Memory

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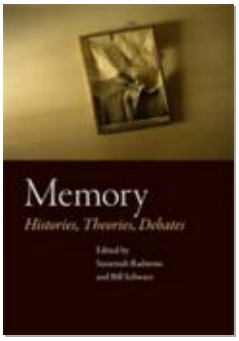

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PART 2

How Memory Works

I. THE INNER SELF

12. Memory and the Unconscious

Roger Kennedy

From its early days the place and function of memory has been central to the theory and technique of psychoanalysis, though the picture of how memory functions from a psychoanalytic point of view has undergone many transformations. From memories that arose from the hypnotic treatment of adults, Freud began with the notion that hysteria was caused by the sexual molestation of children. As is well known, Freud later felt that in this early work on hysteria, he had overvalued reality and undervalued fantasy.[1] In his later work, the main emphasis passed away from actual sexual abuse as a cause of hysteria to fantasies of abuse. Today, the clinical view would overvalue neither reality nor fantasy, but accept that there is probably a complex interweaving of both fantasy and reality in the processes of memory. Though this interweaving process may complicate judgments about the reality of past events, it also provides for the richness and complexity of the psychoanalytic task.

In his early paper on hysteria, written as he was moving away from the hypnotic method toward psychoanalysis, Freud had already outlined a complex picture of the nature of memory. Thus he emphasized that it is not the original trauma of seduction itself that causes subsequent hysterical symptoms, but its reproduction in symbolic form in unconscious memories:

> Our view then is that infantile sexual experiences are the fundamental precondition for hysteria, are, as it were, the *disposition* for it and that it is they which create the hysterical symptoms, but that they do not do so immediately, but remain without effect to begin with and only exercise a pathogenic action later, when they have been aroused after puberty in the form of unconscious memories.[2]

The trauma thus acquires new meaning after the event, and after genital maturity, by the rearrangement of memory traces. That is to say that experiences, impressions, and memory traces are revised at a later date to fit in with new experiences, or with the attainment of a new developmental stage. In addition, adolescence has a particularly crucial place for such rearrangements of memory traces, both in normal and abusive situations, as it is a time when genital maturity is accomplished. Of course, it is now known that in addition to the delayed effect of sexual trauma on the adult, the child may also be directly and immediately affected by abuse, sometimes with very damaging and long-lasting results. That is, there are certain early experiences that remain constantly pathogenic, with rather little rearrangement in the memory.

While psychoanalytic views on memory have been enriched by recent psychological research, psychoanalytic memory—the memory uncovered during an analytic session—remains strange and complex, involving a particular form of temporality irreducible to the processes of memory studied by cognitive science. The notion of memory that I shall sketch out, is one not so much linked to the conscious thinking subject, the subject of conscious reason or that of empirical psychology, but rather one linked to a different kind of subject—the psychoanalytic subject—marked by the activity of the unconscious and with a complex and elusive structure.

These considerations arise directly from the experience of working with patients in a psychoanalytic setting as well as from the bedrock of Freud's theories of memory. A common task in the analytic encounter is to wonder where the patient's memories of their past, or their history, fit into the clinical picture. Analysts vary with regard to how they approach this task. There are those who insist on taking a detailed history before beginning the analysis so as to have some clear bearings before patient and analyst are immersed in the analytic task. There are others who prefer to dispose of memory and desire and begin with a blank sheet, as it were, to see where the patient goes, without having any preconceived historical knowledge.[3] And there are those, probably the majority, who prefer to work with a certain amount of history taken from an initial interview and then allow memories of the past to evolve from the analytic work.

There are further differences in analytic technique with regard to how to make sense of any memories that arise during the session. Some analysts work predominantly with the here-and-now, with a focus on what is going on between patient and analyst in the present, because they consider that what is alive in the session is mainly if not solely the present interaction. Whatever memories arise are seen in the context of the current patient/analyst relationship rather than leading to any detailed exploration of past relationships. This approach contrasts with the more traditional one, where the analyst tries to use the patient's memories to reconstruct in detail aspects of their past life. There is no clear evidence about which approach is more or less effective. I myself hold that it is of vital importance for the analytic patient to develop a historical awareness, but that this is a highly complex matter, not easily susceptible to empirical research, and not something

that can be simplified into the analyst just using or not using here-and-now interpretations. Rather, it requires both analyst and patient to examine the way that the past weaves organically with the present. Indeed, I would suggest that one could make a simple yet perhaps vital distinction between the past and history. The past only becomes history by means of a special sort of undertaking, an inquiry, whether this be a psychoanalytic or a historical inquiry, involving recording what subjects have remembered and said about those past events. These remembrances are then woven into an elaborate narrative account. The past remains fixed until it is rethought and redescribed at a later date as history, as Freud showed in his concept of *Nachträglichkeit*, (deferred action). Historical inquiry is a way of freeing the past from its mere pastness.[4]

The kind of historical material with which the psychoanalyst is concerned seems at first sight rather strange, as it consists of multi-layered fragments of memory, odd bits of debris from the past, dream elements, gaping absences, convincing and also unconvincing stories, a history of discontinuities and unresolved questions, of traumas, things unsaid, and memories actively destroyed. Thus the psychoanalytic past is a complicated world, made up of both what can be recalled and, more significantly, what has *not* been understood, felt, or transformed by the subject—that which evades or eludes the subject.

Psychoanalysis is constantly dealing with ambiguities about the past. A literal and "objective" knowledge of everything that took place in the past is neither possible nor necessary for understanding the subject's history, though I shall later discuss some ways of assessing the status of recovered memories in therapy. However, the kind of history with which psychoanalysis predominantly deals is not that easy to capture; it often remains elusive. Jean Laplanche has described this as

> a kind of history of the unconscious, or rather of its genesis; a history with discontinuities, in which all the moments of burial and resurgence are the most important of all; a history, it might be said, of repression, in which the subterranean currents are described in as much detail as, if not more detail than, the manifest character traits.[5]

I would describe this psychoanalytic history as a *history of layers*. It is full of shifting strata, fragments of living reality, absences more than presences, a mutilated yet still living past, involving the elusive presence of the unconscious. Some layers from the past follow on directly from one another in time, while others merge, and yet others stand out in apparent isolation. Free association is a method of discovery in the clinical encounter that is particularly sensitive to this kind of history, as it brings to the surface elements from many different layers, without prioritizing any particular layer. Putting the associations into some sort of understandable linear narrative—the *history of events*—is also part of the clinical work, but is secondary to the construction of a history of layers, which is the main "generator" of new meanings and connections. There is a need in a session to develop some kind of narrative over time, but also to allow associations, which may mix

up memory and perception, the past and the present, to develop from many layers of the mind.

Before giving a number of brief clinical examples to illustrate the various ways that memory comes into the clinical encounter and thereby clarify my picture of psychoanalytic memory, I will turn to consider in detail Freud's key contributions to understanding memory, some of which I have already touched upon, insofar as they remain basic to my theme.

Freud and Memory

When Joseph Breuer and Freud began working with hysterical patients, using hypnosis and the power of suggestion, they urged the patient to recall past "pathogenic" memories, which were seen to be the root of the contemporary hysterical symptoms. Freud wrote that at first sight it seemed extraordinary that events experienced in the distant past could still continue to operate so intensely; that unconscious memories were not deactivated, or laid to rest, by the usual processes of forgetting. "Our observations have shown . . . that the memories which have become the determinants of hysterical phenomena persist for a long time with astonishing freshness and with the whole of their affective colouring."[6] Such pivotal memories correspond to past traumas that have not been sufficiently worked over by three kinds of processes. The first is abreaction, where the subject reacts to the events in deeds or words and with the appropriate emotion; without an appropriate reaction of this sort, the memories retain their traumatic quality. The second method is for the subject to bring the traumatic memories into association with other, less traumatic thoughts, feelings and memories: "After an accident, for instance, the memory of the danger and the (mitigated) repetition of the fright becomes associated with the memory of what happened afterwards—rescue and the consciousness of present safety."[7] Third, the general tendency for memories to fade away and be forgotten wears away the intensity of the once traumatic memories. Furthermore, not only are there contemporary effects from past memories of trauma, but the memories themselves can become traumatic in their own right, acting as a "foreign body" continuing to produce traumatic effects.[8]

These theoretical considerations remained for some time the basis for the psychoanalytic method, which became at first a search for pathogenic memories, with an attempt to find ways of disposing of their traumatic effects through putting "strangulated affects" into words and by subjecting the memories to "associative correction" by bringing them into consciousness. Hysterics who suffer from reminiscences could thus be treated by the "work of recollection."[9] Already, the physician had become a witness to past events coming to life and then being laid to rest. Through the treatment process, past events could be laid to rest, in that they are no longer so fixed, painful, or repetitious.

The psychoanalytic method subsequently developed by Freud aimed to remove symptoms and replace them with conscious thoughts, but also to

> repair all the damages to the patient's memory. . . . It follows from the nature of the facts which form the material of psychoanalysis that we are obliged to pay as much attention in our case histories to the purely human and social circumstances of our patients as to the somatic data and the symptoms of the disorder.[10]

The analyst thus pays attention to the significant events of everyday life, past and present. The day-to-day task of recovering small details of the "human and social circumstances of our patients" frees the mind and defeats trauma; recovering lost history is therapeutic. Restoring lost links to the past produces relief, liberating the patient from some of their burdensome past.

In his late paper "Constructions in Analysis," Freud returned to historical issues after a lifetime of psychoanalytic experience, bringing new and radical insights to the nature of the historical dimension. He describes how the work of analysis aims at helping the patient to give up repressions belonging to early development and replace them with more mature reactions.[11] In order to accomplish this task, the patient must recollect forgotten experiences, together with the emotions attached to them. The raw material provided by the patient out of which lost memories are recovered includes fragments of memories in dreams, ideas produced by free association in which we can discover allusions to the repressed experiences and derivatives of the suppressed emotions, and hints of repetitions of the affects belonging to the repressed material found in actions, both inside and outside the analytic session; the transferential relationship toward the analyst particularly favors the return of the emotional connections between past and present.

While the patient's task is to remember, that of the analyst is to make out or "construct" what has been forgotten from the traces left behind by the repressed material. Though analyst and patient have different tasks, the work of construction is a joint enterprise. Freud compares this work of construction, or reconstruction, to an

> archaeologist's excavation of some dwelling-place which has been destroyed and buried or of some ancient edifice. The two processes are in fact identical, except that the analyst works under better conditions and has more material at his command to assist him, since what he is dealing with is not something destroyed [*nicht um ein zertstörtes Objekt*] but something that is still alive.[12]

That is, the analyst is dealing with a live object, not a destroyed one. Like the archaeologist who imagines the walls of a building from the remaining foundations and from the debris and traces of the past, the analyst draws inferences from the fragments of memories,

associations, and behavior of the patient. Both have to face the difficult issue of determining the level or layer to which the material belongs. But compared to the archaeological object, the psychical object, whose early history the analyst, according to Freud, is trying to recover, is better preserved:

> Here we are regularly met by a situation which with the archaeological object occurs only in such rare circumstances as those of Pompeii or the tomb of Tut'ankhamun. All of the essentials are preserved; even things that seem completely forgotten are present somehow and somewhere, and have merely been buried and made inaccessible to the subject. Indeed, it may be doubted whether any psychical structure can really be the victim of total destruction.[13]

As Laplanche pointed out, in his paper on constructions in psychoanalysis, Freud was highlighting the kind of history with which psychoanalysis deals, one "which is at one and the same time a cataclysm (like the engulfment of Pompeii) and a permanent preservation (like the burial of Tutankhamen's objects in his tomb.)"[14] I would add that one can also see how psychoanalysis does not deal with a cognitive form of memory, that is, with something that can be consciously or factually known as such, but with a strange, constructed reality, half memory, half fiction. It may also be the case that with the more psychotic patient there may indeed be a total destruction of parts of the psychical structure, reflecting a profound disturbance in the way that the subject attempts to construct their world after the psychotic breakdown.

Freud's paper continues by differentiating analytic interpretations from analytic constructions. The former apply to a single element of the patient's material such as an association, while constructions lay before the patient a piece of their early history which has been forgotten. If nothing further develops from a construction, we may infer that we have made a mistaken one. New material allows us to make better constructions or, one might add, hypotheses. The patient's acceptance of a construction may be of no value without some additional and indirect confirmation of its correctness, such as the bringing up of new memories, or fresh associations. Every construction is an incomplete one, as it covers only a small fragment of forgotten events; and each individual construction is a conjecture that awaits examination, confirmation, or rejection.[15]

What follows is probably more controversial and certainly resonates with postmodern debates about the nature of the past. Freud writes that the path that leads from the analyst's construction can end in the patient's confirming recollection, but just as possible a result is the patient's conviction of the truth of the construction; and this conviction of truth may be just as therapeutic as the recapturing of a lost memory. There may be a danger in relying too heavily on this sense of conviction, for it may lead the patient to accept what comes up in analysis too readily. Yet this view also emphasizes that the analyst is often less concerned with all the actual events that happened in the past than with what

the subject has made of past experiences, that is, with psychical rather than material reality, or with what Freud called "historical" rather than "material" truth.[16]

What can be inferred from the notion that the conviction of the truth of a construction is just as therapeutic as the recovery of an actual memory is that both patients and analysts do not have to know all about a past event for it to have significant consequences. The status of the past is problematical, rather than straightforward. We often know that an event of some kind has happened, but will never know all the details about it. There will always be limitations on the documentary evidence. For example, we still do not know for certain who killed President John F. Kennedy, and why he was killed. We will probably never know, but we do know that he was killed, that Lee Harvey Oswald was the most likely candidate as assassin, and that the event and all the circumstances surrounding the event were significant. We have a powerful conviction of the importance of the events, despite, or perhaps because of, the mystery surrounding them. For those alive at the time of the assassination, it has become a nodal point in their memory, organizing the recollection of other events; it has been transformed into myth, a story of tragic proportions. But the enigma of the perpetrator remains.

Such enigmas about the past are part and parcel of psychic development. There is much we can never know about what "really happened" in early development. Indeed, psychoanalysis is constantly dealing with ambiguities about the past. A literal and "objective" knowledge of everything that took place in the past, along the lines of cognitive memory, is neither possible nor necessary for understanding the subject's history.

One can already see hints of history as construction in the Freud-Fliess correspondence written in 1896, a time contemporaneous with the paper on hysteria from which I have already quoted. Freud describes in a letter how memory traces are constantly being rearranged from time to time in accordance with fresh circumstances, a process that he called "retranscription."[17] A year later, he described the role of *Nachträglichkeit*, translated by Strachey as "deferred action," in which early memories and experiences are revised and rearranged at a later date to fit in with fresh experiences or with new developmental stages. The constant rearrangement of memories creates history.

In his 1899 paper on screen memories, Freud questions whether

> we have any memories at all *from* our childhood: memories *relating to* our childhood may be all that we possess. Our childhood memories show us our earliest years not as they were but as they appeared at the later periods when the memories were aroused. In these periods of arousal, the childhood memories did not . . . *emerge*; they were *formed* at that time.[18]

It was only some years later in the Wolf Man case that Freud returned to this notion when he emphasized how a scene from early life can become traumatic later, and how

Nachträglichkeit has the effect of making the patient disregard time. Thus Freud writes of the Wolf Man:

> At the age of one and a half the child receives an impression to which he is unable to react adequately; he is only able to understand it and to be moved by it when the impression is revived in him at the age of four; and only twenty years later, during the analysis, is he able to grasp with his conscious mental processes what was going on in him. The patient justifiably disregards the three periods of time, and puts his present ego into the situation which is so long past.[19]

André Green vividly describes the Freudian notion of time central to the psychoanalytic understanding of the past in discussion with Gregorio Kohon. He argues that

> *processes related to time are those that escape observation and most of them have to be deduced retrospectively*. Why? Because they took place intrapsychically, reorganizing the results of perception, affects, phantasies, wishes, etc. This is the basis for transference to occur. At the end of his life, Freud arrives at the conclusion that he has to give up the recovery of infantile amnesia, that some traumas have happened before the age of two or two-and-a-half, which cannot be recovered by memory; it can only be acted out or given an hallucinatory expression. So we have to lean on construction. Reconstruction means that you're going to find what was the real set of events which lead to the neurosis, but neurosis doesn't work like that, it isn't created that way. It develops in many ways, going forward, backward, mixing up people and events.[20]

Green is referring here to Freud's paper on construction, in analysis that suggests Freud's complex view of history. The work of construction aims less to discover objective facts about the patient's past than to understand the impact of the past on the present. Thinking historically in the analytic context is about establishing a connection between past and present ideas and feelings, through examining the traces of the past and their effect in the present. The connection between past and present involves after-the-event understanding. This kind of understanding connects past and present and involves constant rearrangement of past and present realities. Clinical judgment, based upon plausible evidence, comes in when looking at the nature of the past/present interaction, for example in judging whether the patient is defensive, nostalgic, or realistically facing past events.[21] Such judgments are complex and cannot be reduced to one narrow focus.

Freud, Origin of Memory, Writing, and the Trace

The trace is something that survives in the present but stands for something in the past; the trace survives and through it one retraces the past. But the trace is fragile and enigmatic, its survival often fortuitous. The past as we know it, then, consists of fragile,

enigmatic traces left by the human subject in various places—documents, oral testimony, fleeting memories, fragments of buildings. Our knowledge of the past is only ever that of a knowledge of traces, or even of traces of traces.

Elsewhere, I have used the analogy of traces left in a ploughed field to illustrate something about the complex and elusive structure of the human subject.[22] Applying this analogy further, one may think of a field in the countryside, perhaps recently ploughed. The farmer may or may not be visible at the moment you come across the field, but he has certainly left traces of his work. Across the field run a number of paths; some of them intersect one another, not necessarily in any order. The field can be used to cultivate a number of different crops, or can be used in a variety of ways. If you use special techniques, it may be possible to detect how the field was used in the past, where previous crops were made and old crops sewn, or where the field may have covered over a previous settlement. The recent activity may even bring to light traces of the past: pottery, bones, or bits of old buildings. The field is like the human subject, with crisscrossing paths and furrows, available for multiple use, a network of traces of activity from the past and present, and holding traces of the past available to be dug up.

The trace appears throughout Freud's work, from the early *Project for a Scientific Psychology* onward, mainly in terms of the place, role, and problems of the existence of the "memory trace," which refers to the way in which experiences are inscribed upon the memory. The nature of memory, as we have seen, remained crucial to Freud's theory and practice, whether in working with patients who cannot remember past events or suffer from remembering the past as in traumatic neurosis (or what is now called post-traumatic stress disorder), or in theorizing about the nature of the psyche. As he put it in the *Project*:

> A main characteristic of nervous tissue is memory: that is, quite generally, a capacity for being permanently altered by single occurrences. . . . A psychological theory deserving any consideration must furnish an explanation of "memory."[23]

As Jean Laplanche and Jean-Bertrand Pontalis point out, Freud's theory of the memory trace usually has little to do with any empiricist notion of a memory impression resembling a corresponding reality, that is, with a Cartesian model of the mind as reflecting the outside world.[24] Instead, Freud offers a complicated model of memory traces as being deposited in different systems. In the *Project*, the memory trace is an arrangement of facilitations or reductions in resistance to the passage of excitation, so organized that one pathway through the neurons is followed in preference to another. The main problem for any theory of memory is to account for how the psychical apparatus can both retain permanent impressions and yet also be able to receive fresh impressions.

Jacques Derrida has written a classic paper, "Freud and the Scene of Writing," that both sheds light on Freud's theory of memory and provides a grounding for Derrida's own theory of writing, itself to become the basis for much postmodern thought.[25] Derrida

comments that Freud deals with the issue of how to account for the permanence of the memory trace by forging the hypothesis of "contact-barriers" between neurons (anticipating the subsequent discovery of synapses) and *le frayage* (breaching), the French translation of *Bahnung*, or facilitation. *Bahnung* is literally path-breaking, the breaking open of a path, *Bahn*.

In his *Project for a Scientific Psychology*, Freud describes two kinds of neurons, the permeable (phi) neurons, which offer no resistance to any nervous energy or charge to nerve stimulation and thus retain no trace, and the other (psi) neurons, which oppose any charge and act as contact-barriers to excitation, thereby offering the possibility of representing memory. An equality of resistance to breaching, or the equivalence of the breaching forces, would eliminate any preference in the choice of the route of excitation and would thus paralyze memory. It is the difference between breaches (known as facilitations) that is the true origin of memory. Only this difference enables a pathway to be preferred. Memory is represented by the differences in facilitations between the resisting psi neurons. As Derrida puts it:

> We must not then say that breaching without difference is insufficient for memory; it must be stipulated that there is no breaching without difference. Trace as memory is not a pure breaching that might be appropriated at any time as simple presence; it is rather the ungraspable and invisible difference between breaches.[26]

Derrida comments that the rest of the *Project* will depend upon a radical invocation of the principle of difference.

Derrida also highlights another fundamental theme in the *Project*, concerning the deferral of nervous energy. The nervous system protects itself against dangerous amounts of excitation when a demand is made to take some specific kind of action. It does this by maintaining a sufficient store or reserve that can be subsequently used. That is, the nervous system *defers* immediate discharge. Derrida points out that we have here Freud's major discovery of the effect of deferral, which will later become deferred action, or *Nachträglichkeit*.

Derrida merged difference and deferral into one word, *différance*, which encapsulated two meanings—the spatial meaning of a difference between elements or qualities, and the temporal notion of delay and deferral. The origin of memory and of the psyche as a memory in general, conscious or unconscious, can only be described by taking into account the difference between the facilitation thresholds. There is no facilitation without difference and no difference without a trace. All the differences involved in the production of unconscious traces can be interpreted as moments of *différance*, in the sense of placing in reserve. The reality of the deferred effect implies that the Freudian temporality involved in psychical life is not one that can be applied to the phenomenology of consciousness or of presence; instead, it implies, as André Green has argued, a very different notion of

time, one that undermines the centrality of presence.[27] Derrida, deeply influenced by Freud's overturning of the central place of consciousness in man's psyche, offers a complex deconstruction of what constitutes the history of Western thought and its domination by the function of presence, by challenging the pivotal role of consciousness in this history.

Derrida uses Freud's late model of the psychical apparatus as a writing machine[28] to help deconstruct the traditional understanding that writing and texts represent reality. The "mystic writing pad" solves the long-standing issue of how to conceive of the mind as both receptive to new impressions and capable of retaining permanent traces of impressions. The toy Freud refers to has a thin protective sheath of celluloid and a receptive surface of thin waxed paper that sits atop an underlying wax slab. If the covering sheet—the celluloid plus the waxed paper—is lifted off the wax slab, the writing vanishes. The surface of the pad is clear of writing and once again capable of receiving impressions. The wax slab, however, retains a permanent trace of what has been written, which, under a suitable light, can still be read.

Derrida makes several points about the analogy of the wax pad. First of all there are the spatial aspects of the model, a space of writing. The wax slab has a strange, elusive kind of depth, of layers of traces embedded in wax, combining infinite depth with a kind of surface, joining for Derrida two aspects of our existence: infinite depth in the implication of meaning with the absence of any firm foundation. The wax slab also represents the unconscious, with a multitude of layers of traces inscribed on it. There is also the temporal aspect of the model: a time of writing can be represented in the way the writing vanishes every time the close contact is broken between the paper, which receives the stimulus, and the wax slab, which preserves the impression. The coming and going of the writing represents psychic temporality.

In order to make the pad work in space and time, at least two hands are needed, one to make the marks and another to erase them. Derrida uses Freud's model as a model of his own; one might say that there are two hands, that of Freud and Derrida, both working over the model of the pad, which comes to represent Derrida's own theory of writing. The human subject finally becomes a "subject of writing," a subject whose history is written down in the unconscious, and yet whose present is permanently being erased. Writing and erasure become integral to Derrida's own portrayal of the subject, as does psychoanalysis, with its constant questioning of foundations, and with its infinite depth and elusive surface that undermines the classical concept of the subject. Thus, instead of the classical understanding of the human subject, with its emphasis on presence and consciousness, we have a different kind of human subject, whose past is always being erased, yet can be found somewhere, if only in fragile and elusive traces. The subject's history is a history of such traces. There is no "full" presence that can be represented; the subject can only construct a partial picture, or story, with many gaps and discontinuities.

Such a view of the human subject and the role of writing has of course greatly influenced historical and literary studies. It is now commonplace to look for the gaps in a life or a field of study, to be aware of the discontinuities and displacements in the historical evidence. Archives are no longer to be seen as the place where everything comes together in a unified way. As Riccardo Steiner described, the archive reminds us of the mutilations that time and life have created, and the interactions between the life and death drives grounding the processes of memory and preservation.[29] Writing can create a sense of continuity out of the historical material, but this continuity is only partial and provisional, as it is always being reorganized after the event; meaning is always being deferred.

Memory/History/Clinical Encounter

In order to illustrate the complex way that memory and history enter into the analytic encounter, I would suggest that there are at least five ways of seeing the past from the clinical perspective. First of all, patients may cling to the past, find it difficult to let go of previously painful experiences, and remain in a dead world of past objects, in perpetual mourning, like Miss Havisham in *Great Expectations*. With great insight, Dickens emphasizes how Miss Havisham's clinging to the past, to the very day and time at which she was jilted at the altar, has a destructive effect on her ward, Estella, and on Estella's capacity to form relationships. Miss Havisham lives in a kind of Mad Hatter's world, where time stands still. Estella is to live out her hatred of men as vengeance for Miss Havisham's traumatic rejection. While Miss Havisham's dead relationship to the past is an extreme form of unresolved mourning, there are many other less intense or more focal examples where some aspect of the past remains unresolved, acting like a foreign body within the psyche. I found this in an observation of a normal baby whose development and behavior seemed to have been affected by a previous stillborn baby.

The new baby was conceived soon after the loss, and it was evident that the "shadow" of the dead baby fell between mother and the new baby for some months. This seemed to be revealed when, for example, the mother breast-fed the new baby. The baby was content with the milk and was settled, but then the mother decided to feed him again with a bottle. The baby fought the bottle, then refused to take it, and eventually, becoming more and more distressed, began to scream. He eventually calmed down when the mother put him on her shoulder and comforted him. I speculated that this observation revealed the mother's anxiety about how she could adapt to her baby and give him what he needed. It was as if she were giving him a "second feeding" with the inanimate bottle, after the comforting breast. It seemed that the bottle was unnecessary, a burden, as if it were nothing to do with the good, spontaneous, and alive feeding. Unconsciously, the extra milk might have been for the dead baby. The pattern of feeding continued with modifications for some months, and there was also a tentativeness between mother and child, as

if there were always something coming between them. However, a year or so later, the relationship between them was much more spontaneous, probably because by then the mother had fully accepted that her child was going to live.

There are also occasions in an analysis when a piece of unresolved history comes to light and helps the analysis move on. This can be seen in the analysis of an ill adolescent boy, with a history of suicide attempts and self-harm, when his analysis started to get stuck and he began to grew silent. It was only when I began to examine how and why I was being exposed over months to a relentless attempt to deaden me that the analysis moved on. It was as if he could not live without deadening the other, and that this might help account for his fear of living and growing into adulthood. It turned out that he was afraid of leaving home because he thought his parents might collapse into a severe depression. Communication at home seemed to involve a persistent threat of imminent catastrophe. In addition, the boredom of many of the sessions at that time corresponded with how he kept his potency and liveliness away from me. I often experienced a fight to stay alive in the sessions, while all my "nourishment" was being taken away. It appeared that he was living at a price; he could hardly bear being alive to his body and to others, and too much life was unbearable.

It was around this time that an important piece of early history, which had been passed over in the early stages of the analysis, came to light again. His mother had had a miscarriage while she was pregnant with him, yet the pregnancy continued, despite the expulsion of an umbilical cord and fetus. A twin (girl) was aborted. It seemed that the fact that he had survived a dead twin might have been related to his difficulty in staying alive to people. I had already taken up with him his murderousness and violence, of which there had been many examples, but I had not understood the relevance of the dead twin. Using this piece of history enabled the analysis to move on again.

I should clarify that I am not saying that he remembered the dead twin; it was more likely that the fact of the aborted baby, perhaps inadequately mourned, became an integral part of the family's fantasy life, shaping and distorting their relationships. It is possible that he had some sort of unconscious memory of the family atmosphere concerned with his survival and the twin's death. But whatever the status of this piece of early history, how much it was remembered or was "hearsay," the analysis certainly began to move again once it was introduced into the sessions. It is also true to say that I began by considering the here-and-now experience of the analysis, such as the deadening atmosphere recreated in the sessions. But I then moved away from this immediate experience to the liberating effect of bringing in a piece of actual history.

This last example shows how past and present interact in the immediate transference relationship between analyst and patient. Transference is a process of the actualization of unconscious wishes and desires linked to childhood experiences in the context of the psychoanalytic relationship. The childhood experiences remerge and are experienced as immediate in the relationship with the analyst. The last example links with the second way

in which the past can be viewed clinically, which arises in Freud's paper "Remembering, Repeating and Working-Through," where Freud posits that patients in analysis may repeat forgotten and repressed experiences rather than remember them and that repeating is a way of remembering.[30]

> As long as the patient is in the treatment he cannot escape from this compulsion to repeat; and in the end we understand this is his way of remembering. We may now ask what it is that he in fact repeats or acts out. The answer is that he repeats everything that had already made its way from the sources of the repressed into his manifest personality—his inhibitions and unserviceable attitudes and his pathological character-traits. He also repeats all his symptoms in the course of the treatment. And now we can see that in drawing attention to the compulsion to repeat we have acquired no new fact but only a more comprehensive view. We have only made it clear to ourselves that the patient's state of being ill cannot cease with the beginning of the analysis, and that we must treat his illness, not as an event of the past, but as a present-day force. This state of illness is brought, piece by piece, within the field and range of operation of the treatment, and while the patient experiences it as something real and contemporary, we have to do our therapeutic work on it, which consists in a large measure in tracing it back to the past.[31]

Freud thus emphasizes both the need to trace the patient's experiences back to the past while also working with present-day realities. With my patient, I had to work with the contemporary reality of dead feelings recreated in the consulting room as a result of the transference relationship, which was ultimately linked to the particular experience of a piece of early history.

While remembering in itself was the main aim of analysis in the early years, particularly with the use of hypnosis to induce memories, Freud pointed out that this was a limited way of understanding what takes place in analysis. Instead, there was an interplay between remembering and repeating. Through appropriate handling of repetitive reactions in our sessions, the patient's compulsion to repeat is turned into a motive for remembering. While abreaction was the aim of the early days of analysis, with the use of hypnosis to facilitate remembering, and was hence liable to doubts about suggestion, the new approach requires "working through" of repeated material, particularly at intense moments of resistance. This makes for a situation in which analysis is not concerned with the positivist desire to conjure up memories of "what actually took place" in the past, but instead involves a complex interaction between processes of repetition and remembering.

The place and power of repetition can be seen most vividly in severely traumatized patients, who may present a horrific history that they tell with little overt feeling. They may describe a massive trauma, such as being abused or surviving torture or war, which may make the analyst feel sad while the patient seems unmoved. If such patients start

treatment, there is the likelihood of an early major enactment of their history in the session, within the analytic relationship. For example, there may be a sudden opting out and abandonment of the treatment, or a major crisis, as if they were gripped by the force of the repetition compulsion. They seem to be subject to their history rather than subjects of their history.

A third way in which the past may be seen in the clinical context is when it is repressed or denied, as if it did not exist, producing gaps in the memory. Such gaps may be potentially recoverable, as in hysteria, or may remain virtually permanent gaps in the psychic structure, as in psychotic states. Freud describes how in hysteria there are inevitable gaps in the memory, and that the patient's inability to give an ordered case history is characteristic of this form of neurosis. Losing the connections between events, which can hopefully be recovered, can be seen as one end of a clinical spectrum. At the other end, one could place psychotic functioning, where there is, in Wilfred Bion's sense, a more primitive and powerful attack on linking events.[32] With the latter, the past can be seen as a catastrophic landscape, a war zone, rather than a site for potential recovery. Donald Winnicott covered similar territory when he described the fear of breakdown in the ill patient, a fear of a breakdown that had already been experienced in the past, with the accompanying fear of the original agony the patient went through. Treatment is about looking for the past that is not yet experienced; that is, the original experience of primitive agony, or catastrophe, cannot be laid to rest unless and until the patient's ego can gather it into present experiences in the analysis. But to do this requires recognition of the unbearable reality of the past experiences.[33]

Experiencing the agony in the psychoanalytic transference relationship, or bearing the unbearable, is a key theme for the treatment of patients who have experienced major traumas such as child abuse. Not infrequently the issue of abuse arises in the analysis when the patient makes a particular kind of emotional impact on the analyst. It would be simplistic to describe the situation as one in which the analyst becomes, in the transference, the abuser. Rather, the analyst often proves to be a disappointment or a failure; there is a breakdown of the usual trusting relationship; something important may be missed. The reasonably empathic atmosphere may suddenly deteriorate, with the ready creation of misunderstandings, which can leave the analyst feeling as if they have somehow mistreated the patient. The abused adult will recreate the emotionally absent parent, the parent who could not bear the child's pain and vulnerability, and who had left the child with a sense that the environment failed them and that there is a breach or gap in the parenting experience. An unbridgeable gulf may suddenly appear in the present between analyst and patient, which either party may be tempted to deal with by some kind of precipitous action, such as termination of the treatment. Tolerating these intense moments of being, when the sense of parental failure may, within the transference relationship, become repeated intensely, is an important part of the working through of the past trauma. Rather than stick just to the here-and-now experience of the unbridgeable gulf, I

find it helpful to try both to clarify any remembered details of past traumatic situations and also to construct, through linking it with the atmosphere in the session, the particular emotional context in which the trauma occurred.

For example, a patient in her late twenties had experienced sexual abuse as a child from a member of her extended family. The memories of abuse were repressed until quite early on in her analysis, when she became entrenched in a difficult work relationship with a male colleague in authority over her. This was someone whom she had previously rather idealized, and his "mistreatment" of her was a great disappointment to her. Of course, at first I assumed that this was all very relevant transference material, and I took it in this way, with little impact. She carried on feeling used and "abused." From what I knew of her family background, there were indications of some parental failure. She had had some good experiences, but her parents had tended to leave her and her siblings in the care of relatives from time to time. The fact that she was left in my care in the analysis, that she felt abused at work, that she also had a certain amount of difficulty in dealing with fantasy and dreams, that she was rather controlling of me in the sessions, and that there had been gaps in her parenting, made me suspect some sort of childhood abuse. Eventually, and rather tentatively, I wondered with her if she had actually been sexually molested in some way as a child. My question produced some relief and, soon after, memories of sexual abuse by an uncle, which she had kept to herself as a child and then forgotten. Her sense of grievance toward the work figure retreated, and I became somewhat idealized for a while. It was some time before she could really show her disappointment toward me. This finally came out some months later, after I had to change a session time, with several weeks' notice, just before a break. She became furious with me that she had to submit to my schedule. She complained that patients had to adapt to analysts, not the other way round. This eventually led to her recalling how she had had to adapt to her parents' leavings, when they left her in the unsafe care of her uncle. She expressed a deep sense of grievance about what had been done to her, that she had to be too responsible as a child for herself when she was not ready. I was struck by the feelings she described of being a helpless child and her attitude to the changed session time, and how she talked about having to be in my care on what she felt were my terms, not under her own control. This led to various childhood memories, revolving around the theme of how her parents could not tolerate her anger. I took up the feelings of despair and of protest that she had not been allowed to have, that had arisen around the session change, and which she was able to show me. We were thus able to clarify her present behavior in relation to the past and to construct, through the atmosphere in the session, some of the emotional context in which the abuse had occurred.

This patient's analysis and the way that the memories of abuse came up may help to clarify the status of recovered memories in analysis. Understanding the role of such memories is more about putting them into a network of past relationships and into a "plot structure" than about considering their role by means of positivistic evidence. The latter

may be useful in confirming the reality of abuse from sources in actual child abuse investigations; but in the therapeutic setting, one is dealing with issues of narrative meaning and significance, with how events may be used in a particular kind of plot structure. Thus, for example, conscious or unconscious memories of abuse may be used to distort present reality—with my patient, the way she projected abuse onto her work colleague. The issue is not what the facts of the past are in a scientific sense, but how the facts are to be described and into what context they are placed.

At the same time, one has to be cautious in making assertions about the status of memories of abuse. The diagnosis of abuse in children is a complex affair, involving detailed assessment of the child's report of abuse, combined with detailed attention to the nature of the family pathology and the nature of any corroborative evidence. One has to be aware of the presence of coercion of children by adults, with threats if the abuse is revealed, while recognizing that, occasionally, false allegations are manufactured as part of an ongoing parental dispute.

Memories of abuse recovered in adult analysis cannot be subjected to the same clear procedures and are thus inevitably subjected to considerable doubt. The analyst also needs to be wary of a kind of unconscious coercion on their own part to either suggest abusing memories or to help to deny them. Thus it is important that such recovered memories be subjected to rigorous examination of their supposed reality, which the analyst can accomplish several ways: by remaining initially skeptical, or at least open-minded, about the reality of the memories; by assessing the nature of other memories of the past and the character of the transference at the time of their recall; and by exercising caution in accepting the reality of the abuse, however convincing it may appear at first.

It is worth noting in this context that in Freud's early paper on the etiology of hysteria, he draws up comprehensive criteria for assessing the reality of infantile sexual scenes.[34] These criteria include the uniformity that patients' accounts exhibit in certain details; the initial significance that the patient ascribes to the events, despite their horrifying consequences; the way that the patient puts particular stress on the events; and, finally, the relationship of the scenes to the content of the whole of the rest of the case history.

Mary Target, examining the recovered memories debate in detail, outlines evidence from empirical studies of memory, which reveal a number of different memory systems.[35] The two most relevant here are implicit or procedural memory, and explicit or declarative memory. The former is nonconscious knowledge of how to do things, including how to relate to people the quality or shape of experiences. The latter can be reproduced as a narrative of events. There is suggestive evidence that implicit memory may be encoded and retained from infancy, while explicit memory does not become durable until three or four years of age. There is no evidence that all experience is laid down somewhere in memory, but there is considerable evidence that recollection is reconstructive, unreliable, and strongly influenced by motivation. Target makes the point that from the psychological research findings, it is likely that people who have been seriously traumatized in early

childhood are more likely to generate false memories of trauma; they sense that something happened and may feel a pressure to remember, but their reconstructions are particularly likely to be wrong. This could be interpreted as the need for the analyst to stick to only what comes up in the here-and-now of analytic transference and not to make any reconstruction of the past for fear of unduly suggesting false memories. However, that runs the risk of repeating the traumatized child's own experience of not being believed, of suffering alone with no one to turn to. Hence the need for cautious guidelines about examining the nature of any recovered memories. Herbert Rosenfeld emphasized the importance both of case history and of historical context in the treatment of psychotic patients.[36] He advised the analyst to be aware of the historical context of what was being repeated transferentially as a way of dealing with impasses in the analysis of the ill patient, when communication difficulties arise not just from the patient, but also from the analyst's failure to recognize their own contribution to what is taking place. By implication, he also warned of the pitfalls of merely working in the here-and-now, without the corrective contribution of the historical context; doing so may well misrepresent the patient's communications.

The above three ways of viewing the past in the clinical context suggest a fourth approach: facing past issues, so that traumas can be worked through. This was clearly needed with the patient discussed above who had been sexually abused. Another example is a man in his thirties who gave a complex story of repeated childhood traumas. For political reasons, he and his family were constantly on the move, rarely settling in one place for long. To compound this uncertainty, he had been given up for adoption at a young age, abandoned by a distant mother and a father unable to cope with him. In analysis, he found his negative feelings difficult to face. In addition, a particular quality to the way that he talked in sessions began to become clear. He constantly agreed with any interpretation in a way that felt uncomfortable. Every dream seemed to confirm what had been interpreted, as if he were really just imitating that which was other. He seemed to create a story about himself that used the other as a way of being, as if he had no identity of his own. This seemed very much linked to his childhood trauma, for example his having had suddenly to adapt to a new caretaker after he was abandoned by his parents or to find a way of eliciting care from others. Helping him find a way of talking that did not merge with and lean on the other was a major focus of his analysis.

Fifth, it may be possible, at least with the neurotic patient, to "revisit" the past from time to time without excessive anxiety and as a pleasant place worth visiting. With the severely traumatized patient, this may never be possible; rather, the past may be accepted as a catastrophic landscape which may be visited from time to time but only in limited doses, and with appropriate protection. Such visits may be made possible by reliving aspects of the past transferrentially over time, gradually allowing the patient to tolerate their inner landscape. As an example of the creation of a historical sense through the work of analysis I will end with a vignette from a patient in her thirties who suffered from

feelings of unreality and detachment. Her mother came across as emotionally cut-off, self-centered and unreflective. Her father was kind but unavailable. She was sent to boarding school at a young age, which she suffered in silence. Typical of children from her background, she was taught to hide her feelings and not complain.

From the beginning of her analysis there was a profound fear of being dependent on me, with at the same time a frantic search for live contact with me. A certain amount of real analytic work took place during the week, but by Friday, desperation would arise about the weekend separation. By Monday, it was as if we had to start from scratch: there was no sense of an analytic past. While many patients react in such a way from time to time, it was a constant and worrying feature of her analysis, making it difficult to build a sense of continuity. But reconstructing her life in boarding school became therapeutic because it clarified how she had turned to an ''institutional'' mother as a way of coping with her feelings of abandonment. Compliance and good behavior disguised the anger and betrayal she felt toward her parents. The detailed ''historical'' work to reveal what may have happened accompanied discussions of how her past was being repeated in the transference that analysis allowed from week to week. Gradually, a sense of the previous week developed; the weekends remained difficult but not impossible to bear. She no longer had to create the world from scratch each Monday but started to feel that she had something to hold onto from the past weeks; she could have a stable memory. That is, the creation of a historical sense thorough the day-to-day work of analysis was crucial in allowing her to build up a sense of continuity.