanding of transference. By this time Freud uses the term

"transference" in a narrow psychoanalytic sense, referring to the situation when the patient transfers his earlier psychosexual conflicts onto the relationship between the analyst and the patient (the analysand). His original definition of transference is as some patients' peculiar ability of replacing some earlier person by the person of the physician. As a result, "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" (*Studies on Hysteria* 301). Later, Freud acknowledges that transference on to the physician takes place through a false connection, *or* "mesalliance" between the patient and the person of analysand, who becomes gradually involved in the patient's process of remembering the past (304). He comments,

> And as the result of this mesalliance — which I describe as a 'false connection'— the same affect was provoked which has forced the patient long before to repudiate this forbidden wish. Since I have discovered this, I have been able, whenever I have been similarly involved personally, to presume that a transference and a false connection have once more taken place. Strangely enough, the patient is deceived afresh every time this is repeated (*Studies on Hysteria* 304).

As Freud claims, although he was greatly annoyed at the increase of work brought by the transference process, he observes that "transference of this kind brought about no great addition to what I had to do. For the patient the work remained the same: she had to overcome the distressing affect aroused by the transference process" (*Studies on Hysteria* 304). The effect of the transference will "melt away with the conclusion of the analysis" (*Studies on Hysteria* 304). Here lies a teleological question larger than a single case of transference. Psychoanalysis as a narrative apparatus in itself, an apparatus which produces fictional constructions, under a totalizing compulsion toward "reality,"[1] allowing of no resistance which is not foreseen, assimilated. Transference, as a resistance against this totalizing compulsion, must be "overcome" in order to bring the patient's story to a closure and cure her of the illness. Freud notes his *Beyond the Pleasure Principle,*

> Psychoanalysis was then first and foremost an art of interpreting, ...a further aim come into view: to oblige the patient to confirm the analyst's construction from his own memory. In that endeavor the chief emphasis lay upon the patient's resistances: the art consisted now in uncovering these as quickly as possible, in pointing them out to the patient and in including him by human influence — this was where suggestion operating as 'transference' played its part — to abandon his resistance (*Beyond the Pleasure Principle* 12).

Such resistance and conflict which take place between the physician and the patient also manifests a collision of divergent gendered positions. In Freud's narration the reader may trace at least two frames of narratives, one of the disturbing, proliferated, narratives of the female, the other of the totalizing, assimilating narrative of the psychoanalytic apparatus, as voiced by

1 This paper focuses on how "reality" is constructed through narrative frames in Freud's text, with an understanding of "reality" as a joint enterprise of retelling and re-describing the patient's past experience. In other words, my analysis takes a narratological interpretation of Freud's "psychical reality." "Reality" is not only about a piece of "real" life, but is also related to the narrative process of making real, which is achieved through a transferential interaction between different narrative positions of the analysand/narrator, the patient and the reader.

Freud the external male narrator. So long as Dora's narratives are embedded in Freud's overarching narrative frame, her story has to maintain a transferential relation to Freud's authority. Transference, to paraphrase Doane again, is a relation at work whereby the fictional and provisional status of the construction of the female is elided (Doane 5). From a feminist perspective, therefore, the case histories like that of Dora are instructive because they demonstrate how transference may become an explosive but hidden factor in the interaction between a woman and a male figure of authority. A detailed rereading of Dora's case from a narratological approach will be developed in the second half of this paper.

Freud extensively discusses the question of "transference" in three articles, "The Dynamics of the Transference," "Remembering, Repeating and Working-through" and "Observations on Transference-love." In "The Dynamics of the Transference" he began to relate the "excessive" part produced in the transference to the "unconscious," the patient's suppressed ideas and concepts ("Dynamics of Transference" 136). Freud acknowledges that transference becomes the vehicle of the unconscious wishes, which manage to force their ways into the conscious and are released through certain symptoms. Transference seeks toredeem connections between ideas whenever a cessation in the flow of associations of thoughts takes place. Here lies a paradoxical situation for the transference process. Conversely, transference takes place to overcome the cessation of the flow of associations of thoughts. This cessation of flowing associations, or gap between thoughts, is the resistance of the unconscious against the analytical work of the physician. Transference is a work against the resistance against the unconscious wishes. On the other hand, the "false connections" that transference process makes between widely irrelevant ideas produces excessive parts in the transference process itself. This "excess" becomes a "resistance" against the analyst, challenges the possibility of closure, and drives the physician into a new round of analysis.

In "Remembering, Repeating and Working-through" Freud refers to "transference" in Dora's case and suggests, "In many cases the patient does not remember anything of what he has forgotten and repressed, but acts it out. He reproduces it not as a memory but as an action; he repeats it, without, of course, knowing that he is repeating it" (150). Whereas the hypnotic technique seeks to fill in gaps in memory and over resistance due to repression, they have to be carried out as an experiment of conjuring up a piece of real life in repetition.[2] Now that this process of transference can be harmful because there is danger that some deeper more instinctual impulses in the unconscious will make themselves felt in the patient's action of repetition. "Transference" functions as an intermediate region between illness and real life and is a circumvention of the repressed wishes. The cure of the illness is achieved through the forfeiting of an artificial illness, which is more accessible to the physician's intervention. However, by making a simulation of the real experience, transference is neurotic because the final closure of the analysis process is to "cure" the analysand of the

2 In "Remembering, Repeating and Working-through" Freud argues that not only some but "all of our childhood memories are counterbalanced and retained in the screen memories" (148). In "Screen memories," Freud displays another example of "transference neurosis." He addressed "recollection" as a process of retrospective psychological projection. In this process, a later image or experience which is more accessible to the conscious substitutes the subject-matter (which is no longer distinguishable/accessible) ("Screen memories" 305).

"cure" and bring the ultimate dissolution of the transference. This dissolution of transference is in narratological terms not unlike "closure," that is, the moment when the enigmas of the patient's symptoms revealed at the beginning of a case study and throughout are resolved, the moment when all the analysand's questions are answered.[3] However, what we see in Freud's case study is that the narrative does not lead to a closure. Instead, Freud's analysis leads to what is often called "aperture," a conclusion with an ambiguous ending, and/or without resolution, without answering all of its questions. As Freud points out in "Remembering, Repeating and Working-through," "transference" initiates the patient into a dynamic interaction with the analyst, by engaging the patient into a process of repeating a piece of real experience and improvising the "truth" through this repetition. When the patient's repetitive reactions spill out into the analyst's narrative, the narration is "contaminated" and becomes symptomatic of repetitive drives in itself. Thus if the analytic process brings out the cure of the patient, not only must the analyst bring the physician to confront a certain disappointment, but the analyst himself must face a disappointment as well: for the "cure" is the closure of the narrative, when the narrative desire of the patient and the analyst are both overcome.

II. Transference and "Frame narratives"

The fact that the analyst's narrative is "contaminated" by the patient's repetitive telling of his/her story recalls some important concepts in narrative theory, one of which is Peter Brooks' discussion of "contamination." Furthermore, "transference" involves the important concept of "frame narrative" in narratology. Here I would like to engage Freud into a conversation with narratologists Mieke Bal and Peter Brooks, and examine how their theories may talk to each other. In Brooks' adaptation of Freudian psychoanalysis, one interesting concept is narrative "contamination," which he brought up in the chapter entitled "Narrative transaction and transference." Brooks aptly defines "contamination" as "the passing-on of the virus of narrative, the creation of the fevered need to retell" (Brooks 221). Brooks' use of the term "contamination" is critical in that it highlights the relation between the storyteller and the listener in the narrative. On the surface, it seems that the listener or reader cannot help but be affected by stories in psychosexual ways and thus often feel the need to re-transmit that contamination.

Brooks' discussion of narrative contamination is built on his earlier examination of "frame narratives" in *Reading for the Plot*. He is particularly interested in stories that are framed by other stories and that thus highlight the act of narration, of transmission. Such frame narratives, especially those that include a series of framed narrations, are often precisely about the ripple-effects caused by a traumatic or extraordinary event that lies hidden in the most embedded tale. Part of what is represented in the frame narrative is the psychic dynamics of transmission, which spill out to each framing listener all the way to us, the readers or viewers. It is under such context that Brooks introduces the Freudian concept of transference.

In Mieke Bal, "frame narratives" describe the "narrative texts in which at the second or third level a complete story is told" (Bal *Narratology* 52). Particularly, Bal uses the classical case of the story cycle of the Arabian Nights. Here the narration takes place at several levels.

[3] Johnson 377.

The primary narrative presents the story of Scheherazade, who is threatened with death by her husband, the king. Only if she succeeds in fascinating him with her stories will she survive the night, night after night. Every night she tells a story, in which new stories are embedded, so that we have the construction: Scheherazade tells A that B tells that C tells, sometimes until the eighth degree. For Bal, frame narratives is consisted of a series of hierarchical narrative texts, with the narrator's text as the primary text, and other texts embedded secondary texts. "The narrator's text and the actor's text are not of equal status. The hierarchical position of the texts is indicated by the fundamental principle of level. The relations between narrator's text and actor's text may be different in kind and intensity. Quantitative aspect is of influence here the more sentence frame the actor's text, the stronger is the dependence" (Bal 52).

To relate the above discussion of "frame narrative" to some case histories, like that of Katharina, it is not difficult to see that the case histories of hysterical patients are constructed upon a multi-diegetic structure.[4] For Katharina, the female patient's traumatic story lies in the very interior of the narrative. Here we are dealing with multiple layers of narration. First we have Freud's narrative text, in which the analyst/narrator tells the story through the medium of language. Second, there is the patient's story, which is a fabula that is presented in a fragmented manner. Third, there must be a "fabula" which is a series of logically and chronologically related events that are caused and experienced by actors. In the patient's case history, "fabula" is a piece of her "real life", the very aim and goal of Freud's analytical exploration. As I argued above, the female patient's story lies within a hyperbolically diegetic text. The strict sequence of events is undercut from the inside, and readers who want to keep track of the course of the fabula (Katharina's true experience) find themselves powerless in the face of the ever-multiplying story-lines. What concerns us here is that incomplete information, which is never filled out, leaves gaps in the constructed fabula, and thus blurs our impression of it.

Freud argues in the case of Katharina, "The splitting-off of psychical groups may be said to be a normal process in adolescent development; and it is easy to see that their later reception into the ego affords frequent opportunities for psychical disturbance" (*Studies on Hysteria* 134). The very process of psychoanalytical narrative, then, is aimed to fill out the gaps of time in the text, to reconstruct an organic totality of the female subjectivity. However, the female subject's voice will not be rendered intelligible since it is inevitably situated in a recessed diegetic position inside the narrative frames of Freud's text. The distancing of the female voice from the audience guarantees the pleasure of the narrator, who meanders in and out of the female patient's story, filling in the gaps and stitching fragments of ideas together, not unlike a camera that switches back and forth in film crosscutting. In this text, the joy of storytelling is also a voyeuristic pleasure elicited through the work on the female subject.

The woman's status is reminiscent of Mieke Bal's concept "focalization." The female patient's voice, rendered "alive" through narrative representation, becomes a point of "focalization." By "focalization," I am indebted to Mieke Bal's definition of focalization in

4 Here about the term "diegesis" I am indebted to Gerald Prince, who in *A Dictionary of Narratology*, defines diegesis as "The world in which the situations and events narrated occur" (Prince 1964).

her theory of narrative. Focalization is "the relationship between the 'vision,' the agent that sees, and that which is seen. This relationship is a component of the story part, of the content of the narrative text: A says that B sees what C is doing. The different agents in the narrative cannot be isolated, they coincide" (Bal 146). In Freud's case histories, the women's voice lies at the very recess of the text and cannot but be transmitted through the physician, who narrativizes her words and renders them accessible for the readers. In other words, the woman's voice is rendered into a focal point of address for manifold storytelling, in a multi-diegetic structure of narrative representation.

This multi-diegetic narrative structure, however, does not necessarily silence the voice of the female patient and bring her story to a narrative closure as the analyst expects. In many parts of his analysis of Dora, Freud addressed the fact that a feeling of revenge has often been transferred from the patient's former lover to the physician himself. This feeling of vengeance, transmitted and substituted through Freud's narrative, plays a very interesting role here. Dora's frustrated love affair with Herr K. was transferred to the physician and generates her revengeful acts. During Freud's treatment for her after her second dream about waiting for the train in a hotel, she broke off from the process of treatment. Freud says,

> 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. Her purpose of self-injury also profited by this action. No one who, like me, conjured up the most evil of those half-timed demons that inhabit the human breast, and seeks to wrestle with them, can expect to come through the struggle unscathed. Might I perhaps have kept the girl under my treatment if I myself had acted a part, if I had exaggerated the importance to me of her staying on, and had shown a warm personal interest in her — a course which even after allowing for my position as her physician, would have been tantamount to providing her with a substitute for the affection she longed for? I do not know ("Fragment" 101).

Not only does Dora stop seeing the physician for some time, she intentionally hides some information from him in their conversation (see note 1). When later reflecting upon these revengeful acts of Dora, Freud says in his "Postscript" on the case,

> If cruel impulses and revengeful motives, which have already been used in the patient's ordinary life for maintaining her symptoms, become transferred on to the physician during treatment, before he has had time to detach them from himself by tracing them back to their sources, then it is not to be wondered at if the patient's condition is unaffected by his therapeutic efforts. For now could the patient take a more effective revenge than by demonstrating upon her own person the helplessness and incapacity of the physician? Nevertheless, I am not inclined to put too low a value on the therapeutic results even of such a fragmentary treatment as Dora's ("Fragment" 110).

Freud's discussion of the patient's revengeful moves can yield significant interpretations in a narratological approach. Michael McKeon, when discussing psychoanalytic perspective of the novel as displacement, argues that, "As with dream production, here we too begin with a latent affective nexus, the feeling of being slighted, that provides the basis for a conscious fantasy "of being a step-child or an adopted child" (156). This fantasy has two

stages of development, both of which are fueled by "the motive of revenge and retaliation" and "serve as fulfillment of wishes and as a correction of actual life" (McKeon 157). McKeon's comments on the retaliation motive in novelistic narrative resonate with Freud's psychonarrative text strongly. The female patient's ambivalent position as the wife, surrogate daughter, and sexual object makes her a convenient focus for desire and exploitation at the same time that she evokes fantasies of maternal power. It is at this point that the Freud's text becomes most interesting, as it reaches the point when the inner narrative of the woman disrupts, undermines and spills over the masculine perspective of the outer narrative, when she chooses to retell her tale with vengeance.

Feminist scholar Teresa de Lauretis argues that psychoanalysis is "a dialogic process of construction and reconstruction of the patient's personal history — past, present, and future — it is important to stress that "the analysand joins in the retelling (redescribing, reinterpreting) as the analysis progresses. The second reality becomes a joint enterprise and a joint experience" and therefore "the sequential life historical narration that is then developed is no more than a second-order retelling of clinical analysis" (de Lauretis 50). What then would feminist reading of Freudian psychoanalysis look like? As proposed earlier, will feminist philosophy, which has long been indebted to Freud, always maintain a transferential relation to him? While this question cannot be fully answered in this particular paper, I argue that a feminist reading of Freud is obliged to challenge the narrative interiority that entraps women. A feminist reading which addresses femininity and women in Freud's case histories must work with and against psychoanalytical narrative. A feminist reading of Freud is a reading which disrupts and undermines masculine points of view *from inside,* that is from the very diegetic narrative structure in which meaning and pleasure are constructed.

III. Transference-Love: A Contagious Passion?

The interaction between the female patient and the male authority is all the more striking if we compare Freud's earlier interpretation of transference in the hysteria cases with his later interpretation of the concept "transference love," which takes place between the patient and doctor in the analytical process. In an important article "Observations on Transference Love" Freud states that for psychoanalysts it is fundamental for the physician to keep the neutrality towards the patient, and that "The physician should deny to the patient who is craving for love the satisfaction she demands. The treatment must be carried out in abstinence" (165). Also, Freud's abstinence and insistence on the physician's neutrality towards the patient is resistance against the transference-love between the patient and doctor in the analytical process. For Freud, love is no less than a contagious passion. He argues that "transference-love is characterized by certain features which ensure it a special position. First it is provoked by the analytic situation, secondly, it is greatly intensified by the resistance, which dominates the situation, and thirdly, it is lacking to a high degree in a regard for reality, is less sensible, less concerned about consequences, and more blind in its valuation of the loved person than we are prepared to admit in the case of normal love. We should not forget, however, that these departures from the norm constitute precisely what is essential about being in love" ("Observations on Transferance-Love," 167-8).

This self-contradictory interpretation of the fundamental principle in psychoanalysis offers an interesting example of narrative frames. In the case of "transference love," the status of the female patient within its frame remains indeterminate. All that we know is that

Dora's story has been retold by this narrator expert in transference and substitution, that from narratee he has again become narrator, assuming Dora's tale and passing it on to us. The reader's situation in regard to the male narrator mirrors the narrator's situation in regard to the female patient: he senses the seductive possibility of fiction realized in life, the framed tale of transference love brought to realization therein. That is, in the frame-tale structure, the outer frame comes to represent "the real," and movement from inner to outer tales suggests the movement of reference, making real. Certainly such movement is frustrated in his analytical process. To quote Peter Brooks, "The reader is finally left with a story on his hands, a story he does not know what to do with, except perhaps eventually to retell it. In this sense, the movement of reference is one of contamination, the passing-on of the virus of narrative, the creation of the fevered need to retell. Such may be the madness that Freud's narrator fears" (Brooks 221).

IV. Rereading Dora's Case

1) Narrative transaction and transference

To relate Brook's narrative to Freud's account of Dora's case in the *Studies of Hysteria*, I will do a narratological reading of Freud's highly embedded text. I am particularly interested in the complex narrative frameworks, which are involved in the transference and substitution of multiple narrative positions: The status of Dora's tale within its frame remains indeterminate. All that we know is that Dora's story has been retold by this narrator expert in transference and substitution, that from narratee he has again become narrator, assuming Dora's story and passing it on to us. Freud argues in his "Postscript" to the case of Dora:

> In psychoanalysis, …all the patients' tendencies, including hostile ones, are aroused; they are then turned to account for the purposes of the analysis by being made conscious, and in this way the transference is constantly being destroyed. Transference, which seems ordained to be the greatest obstacle to psycho-analysis, becomes its most powerful ally, if its presence can be detected each time and explained to the patient (SE 7, 117).

This quote suggests that the reader's situation regarding the analyst/narrator mirrors the narrator's situation in regard to Dora. He senses the seductive possibility of fiction realized in life, the framed tale brought to realization in the frame, or for the unconscious ideas to be brought up to the conscious. In the frame-tale structure, the outer frame of the analyst/ narrator comes to represent "the real," and movement from the inner story of the female to the outer tales told by the narrator suggests the movement of reference, or the process of making real. What is not told here is that the reader is unwittingly engaged into a "narrative transaction" with the analyst narrator at the very beginning of the analytical process. The analyst's strong desire of narrating is eagerly justified in his "Prefatory Remarks" at the beginning of "Fragment of an Analysis of a Case of Hysteria." Freud had to publish the results of his inquiries regardless of "the ill-will of narrow-minded critics" (Ibid. 2). The presentation of his case histories, he claims, is due to a "physician's duty to publish what he believes he knows of the causes and structure of hysteria, and it becomes a disgraceful piece of cowardice on his part to neglect doing so, as long as he can avoid causing direct personal injury to the single patient concerned" (Ibid. 3). Freud "picked out a person the scenes of whose life were laid not in Vienna but in a remote provincial town, and whose personal circumstances must therefore be practically unknown in Vienna" (Ibid.). Where ensuring that he was the sole person to account the patient's story, Freud also kept secret the fact of the patient

being under his treatment. As he puts it, he has "taken every precaution to avoid causing any injuries to her" (Ibid. 2). By all these means the physician initiates himself in an advantageous status to narrate, and well justifies his desire to tell the story in the name of scientific examination. It is particularly interesting that Freud made a point distinguishing his text from other case histories which are considered as fictional.

> I am aware that — in this city, at least — there are many physicians who choose to read a case history of this kind not as a contribution to the psycho-pathology of the neuroses, but as a *roman à clef* designed for their private delectation. I can assure readers of this species that every case history which I may have occasion to publish in the future will be secured against their perspicacity by similar guarantees of secrecy, even though this resolution is bound to put quite restrictions on my material (Ibid. 3).

Freud the physician habits a peculiar narrative situation, in which he seals a contract with the patient/narratee as well as with the reader of his text simultaneously. Strikingly Freud puts forward a narrative contract which the reader must submit to, a contract that claims the analyst's frame of narrative as "real," or what is to be accepted as "real." The "Prefatory remarks" therefore is no less than an invitation for narrative exchange with both the patient and the reader as well. In Peter Brooks' words, "the narrative transaction might better be conceived in the nature of the transference, in the psychoanalytic sense, since it intends to make an obsessive story from the past present and to assure its negotiability within the framework of 'real life'— the outer narrative frame — and thus to work the patient's cure" (Brooks 226). The process of "curing" then is an interpolation of the female patient's and the physician's narrative positions, a transaction between the patient's past desire and its present possibilities, a transference of past desire into terms that can be realized and render rewards. Dora's case, however, reveals that the physician's moves suffer frustrations. Freud remarked that in the case of Dora,

> The transference took me unawares, and, because of the unknown quantity in me which reminded Dora of Herr K., she took her revenge on me as she wanted to take her revenge on him, and deserted me as she believed herself to have been deceived and deserted by him. Thus she acted out an essential part of her recollections and phantasies instead of reproducing it in the treatment. What this unknown quantity was I naturally cannot tell. I suspect that it had to do with money, or with jealousy of another patient who had kept up relations with my family after her recovery. When it is possible to work transferences into the analysis at an early stage, the course of the analysis is retarded and obscured, but its experience is better guaranteed against sudden and overwhelming resistances ("Fragment" 109).

Freud's attitude toward transference as revealed in the above passage can be understood in the following two aspects. First of all, this case involves what is often called the "maternal transference." Freud understood that Dora's loves had been replayed in her transference to him, and that the treatment should have included exploration of the transference, especially of the female or maternal transference, which was hardest for him to detect. After Dora's case study Freud seems to have retreated from his tendency to influence his patients by suggestion, and to inflict his interpretations on them and even to insist on their compliance — to behave toward women like Dora with a therapeutic-scientific patriarchal sympathy (see *Freud and Women* 10). In this process, transference becomes an interlocutor between the physician's and the female patient's narrative positions. The analyst attempts to apply transference, which is "the greatest obstacle to psycho-analysis," as

his "most powerful ally," in order to bring the patient to comply transference with the existing narrative frames of the physician (SE 7, 117).

2) Achronicity, Fabula Time and Story Time

Dora's case, furthermore, rejects narrative closure, as the text presents Dora acting out paralleled versions of her past experiences in transference and substitution. Particularly, Dora's past experience with Dr. Herr K. is acted out in a paralleled story in her interaction with Freud in the analytical process. This occurrence of parallelism, according to Peter Brooks, implies achronicity, the impossibility of establishing a precise chronology. For Brooks achronicity is often the result of the criss-crossing of several story lines. As he puts it, in the case of achronicity, "The interventions in chronology which become manifest can be significant for the vision of the fabula which they imply. The reader is finally left with a story on his hands, a story he does not know what to do with, except perhaps eventually to retell it" (Brooks 221). Now the "fabula" here is Dora's past experience which is partially immersed in the unconscious and cannot be fully retrieved. What Brooks argues as "achronicity" involves a complex understanding of narrative time on different levels of the text. The gaps of memories in the patient are not unlike the narrative ellipses, an omission in the story of a section of the fabula (Dora's original repressed experience).[5] What Bal termed as "ellipsis" between TF (time of the fabula) and TS (story time) is parallel to what Freud has termed as "gaps in the dream." It is the task of transference to fill in the spaces in between, to connect the fragmented memories together into something organic. In *The Interpretation of Dreams*, Freud argues that transference is a process of mending gaps and making loose mutual associations between these spheres. As Freud terms, transference is the vehicle of "the unconscious wishes," which achieves an "organic reinforcement" through the process of transference. Transference then takes place in a complex spatial situation. Freud notes that,

> The wishfulfillment's power of bring about representation is diffused over *a certain sphere* surrounding it, within which all the elements — including even those possessing no means of their own — become empowered to obtain representation. In the case of dreams that are actuated by several wishes, it is easy to delimit the spheres of the different wishfulfillments, and gaps in the dream may often be understood as frontier zones between those spheres (*Interpretation of Dreams* 561).

Later Freud says,

> It will be seen then, that the day's residues, among which we may now class the indifferent impression, not only borrow something from the Ucs. when they succeed in taking a share in the formation of a dream — namely the instinctual force which is at the disposal of the repressed wish — but that they also offer the unconscious something indispensable — namely the necessary point of attachment for a transference (*Interpretation of Dreams* 563).

This later explanation may help the readers further understand Freud's study of Dora's case. The "fragmented" outlook of Dora's past experience reflects that there are many ellipsis in

[5] Bal 103.

the patient's life that is gaps of memories that need to be reconnected and brought up to conscious. The process of transference assumes what Freud called "false connections" between some of the repressed ideas and those that are more accessible in the present, and thus partially negotiates the past experience into the present. Nonetheless, there are always those memories that refuse to be brought up; there are always gaps that resist to be mended. Hence what occurs in the case of Dora is that the TF, Fabula Time in her original experience, remains infinite and indefinable. The TS, the Story Time, in regard to Freud's analysis must overcome as much ellipsis and construct a certain chronology of the patient's life in the end. However, this movement towards a complete life experience cannot be achieved because the unconscious resists to be ultimately converted to the conscious, and that the physician's analysis is consistently haunted with transferences, which by creating false connections between ideas, objects or people, can only generate false chronologies of the female patient's experience. To recall Bal again, one might argue that in the case of Dora, the psychoanalytical narrative strives to reach a status when the Fabula Time (TF) equals Story Time (TS), that is, when the Fabula Time is fully represented by the Story Time, when the patient's repressed ideas can be brought into the conscious completely. Because the ellipsis of memories cannotbe conquered, in Dora's case, the TF is always larger than TS, and mostly remains infinite. In other words, most of the primary history of the female patient remains not represented in the physician's narrative.

Bal's distinction between TF and TS to Brooks' discussion of "time" in *Reading for the Plot* reveals some interesting resonances with Peter Brooks. Brooks islikewise very interested in the temporal dynamics that shape narratives in our readings of them, the play of desire in time that make us turn pages and strive toward narrative ends. Bal will agree with Brooks on the significance of time, for she also states that "frame narrative need a longer span in time." In traditional narratology, this is termed as "duré" or duration of the narrative. Brooks distinguishes his psychologically formed literary criticism from other narratologists by saying that instead of seeing the texts as consisted of linguistic paradigms and rules of sign system, he wants to see the text itself as "a system of internal energies and tensions, compulsions, resistances, and desires" (Brooks xiv). Further, Brooks seeks to "engage the dynamic of memory and the history of desire as they work to shape the creation of meaning within time" (xv). The meaning of so doing is to ultimately call attention to the "readers," and how the story works on these readers and obliges them to pass it on to the others. Brooks argues that,

> Narrative meanings are developed in time; any narrative partakes more or less of what Proust called 'un jeu formidable…avec le Temps,' and that this game of time is not merely in the world of reference (or in the fabula) but also in the narrative, in the *sjužet*, if only because the meanings developed by narrative take time: they unfold through the time of reading. … The 'dilatory space' of narrative, as Barthes calls it --- the space of retard, postponement, error, and partial revelation ---is the place of transformation: where the problems posed to and by initiatory desire are worked out and worked through (Brooks 92).

The above quote, when related to Freud's text, can be interpreted in the following ways. On the one hand, Brooks echoes Bal in that he differentiates the Fabula Time and the Story Time, the time through which the narrative unfolds. Psychoanalysis, not unlike narrative texts, seeks to find a moment when the patient's past experience can be brought together with the present, that

is, the moment of cure, of narrative closure. This is the very aim of Freud's plot. In the case histories, Freud the extradiegetic narrator exerts himself (herself) in filling gaps in time, establishing an "innocent" chronology of the women characters. Until the very end the patient's history is not fully represented, nor are the readers at any point in the fabula given full certainty about what happened to the female patients. This is the case for Katharina and Dora as well. The purpose of Freud's *jeu formidable avec le Temps* (play with time) is nothing but an attempt to restore an "organic" female subject, whose past history he seeks to restore from fragments of thoughts and ideas. The analytical process is thus also a wish-fulfilling process for the physician. As I have argued previously, it is the task of transference to fill in the spaces in between, to connect the fragmented memories together into something organic. Also, Brooks'notes on "the dilatory space" of narrative brings to light the fact that narrative time must be considered together with the concept of "space." Transference always takes place in a narrative situation, a situation of certain spatio-temporal reality, engaging dynamic interactions between different narrative positions, including the narrator, the narratee, and the reader as well. Transference always takes place in a diegetic space, when tales told by different subjects replace or bleed into each other.

In Freud's narratives, the diegetic space is often an acting place.Dora's past experience with Dr. Herr K. is acted out in a paralleled story in her interaction with Freud in the analytical process. When transference takes place, the movement of reference is one of 'contamination': the passing-on of the virus of narrative, the creation of the fevered need to retell. To recall Brooks again, "the dilatory space of narrative...is the place of transformation: where the problems posed to and by initiatory desire are worked out and worked through" (92). In Dora's case, the "dilatory space" is the "acting place" which delays the moment of cure, disruptively works on the past experience, and unswervingly revises the physician's narrative. Dora's acting thus becomes most threatening, because her appropriation of the narrative situation sets the narrative frames in motion, and thus assumes false connections between her past experience and the physician's present condition. Once Dora appropriates the narrative situation, she is no longer the stationary female who stays at the recess of the text waiting for the cure/rescue, nor is the female position that of a stationary given portion of the plot-space. She simulates, undermines and disrupts the existing hierarchies of narrative frames, transmitting her memories and "madness" onto the narrator. Through transference, the woman travels between different story dimensions and reclaims certain territories that she formerly lost in the male-dominated narrative. Transference in this regard, can be a process of the female subject reclaiming and reterritorializing her identity, which have previously been subdued and sectioned by the male narrator. Freud has to meet a self-contradictory situation in the analysis: if he is to achieve any organic reinforcement of the female subject through analysis, it is necessary that the stories remain open-ended and allow ample space for maternal transference.

To conclude, as discussed above, psychoanalysis as a narrative apparatus itself is no less than an apparatus which produces fictional constructions, under a totalizing compulsion toward "reality." Transference initiates the patient into a dynamic interaction with the analyst, engages the patient into a process of repeating a piece of real experience and improvises the "truth" through such repetition. Nevertheless, the patient's repetitive reactions spill out into the analyst's narrative, which is thus "contaminated" and becomes symptomatic of repetitive drives

in itself. In the case of Dora, the woman's voice is rendered into a focal point of address for manifold storytelling, in a multi-diegetic structure of narrative representation. Conversely, transference activates her into appropriating existing narrative frames and challenging the dominant masculine narrative from inside. In this regard, transference, if once an allyto the physician, becomes uncanny in the talking-cure, as it diverts the narrative from the physician's anticipated outcome and becomes a tool for the reterritorialization of the female subject.

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