# 5 Memory and Psychoanalysis

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Although she came to see me as an analytical patient five times a week, Miss A. found it very difficult to remember anything from one session to the next. Shortly after we had met and started working together, she had told me that she needed me to remember why she had gone into a shoe shop. It was not like going into a grocer's and forgetting the sugar – anyone could do that; she did not even know why she was in the shoe shop. She added, somewhat embarrassed by what she had said, that she did not need me to know it too well, that would be absolutely awful.

Mr B., on the other hand, had an excellent memory and prided himself on recalling what I had said more accurately than I did. But one day when I mentioned something it turned out he had forgotten, he snapped at me, 'How can you expect me to remember *that* when I can't even remember my own mother from one day to the next?' Mr B.'s widowed mother needed his daily attention. Mr B. had a particular memory of childhood that was probably what we call a 'screen' memory – a mixture of experience and highly relevant fantasy, like a dream image. In this mnemic image he was standing shaking out a tarpaulin sheet together with his father, a DIY enthusiast: he could see the garden, himself, his hands on the tarpaulin, the tarpaulin held at both ends shaking, and then the image stopped. There was no-one he could call up in his mind's eye at the other end of the tarpaulin – a blank. This absence was covered over with what seemed to be a superb 'memory' for everything else.

At one of my many points of anxiety about writing this chapter I realized that, *sotte voce*, I had given myself a private subtitle which went: 'Psychoanalysis has progressed from understanding the amnesia of the hysterical girl as patient to the capacity to hold in mind an image of the psychoanalyst as mother.

Memory is an essential part of the process of humanization; psychoanalysis is concerned with the workings of, and the formation of, unconscious memory. It is not an easy subject.

At the end of the last century, when the enquiry that was to become psychoanalysis began, the first questions addressed the drastic gaps in memory, the 'absences', experienced by hysterical patients – typically young women – who presented in clinics and doctors' consulting rooms. Today in Britain the question of 'memory' within psychoanalysis has really come to rest with the task of the analyst to provide the context – the holding in mind, acting as 'container', offering a focused reverie – in which the baby/patient can come to have thoughts and memories of his or her own.

The British psychoanalyst Wilfred Bion theorized about how the mother's 'thinking ability', what he calls her 'alpha elements', could contain and process the raw material, the so-called 'beta elements', the undirected anxieties and sensations of the infant, and hand them back transformed into manageable feelings to the baby. Thereafter, the child should be able to use these elements or feelings for the formation of its own thinking and remembering. Miss A., in asking me to remember why she was in the shoe shop, was requesting that I do this for her – I should hold her overwhelming anxieties in my mind. But if I pushed my insights into her too forcefully, we later found out, they would become sexualized for her, penetrative and phallic, and arouse more anxieties than they resolved. We had to deal with her anxieties of course, but not in an intrusive way. Mr B. was telling me that, however well he could remember details, this did not mean that he could hold either his mother or father in mind (his father was not there at the end of the tarpaulin). It frightened him to realize that his excellent memory for details had the effect of covering a hole; indeed perhaps that was, in part, its function.

### The Freudian legacies

One of the earliest of Sigmund Freud's notions was that a neurotic symptom, especially an hysterical one, is the expression of a repressed memory. The symptom contains within it the representation of the agency that brought about the repression, and also the wish and impulse that had to be banished from consciousness but which has its own force

*Figure 1* Sigmund Freud at Clark University, Worcester, Massachusetts, 1909.

and can reassert itself in this pathological, symptomatic form. This understanding of the formation of the symptom has not been abandoned; but the first therapy that emanated from it – recover the memory that has been repressed and the symptom will disappear – was not efficacious. If a treatment does not work, then the theory is either wrong in all or some respects or inadequate and must be refined and

supplemented. Some tendencies within psychoanalysis have stayed more with the original understanding, others have emphasized supplements, others have moved to pastures new. To illustrate these three lines of development and also simply to try to control the arguments and theories about memory, I have isolated three very diverse strands representing distinct tendencies.

I am going to identify each with a geographical region. Such an account will be reductive; indeed, if it were not for the cohering force of a focus on memory, it would be misleading. All three tendencies can quite plausibly find their legitimation in aspects of Freud's work, some of which were contradictory aspects within that work, others of which were prevalent at one time and were then somewhat superceded but may have continued an 'underground' life.

I think different aspects of psychoanalytical understandings of memory are represented by:

(1) American ego-psychology.
(2) French structuralist, post-structuralist and deconstructionist thinking.
(3) British Object-Relations Theory.

In American ego-psychology, even where groups and individuals have broken away, the dominant paradigm concerning memory is the notion that experiences which are already constituted as potential memories are repressed. It is not by chance that psychohistory, the contemporary cult of narrative (everyone having their own story or history – 'what's your narrative?') and the Recovered Memory Movement all originate and expand in the psychodynamically informed culture of North America. Is this orientation to identity-as-history the product of a country that still feels itself a new nation, a nation in need of a past? In psychoanalytical treatment the patient must be helped to find his or her 'narrative'; the conflict-free ego must get hold of and make conscious, so as to take control of, the conflictual disturbances caused by the repressed memories in the unconscious and evidenced in symptoms or maladaptive behaviour.

For the French, memory is never constituted. It may seem odd to put such figures as Jacques Lacan, Jacques Derrida, Jean Laplanche and André Green into one camp. Even on the issue of memory, their creative

work is often produced in disagreement with one another. When Lacan says that to read coffee grounds is not the same as to read hieroglyphics, one can imagine he is teasing Derrida for his notion of an arche-trace and the pre-writing of writing. Laplanche's emphasis on the 'enigmatic message' sent by the parent whom he nominates 'Other' (with a capital 'O') is a disputatious allusion to Lacan's Symbolic Other and Derrida's attack on Western logocentrism. All these issues are closely bound up with disputes over the question of memory.

Yet these diverse arguments and developments of ideas of memory all have a common base – a base very different from that which I have used America to represent. The key concept for the French is Freud's notion of a 'deferral' – *nachträglich, Nachträglichkeit* – first emphasized by Lacan, expanded by Derrida and deployed to develop his key concept of 'difference' and retranslated by Laplanche as 'afterwardness'. Memory comes into being only after the trace which marks it: there is no thing, no event, experience, feeling, to remember, there is only that present which an empty past brings into being. I will give a simple illustration – too simple, but something to hang on to. When it was still thought that sexual awareness arose only with puberty, Freud argued that any infantile experience, even a sexual one such as sexual abuse in early childhood, could be experienced as sexual only after puberty. The first – for the infant, non-sexual – experience (an experience empty of the sexuality that becomes its hallmark) is experienced as sexual later, in the present. It is not that the present reinterprets or gives meaning to the past, but that there is what we would call a retardation of meaning altogether from the viewpoint of memory – the past is nothing until it comes into being from the present. As Freud put it, 'What emerges from the unconscious is to be understood in the light not of what goes before but of what comes after.'

American ego-psychology, and Lacanian and post-Lacanian psychoanalysis, are usually virulently opposed to each other – or at least, ego-psychology was Lacan's *bête noire*. If we leave out Derrida for the moment, however, they have something in common which is, I believe, relevant to concepts of memory: they are orientated to language and to the father. In this respect British Object-Relations Theory is very different from both. Again the controversies within it are perhaps more

important than its unity as an orientation – but that unity can represent a particular theory about memory. British psychoanalysis – whether it is Independent Object Relations or Kleinian or neo-Kleinian – sees itself as a two-person relationship in which the interaction between patient and analyst is the focal point. Although only words are used, these are an interpretation of a relationship which tends to be pre-verbal; affects and the body are used as a source of information about the psyche. Whether it is the reverie or facilitating environment that Donald Winnicott describes or the 'alpha function' of the analyst to contain and transform the anxieties of the patient, the model is of a mother: the nature of *her* memory is important for the development of memory in the infant. Instead of reconstructing a past like the Americans or deconstructing the past like the French, the British emphasize the so-called 'here and now' of the session. This 'here and now' dominates over any reconstruction of the patient's history through the patient's memory.

We have then, first, the notion that memories exist, are repressed and can be retrieved and that a history either of real experiences or of feelings and impulses can be reconstructed. Secondly, beside this or against this we have the thesis that memory is a series of inscriptions or traces which have no origin and no content in themselves. In a third perspective, the mother's/analyst's holding the baby in mind will facilitate the development of the pre-verbal baby's/patient's memory; but the relationship, not the memory, is what counts. These are not three psychoanalyses; they are three aspects of theories of memory which have received different degrees of emphasis. All three can find legitimation within Freud's work.

## The significance of forgetting

What links these diverse strands is a focus on the *absence* of memory. Whether that absence is due to repression (the Americans), to deferral of meaning (the French), or to the immature developmental state of the patient as pre-verbal infant (the British), the starting point is absence. A hundred years ago psychoanalysis started not with memory but with forgetting. The pathological gaps in memory displayed by hysterical patients led Freud in time to observe and formulate a 'normal' universal amnesia of the first years of life: however hard we try, we do not remem-

ber our infancy in any continuous way. Between these two instances of forgetting – the hysterical pathological and the normal – (and really one could say because of them) came the great discoveries that are the objects of psychoanalytical theory and to a greater or lesser degree, depending on the psychoanalyst's orientation, the focal points of therapy: an unconscious which is structured and which functions in a way that is completely different from consciousness; repression and other modes of psychic defence; the Oedipus complex and infantile sexuality. One hundred years ago this was the field that was laid out between the hedgerows of the observation of hysterical forgetting and the theory of human infantile amnesia.

Hysterics seemed to be 'suffering from reminiscences' as well as having gaps in memory – as though they had both too much and too little memory. The reminiscences were cut-off bits of story somewhere between a daydream and a memory. The huge gaps were due to an internalized prohibition on thinking those thoughts or feeling those feelings. These feelings and thoughts were seen within the context of an event, so memories of these events had been 'repressed'. In 1910, Freud argued: 'All repressions are of *memories*, not of experiences, at most the latter are repressed in retrospect'. For reasons beyond the scope of this chapter, hysterical patients seemed to have repressed memories of sexual events, most particularly of intercourse with the father. When therapists of the Recovered Memory Movement, which has hit the USA like an epidemic, seek to release the dissociated or 'multiple personalities' of their clients from the defences they have erected, they search back to actual abusive events. Writers such as Frederick Crews have seen the feminist Recovered Memory therapists as Freud's 'true heirs'; according to Crews writing in the *New York Review of Books* (1995) 'the ties between Freud's methods (and theirs) are . . . intricate and enveloping – and immeasurably . . . compromising to both parties'. The Freud in question is the Freud who believed the stories that his first hysterical patients told when they were able to fill in the gaps.

My concern here is not with whether the stories were true or false. The result of coming to see them not as actual events but as fantasies was, quite simply, psychoanalysis. There would be no theory of the unconscious, of defences, of infantile sexuality or of the Oedipus complex if

what we were dealing with were instances of specific abuse. There is no doubt that people who suffer trauma, at any age, have psychic responses. The importance of a shift from seeing hysterics as victims of individual acts of abuse to believing that human children, by virtue of their humanity, desire and repress a desire for their parents (the Oedipus complex) was that it changed the nature of the enquiry from one concerned with a discrete pathology to one emphasizing the formation of the human psyche. Recovered Memory therapists, by saying that patients with pathologies have suffered childhood abuse, are claiming that these people are not like the rest of us – they are a special population even if they exist in their hundreds of thousands. When Freud came to the conclusion that he, like his hysterical patients, was fantasizing his father's abuse of him in his childhood, he turned a marginalized, discrete pathology into a central aspect of the human condition. Psychoanalytical practice incorporates this shift: the analyst must first and in a sense, always, be a patient; neurosis and normalcy are on a continuum. Concepts of memory played a central part in this crucial change.

Following through from the very observable gaps in the memories of hysterical patients, Freud saw then that these were particular manifestations of a general human characteristic: we all forget our infancy. Though there is individual and possibly cultural variation, no-one has a continuous recall of the first years of life. Although there may be biological explanations, for psychoanalysts no physiological description can fully account for this observation. They feel that it can be explained by the particular nature of human interaction. In their view, the extreme dependence of the human infant induces a situation in which there is too much emotion, love and hate, towards he who protects and she who nourishes, and in the interests of human society, at a crucial stage of development, this excess must be forgotten, repressed. This act of repression makes the impulses unconscious and, because it is so major and momentous an act of obliteration, it drags with it all potential memories of this earliest period.

Although memory is individually and culturally quite variable, no psychoanalyst believes one can fully recover those earliest years of 'splendour in the grass' or of terror and anxiety as actual specific *memor-*

*ies*: the most is that they can be relived in the present of the therapeutic session so that something can be reconstructed.

One of the reasons why biology does not satisfactorily account for infantile amnesia is that there are some memories that seem to be very clear memories of childhood or even of infancy, memories that stand out from the general background of infantile amnesia with extraordinary clarity. One of my patients could clearly remember the first time she stood up. She had been placed on top of the fridge by her father who was holding her under the arms, and who then stood back to hold her just by her outstretched arms and fingertips. He let go so she stood for a moment, alone, ecstatic and shocked before she sat down with a bump on top of the fridge. The memory was incredibly vivid and various details made it possible to date it to somewhere around her ninth to eleventh month. This type of iconic memory is called a screen memory and, on analysis, would seem to be a mixture of a childhood experience and an unconscious fantasy. Its structure is like a symptom – something that has been repressed returns in a new, displaced image. If one can trace it to the fantasy and the experience then we have a clue to the infancy otherwise lost to amnesia. In 1914, Freud wrote of screen memories: 'Not only *some* but *all* of what is essential from childhood has been obtained in these memories. It is simply a question of knowing how to extract them out of analysis. They represent the forgotten years of childhood as adequately as the manifest content of a dream represents the dream-thoughts'. With the notion of 'screen memories' it is evident that we have a clear structure that indicates an underlying unconscious memory. Though in appearance like neither the symptom nor the dream (except in its clarity), its compromise formation signals it as a manifestation of the unconscious.

### Can memories be false?

In his book, *Rewriting the Soul: Multiple Personality and the Sciences of Memory*, the Canadian philosopher Ian Hacking argues that in the twelve years from 1874 to 1886 in France, memory replaced the notion of the soul as the source and explanation of personal identity. This period saw the advent and efflorescence of the multiple personality.

Both similarly and differently from today's epidemic, recovering memory could produce the unified person who had split and dissociated to cope with trauma. Initially multiple personality was not a syndrome on its own, but was subsumed as a manifestation of hysteria. Hacking, a highly sophisticated, original and interesting thinker, wrote:

> The recovered memory people and the false memory people may seem completely at loggerheads, but they share a common assumption: either certain events occurred and were experienced, or they did not and were not. The past itself is determinate, true memory recalls these events as experienced, while a false one involves things that never happened. The objects to be remembered are definite and determinate, a reality prior to memory. *Even traditional psychoanalysis tends not to question the underlying definiteness of the past.* The analyst will be indifferent as to whether a recollected event really occurred. The present emotional meaning of the recollection is what counts. Nevertheless, the past itself, and how it was experienced at the time, is usually regarded as definite enough. [My italics.]
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> (Hacking, 1995, p. 246)

Advocating the notion of the indeterminacy of the past, Hacking invokes the philosopher Elizabeth Anscombe's idea of an 'action under description' – a handshake can be goodbye, hello, clinching a business deal, a congratulation. In fact, despite what Hacking says, such indeterminacy is about as determinate as psychoanalytical concepts of the past have ever been.

In 1884 Freud studied with Jean-Martin Charcot at the Salpêtrière Hospital in Paris; he returned after a year to translate and introduce Charcot's ideas on hysteria to the Viennese medical community. Psychoanalysis can clearly be seen – and Hacking does thus see it – as emanating from within, and becoming exemplary of, what he designates 'the sciences of memory'. Discussions and theories of memory at the time were highly complex. Yet even when Freud was going like a sleuth after hysterics' apparent memories of incest, it was never with the notion of memory as a reproduction of a fixed event, true or untrue. The amalgamation of Recovered Memory therapy to psychoanalysis presupposes just such a notion to have been at work. There must be some explanation for the misunderstanding.

If we return to my initial distinction between American, French and

British concepts of memory within psychoanalysis, we can divide the subject, memory itself, in two. There are perceptions of experiences, whether internal or external to the subject, which follow old mnemic traces. Within this general category there is a second one of specific memories that are experiences or experiences of perceptions which are for some reason illicit sexual memories. Sexual memories become repressed and form part of what the psychoanalyst Melanie Klein called 'the repressed Unconscious'. It is to these which I believe many ego-psychologists address themselves. In one sense, because they follow old traces, it is as though these memories seem to be already constituted as memories and as such can be retrieved. Given this emphasis it becomes understandable (just) that non-psychoanalytical writers such as Crews and Hacking, despite the latter's sophistication, should place these memories in the same camp as those sought by the Recovered Memory therapists. Because what we might term these 'secondary memories' follow old tracks, it *appears* as if they originate from an actual starting point in childhood. In fact the trace but not the memory was there. These memories of illicit sexual scenes have been repressed by a process of secondary repression.

Even when he credited his own and his patients' memories of incest as truthful, Freud's notion of 'memory' was not one of literal reproduction. At this time, when he wrote to his friend Wilhelm Fliess, Freud was writing of memory in general, not just unconscious memories formed by the repression of sexual events or fantasies:

> I am working on the assumption that our psychological mechanism has come into being by a process of stratification: the material present in the form of memory-traces being subjected from time to time to a rearrangement in accordance with fresh circumstances – to a re-transcription. Thus what is essentially new about my theory is the thesis that memory is present not once but several times over, that it is laid down in various species of indications.
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> (Freud, vol. 1, p. 233)

It is to this theory of the formation of memory as such that both the French and the British look, not to secondary repression of sexuality. Memories, then, are 'ideas' that flow over and over again along the same marks or traces. Consciousness is the state that is without such traces;

memory and consciousness are thus alternatives (they cannot happen at the same time). In his posthumously published *Project for a Scientific Psychology*, written in the late 1880s in the heyday of the sciences of memory, Freud tried to ground his psychological observations in neurology; although essentially he built on this earlier description of memory-making breaches in the psychic apparatus, later he used the image of a 'printator' or mystic writing pad to indicate how memories work. With a point one writes on a piece of cellophane that covers a sheet of wax paper, which together are attached at one end to a wax pad. One makes marks on the cellophane which go through to the pad beneath, but these marks can be wiped away by disturbing the contact between the cellophane and wax paper from the pad beneath. The cellophane is necessary to protect the vulnerable paper; we must have something that protects us from too many stimuli. In this way we can go on receiving impressions, recording them, and remain open to new ones. Memory is a process of forgetting, marking and being re-impressed.

Memories flow along already scored traces, the cellophane and wax paper representing the system of 'perception – consciousness'. They can be repeatedly cleared and made available for a re-inscription. However, if one examines the wax pad underneath, even when the paper is cleared the pad is scored over and over with a network of traces.

In the *Interpretation of Dreams* Freud describes the unconscious latent thoughts that one must hypothesize lie beneath the manifest thoughts that appear in the dream. These he said resemble the mycelium of the mushroom – there is no navel to the dream, no root, no origin or centre point, only a tangle of threads beneath the surface. We can transpose this image to memory: memory has no origin or root in a past object or experience: there are no memories *from* childhood, only *of* childhood.

The French and, very differently, the British interest is not with recovering secondarily repressed memories, but with the formation of memory itself. This formation of memory as such falls within a process known as primal repression. Primal repression is a necessary hypothesis: for something to be repressed at all it needs to be pushed into the unconscious from one direction and pulled into the unconscious by something already there that exerts an attraction. The question is, how can there be something that attracts which would have to have got there by

the same process? A hypothetical explanation of the necessary existence of something already there, but without having an origin there, is given by Freud as follows:

> It is highly probable that the immediate precipitating causes of primal repression are quantitative factors such as an excessive degree of excitation and the breaking through of the protective shield against stimuli.
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> (Freud, vol. 20, p. 94)

I shall come back to primal repression. The shift away from searching for the patient's memories necessitated also a shift away from the analyst's conscious memories towards a process of 'unconscious communication' between patient and analyst: 'It is a very remarkable thing that the unconscious of one human being can react upon that of another without passing through the conscious . . . [d]escriptively speaking, the fact is incontestable' (Freud, 1915, vol. 14, p. 194). I am going to give an instance to illustrate how this works and what relationship it bears to memory. This is really in order to by-pass giving an account of how psychoanalysis moved from eliciting the patient's memories to a formulation of the fundamental technique of 'free association'. The patient is asked to say whatever comes into his or her head, the aim being to escape the censorship that would otherwise operate to prohibit unconscious material from coming to the surface. Commensurate with this is the rule that the analyst should offer 'evenly suspended attention', listening with a part other than the logical conscious mind. Of unconscious communication, Freud wrote:

> Experience soon showed that the attitude which the analytic physician could most advantageously adopt was to surrender himself to his own unconscious mental activity, in a state of evenly suspended attention, to avoid as far as possible reflection and the construction of conscious expectations, not to try to fix anything that he heard particularly in his memory, and by these means to catch the drift of the patient's unconscious with his own unconscious.
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> (Freud, vol. 14, p. 194)

### Patients and analysts

In the following illustration, I am also hoping to show how this unconscious communication can open up a path into the patient's memories.

A patient, Mr D., has been complaining: he knows diagnosis is two-thirds of the problem – he corrects himself – he means two-thirds of the solution. But he finds that though he understands the situation better, he does not feel any better. After some expansion of this theme, he recounts a dream which he tells me has no bearing at all on what he has been saying. 'The dream is about something that is happening at work.' The Dream: *He edits an in-house magazine and it is due to go to press. Because he is ill the proofs had to be sent round to him at his house. [This really happened yesterday.] When he looks at them he discovers that although they had agreed what the finished product would be, this woman had just gone and changed the proof. He is very angry with her. Then he had to pay 65 000 dollars or it may have been pounds.*

Reconstructing later what goes through my mind, or rather what I hear at the time as though it were in italics or another print font – it is this: I heard the word 'proof' (used the second time without an 's') and in a very subterranean way in which I do not have time to linger, I remember he missed the word 'solution' and replaced it with 'problem' earlier. This is a new patient whom I do not know well, so somewhere I store the imagery of chemistry and wonder if he is scientifically trained or just a well-educated sceptic about the testability of psychoanalysis. The thought of alcohol goes through my mind. I notice I am confused by the figures he cites; I think I have heard '365' (pounds or dollars). I realize that during the thirty minutes of the session I have become confused as to whether at the very beginning of the session he had announced – as I think he did – that he has a fever now or that he had been telling me that he had one yesterday. As he starts talking about the Dream, I think he is having difficulty because the associations to the dream are not politically correct and he probably thinks of me as politically correct. I find myself wanting to reassure him that it is okay: we can all be angry with women who let us down. [I don't.] These are just some of the thoughts that come up when my conscious attention is suspended.

Laughing slightly apologetically, Mr D. tells me how this woman in the Dream is in fact a woman who works for him who has really betrayed him. She wants time off to have a baby and then wants to come back only part-time. In fact (it often happens) she may well not come back at all. The trouble is, he says, 'she is really good, so I feel *very* betrayed'. He

talks about the fact that through the work with me he had understood more about his own situation and this had made him realize acutely that his wife couldn't stand any weakness. He wonders about the money in the dream. I do too, and noting the pounds or dollars, I make some suggestion about the fees of his previous American analyst and myself. My patient rejects this saying that he *had* thought about whether it had any bearing on my fees because last time he had dreamt numbers I had been right – the 300 that he had dreamt about did link directly to what he had paid me – but sixty-five did not link in any way. I said it sounded as though I had been pretty good at my job but had now betrayed him.

I then said I was confused: had he been ill yesterday or was he lying upon my couch today with a high temperature? He responded warmly that he was really ill now and felt dreadful but had wanted to keep his appointment. I said it certainly looked as though he felt we were both confused about what was the problem and what the solution: it was certainly no use diagnosing fever and then not being able to accept that someone who had fever would now feel weak. It was no use my helping him to see his situation if I then could not tolerate any weakness. My patient was visibly relieved by this but commented that his wife was working full-time and had the children so he could not expect her to be around all the time for him. I now decided to use what I had heard but what apparently he had not actually said: 365 where he had simply said 65. I would have left this alone as inexplicable or accidental if he had not followed my question about his American analyst (if it were dollars or pounds?) with the comment that I had been right previously when it had been a question of 300 but 65 did not make sense. It was as though the 300 in his mind had transmitted itself, through the communication of one unconscious to another, to my mind. So I now suggested that though he understood his wife had work and children and I had work and other patients, when he was feeling so ill and weak like a small child himself he would like us to be around 365 days of the year. At this, Mr D. started to talk about his mother's death in his early childhood and to bring up memories of how the nanny, who had had full-time care of him every day of the year, had left shortly afterwards . . .

Wilfred Bion said that as an analyst one must come to each session without either 'memory or desire'. This does not mean that I do not have

my patient in mind, but that if I consciously recall last week's session or his childhood or prompt him to have memories it will interfere with the unconscious communication between his free-floating association and my suspension of my conscious attention.

When psychoanalysis came into being at the turn of the last century a prevalent explanation of pathological symptoms, above all hysterical, was an earlier trauma. This was almost always given as the background to the male hysteria that Charcot found in his clinic in Paris where Freud worked. For a long time Freud – like other clinicians – subscribed to the aetiological importance of trauma, but its significance faded with the notion of the power of wishes and their prohibition. Trauma came into focus again in World War I when shell-shocked men produced the same symptoms as had hysterical women with their unresolved Oedipus complexes. The analyst Otto Rank advanced the thesis that neurosis was caused not by repressed sexual desires as Freud had established, but by the trauma of birth. Freud disagreed, but changed his position and subsequently argued that, though there could be anxiety from repressed sexuality, there was also a primary anxiety in the infant. Traumas are also compulsively relived: the notion of a death drive (a force in humankind pushing backwards towards inertia or the inorganic) is hypothesized to account for this.

The Recovered Memory therapists (see for example Judith Lewis Herman's *Trauma and Recovery*) have put trauma on centre stage, in fact have amalgamated all pathologies to expressions of trauma. When one works as a clinician, whatever one thinks about is, as it were, at first 'involuntarily' thought through one's patients. When I did a head count of the patients who had come most to mind (but were not consciously selected) for this talk on memory – all had had childhood traumas, not of abuse but of loss or separation severe enough to be experienced as death. Miss A. who needed me to remember why she had gone into a shoe shop seemed to have received most affection from her father but had then been separated from him between the ages of about two and six – more than long enough to have no conscious memory of him whatsoever. Mr B. who had no image at the end of the sheet of tarpaulin and could not hold in mind his widowed mother, whom he visited daily, had been bereaved of his father in childhood. Miss C.'s screen memory *did* –

as screen memories do – encapsulate her infancy: her mother had died of a septic abortion when Miss C. was six months old and her father had cared for her until she was about three, when he had left her in foster-care while he moved away to form a new family. Excited and terrified at standing on her own two feet with her father's support (under the arms and then just by the fingertips), she had collapsed psychically – as she had collapsed on the fridge top – just after he left her for good. Mr D.'s mother had died and his nanny had left shortly afterwards; because there were two of them, his wife and I were always paired for Mr D.

Memory of course is no less relevant for all one's patients who have not had traumas – indeed for everyone. I was just curious that, with no conscious planning on my part these were the patients that came most to mind; only afterwards did I realize what they had in common.

Twice over – in the 1890s and after World War I – after giving it great credence, Freud rejected the possibility that although, of course, people have a psychic response to trauma, trauma itself could be the explanation of neurosis. However, in psychoanalysis, as in the formation of memory itself, ideas that are entertained rarely disappear altogether. If we look back at the theories of memory, or the hypothesis of primal repression which establishes the fundament of unconscious memories, what are these theories, if not modelled on trauma?

Psychic trauma like physical trauma breaks through the subject's protective shield so that there is an influx of excitations which cannot be mastered or tolerated; according to Freud, 'primal repression' comes about with an 'excessive degree of excitation and the breaking through of the protective shield against stimuli'. The mystic pad, as a model for memory, describes a breaching of a protective cellophane and wax paper to form the ineradicable, permanent marks below; always the language is of quantities of excitation and of breaching. Derrida, in *Writing and Difference* (1978), glosses Freud's ideas on the formation of memory thus: 'Life already threatened by the origin of memory which constitutes it, and by the breaching which it resists, the effraction which it can contain only by repeating it'.

Compared to other animals, human beings are born prematurely, eyes wide open; after the first week the eyes become less focused. It is

common for actually traumatized babies to stare longer and harder and then to retreat further into infantile autism. But internally and externally there is too much for any human neonate to take in all at once. The neoteny of this early birth is a condition of potential trauma. Through primal repression the first shock of too much excitation forms an unconscious part of the personality with the help of the first care-giver and the mutuality of language – most often, the mother matches words to infant's sounds and infant matches sounds to mother's words. Later, the isolated images can become connected and social, or they can be taken in or be pushed in and stored as memories, the mixtures of feelings in the context of experiences. But because the world is always too much with us, memories can never be replications nor even the same as themselves, not from one day or one minute to the next.

The British Object-Relations school of psychoanalysis illustrates how, without the other of (m)other or analyst, the helpless neonate could not develop a system of memory; as well as gaps in memory, there is too much consciousness in the traumatized child. Without the capacity for memory which acts as a safeguard, a protection against the potential trauma of being helpless in the face of the superabundance of the world, there could be no human society.

FURTHER READING

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