MEMORIES AND TRIANGULATION IN INTERPRETIVE PSYCHOANALYTICAL WORK. I

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Abstract

This paper discusses the relation between procedural memory and declarative memory, from the perspective of the triangulation in psychoanalysis. The patient’s explicit reference to his past, even when it procedurally is a defence, it is also, declaratively, a step towards assuming the origin of a certain psychic content. This step would correspond to a „witness”: within the framework of the judiciary metaphor, the side in the patient which „declares” the reconstruction of his past „gives witness” about something which can only belong to himself. The author underlines the importance of the active contribution by the patient to the birth of interpretation in the here and now.

The patient’s explicit discourse upon his past may constitute itself as a necessary “third” in the differentiation between transference and countertransference, valid for both protagonists of the analytical session. This hypothesis is discusses and illustrated by a clinical fragment.

Cuvinte-cheie: memorie explicită, diferenţiere, triangulare, martor.

Keywords: explicit memory, differentiation, triangulation, witness.

1. INTRODUCTION

In past years, an especially interesting controversy in psychoanalytic theory regards the therapeutic role of memory recover. A number of psychoanalysts, P. Fonagy amongst them, argue that, during analysis, the reconstruction of the patient’s memory is not curative in itself, as was thought on the basis of Freudian theory. Fonagy states (2003, p. 506–507) that recovery of childhood events constitutes only an occasion for the working through of emotional experience within the self-other relationship, from an alternate perspective. This author brings the evidence of studies made on the relationship between recovery of past experience and the type of memory at work. He quotes P. Gerhardstein et al. (2000, cf. Fonagy, 2003), who have argued that, to explore the memories of the patient’s early childhood, one must rely on procedural memory, and not on declarative, or explicit, memory. The first kind of memory belongs to the un-conscious, and it has

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had nothing to do with the repression phenomenon, whereas the second kind of memory corresponds to the dynamics of the unconscious, or pre-conscious, which is to say, with repression. As a consequence, it is the bringing into question of the subject’s actual manner of thinking and being in the presence of the other which is therapeutic, and not memory recover, which inevitably implies the former.

The psychoanalytical community does not hurry to adopt this view, not so much because of its “explicit” or “declarative” contents, as because its unclear implications. This view is in fact challenged, as it is considered an exaggeration. Harold Blum (2003) reproaches it with neglecting the pathological significance of infantile unconscious and the influence of this latter on the present. He does agree with the fact that transference does not mean a literal recapitulation of the past, as it also has a defensive dimension. He also agrees with the fact that any patient or any analyst can defend himself from an interpretation of the present by insisting on the past, and vice versa (Blum, 2003, p. 510).

Blum on the other hand shows that one cannot ignore the past. According to him, if we admit that even illusion, of any kind, contains a kernel of truth, as well as any dream, we cannot deny this aspect of memory. He demands from Fonagy to clarify his position towards the role of words and images in the patient’s autobiographical, declarative memory. In general, Blum maintains that, though P. Fonagy admits the importance of the patient’s history in a “declarative” way, his theory on analytical technique marginalizes history (Blum, 2003, p. 512). Also, the observation occurs that primary processes in dreams and symptoms couldn’t be attributed to procedural memory. Finally, Blum shows that a patient benefits more from “implicit” analytical experience especially when his capacity for insight and integration is limited (such as in the borderline personality).

Other authors tend to have a more balanced attitude between Freud’s archaeological metaphor on one side, and the working-through of the psychoanalytical experience on the other side. Thus, F. Petrella (2004, p. 1568) shows that any analytical process comprises two aspects: 1) the cognitive, intellectual (evidenced by Freud as the “archaeological”, or, the aspect of repression) and 2) the emotional, relational. Before the archaeological aspect (having to do with an unconscious event from the past) is recognized as such by the patient, it is manifested as present, with reference to the analyst.

Petrella illustrates this issue with the dream of a patient, in which she and the analyst were together climbing up a road leading to some ruins, which they meant to visit. He remarks on the interest of the patient towards the walk with her analyst, but notices that what establishes the hierarchy of its importance is the patient’s wish. The aim of the walk in the dream was in fact reaching the destination: the visiting of the ruins. Using the superb mythological-narrative metaphor, the same author shows how child, just like the neurotic, comes to the psychoanalytical session with some enigmas to be solved. The role of the Sphinx-analyst is to make possible the enunciation of these enigmas, and the role of the analyst is to enable and promote new meanings of the myth, favouring the best variants (Petrella, 2004).
We need now to reflect upon the importance of the memories recovery in the analytical process and in the change of psychic functioning.

Before discussing this issue in more detail, let us remark parenthetically that, at the beginnings of his research, Freud emphasized the cognitive side of the analytical process. Freud gave up his first topic – which mainly relied upon the dream pattern and the relationship between “thing presentation” and “word presentation” – because of clinical reasons, to develop a second topographical model, relied upon motion and act (Green, 1999, p. 52). S. Botella (2005, p. 721) made the observation that according to the second Freudian topographical model, a theory upon the psyche ceases to focus on the notion of “representation”, given that Freud begins to favour phrases such as “experiences of the id” (Freud, 1923, p. 38). On the other hand, another author, P. Aulagnier, made an analogy between representational activity and cognitive activity. She showed that the aim of the work of the psychic apparatus is to process information coming from the outside, so as to obtain an image coherent with its own structure, intelligible for the subject (1975, p. 28, p. 46–47). We may say that Freud began by underlining the cognitive side of the psyche, only to continue by shifting the weight to “driving towards the act” – which suggests both a notion of “bodily experience” and of “psychic affect”. Finally, F. Petrella showed that Freud, in his early conception on the analytic cure, put into evidence the cognitive, intellectual aspect (2004, p. 1568).

Theoreticians who emphasize the relational reprocessing side of clinical experience thus emphasize the affective side of the analytical process, yet support their priority by recourse to cognitive psychology. This must mean that there is only too close a connection between the two sides... This is one of the aspects that account for the spiral evolution of psychoanalytic theory: one leaves behind a certain register then returns to it, but from a much more subtle perspective.

2. CLINICAL APPROACH

I shall reproduce here, as food for thought, a clinical fragment (described in Orășanu, 2010, p. 171–178) that has been related to me by a person who had undergone two analyses, with two different analysts. The fragment does not originate in my own practice as an analyst or supervisor. Yet, when someone recounted it to me, in an informal talk on psychoanalysis, it stroked me as being so interesting, that I asked the “owner” of the story permission to use it in the role of a “clinical échantillon”. The respective person, whom I shall call “John”, remembered the first sequence, S1, during the span of the second, S2. The sequences are written exactly as he noted them after the session containing S2. The ex-patient thought that the respective sequences had a connection between them that had a therapeutic impact on him and contributed to the positive effect of psychoanalysis on his life. Here is the succession of S1 and S2, belonging to the two different analyses, the second of which took place a few years after the first:
Sequence 1 – Analysis 1
Patient: – I had a dream last night. A serpent-headed monster was heading towards me. I broke his head. [silence; then the patient anticipates analyst’s question and is proud of being able to interpret himself] I think the serpent was you.
Analyst: [silence]
P: [remembers something and changes the subject]

Sequence 2 – Analysis 2
P: – I remember something. Once, during my analysis with “Analyst 1”, I told him a dream I had had. In it I was breaking the head of a serpent-like monster. I told him I thought that the serpent was him. A heavy silence ensued. [silence; then, lively] I mean to say, heavy for me!
A: – You are telling me this so that I am not getting frightened...

Allow me now to discuss this material in further detail. As we have no data on what happened before and after each sequence, I shall treat this fragment as if it were just one “cell”, in the hope that the details observed here may enable us have a picture of the “tissue”. It is clear that this kind of reflection cannot be confirmed, neither by the patient, nor by the analyst, which situation qualifies it for the status of a “theoretical exercise”.

I shall consider that S2 constitutes the present time (the “here and now”, as the patient sits in his second analysis) and that S1 constitutes a moment of his past.

Let us suppose that during Analysis 1 the subject had had a dream about his own destructiveness. He related that dream in the hope that he would discuss it with his analyst, given that he, as a patient, was not afraid to identify his analyst, declaratively, with the dangerous monster he had destroyed. But the analyst kept silent. For the moment, we shall ignore what significance the patient ascribed to the silence of Analyst 1 in S1. In fact, the question is: has had that silence any significance for him, as long as John says that, after the silence, he changed to another topic? He thus leads us to understand that something happened which made him abandon the initial topic. This aspect touches upon the pragmatic side of the two protagonists’ discourses – namely, the extent to which verbal communication is intermingled with act intentions, that each of them tries to decipher. Thus, each of them, while they communicate, unconsciously asks himself – What does he say to me? – How shall I take it? – What does he do to me? (Récanati, 1981; Labov and Fanshel, 1977, cf. Blanchet, 1994).

We are now in S2. In the second analysis, the patient remembers S1, which is an indication that the story has remained unfinished. This means that the silence of Analyst 1 was not satisfactory for the subject, although he, at that moment, had not insisted on it. Why didn’t he insist on it, though it was important for him?

We may find out why in S2. In S2, the patient relates S1, that is the dream, and his own interpretation of it, to which he adds not that Analyst 1 said nothing, nor that he, John, kept silent (while probably waiting for an answer), but that a heavy silence ensued – which is a formulation in the impersonal mood – after
which he keeps silent. The silence in S2 is a repetition of the silence in S1, which now appears to John as being heavy for himself and for A1 ("ensued"). In other words, the silence then takes on now, and now only, a characteristic, i.e., a possible beginning of meaning. This thing presupposes the mingling of two phenomena: one is the fact that the patient interprets the interventions or the silences of the analyst, and the other is what Freud calls Nachträglichkeit. I shall stop here a moment for a theoretical excursus thereon.

3. NACHTRÄGLICHKEIT

The Freudian concept of Nachträglichkeit (noun) and nachträglich (adjective, adverb) problematizes the psychoanalytic vision upon temporality and causality (Faimberg, 2005, p. 2). It was translated into French by après-coup, and in English by deferred action (Strachey), retrospective attribution (Thomä) or afterwardness (Laplanche, 1998). According to Laplanche, this notion establishes a complex and reciprocal relationship between an event and its ulterior (re)signification, which confers it a new psychic efficacy.

In his letter to Fliess on 6th December 1896, Freud wrote about re-arrangement and a re-transcription of memory traces (Freud, 1896). In another letter to Fliess, from 14th November 1897, Freud uses the noun Nachträglichkeit, making a reference to the “Project for a scientific psychology” (1895), where he had described the respective phenomenon. This description accompanies the Emma case study, concerning which Freud says that the repressed memory of the event having taken place at the age of 8 changes itself only nachträglich in trauma, on the occasion of the event which had occurred at the age of 13. In the Wolf Man case, the dream had at the age of 4 gives meaning to the impression acquired at the age of 18 months, by means of the primal scene show, an impression which becomes reactivated and thus produces anxiety (Freud, 1918 [1914]). On the other hand, a conscious understanding of the dream had at the age of 4, only comes about 20 years later, during the analysis, which is a second Nachträglichkeit.

J.-L. Donnet shows that Freud does not integrate this phenomenon in the analytical cure exploration, but regards it as a phenomenon « pre-existing to it» (2006, p. 716); it is a phenomenon which is not induced by the interpretation. Donnet draws attention upon the fact that, after all, the operation by which an event is being (re)signified is in itself an interpretation, which leads to the idea that, in the Emma case, for example, it could have been a symbolizing and integrating one. The same author comments upon the Wolf Man scene, in which Freud’s patient turns his head, looks upon his analyst in an entreating and friendly way, then turns his eyes towards the clock. The meaning of this reveals itself later, in the context of the wolf dream and the story of the seven goat kids where the youngest kid saves himself from the wolf by hiding in the clock. This “agieren of the transference” and its ulterior signification account for the phenomenon called Nachträglichkeit.
on the intersubjective scene of transference, which is different from the already existing one on the intrapsychic scene, which was rememorized during the cure (Donnet, 2006).

This theme was already tackled in 1981 by H. Faimberg, who affirmed that the après-coup operation (French term for Nachträglichkeit) appears in the present of the session and gives retroactive significance to a previous experience. She shows that Winnicott too had implicitly illustrated that, when he wrote that the fear of breakdown is linked to something which has already happened, but which then had no meaning because of the lack of a subject to experience it (Winnicott, 1974). Combining the notions of “listening” and “après-coup”, Faimberg came forward with the notion of “listening to listening”, which in clinical activity covers the manner in which the analyst may hear the significance re-allocated by the patient, retroactively, to the interpretation or the silence of the analyst (1996). Also, it brings to light the fact that the après-coup phenomenon presupposes two inseparable phases, anticipation, and retrospection (Faimberg, 2005, p. 5).

J.-L. Donnet also refers to Winnicott, and to the idea of experience which cannot have a meaning when there is no subject. Hence, the re-allocation of significance by means of après-coup has got a subjectivizing effect, where the subject can thus modify his “theory, more or less projective, about his own causality”, assuming his psychic reality (Donnet, 2006).

D. Birksted-Breen introduced the phrase “reverberation time”, which comprises “both a chronological aspect and a back-and-forth aspect between mother and infant” and which may be represented as “spiralling in non-event ways”. The same author put into evidence the fact that the phenomena of resignification and development are interconnected: development implies resignifications and retroactive resignification is developmental progression (Birksted-Breen, 2003, p. 1506–1509).

This is precisely why, in the present article, I prefer to use Freud’s terminology (Nachträglichkeit), which makes reference both to the (re)signification aspect (après-coup) and the developmental, in Freud’s original description of the phenomenon: a restructuring following sexual maturation of the child, like in the case of Emma.

The Nachträglichkeit phenomenon may be envisaged like a sort of interpretation. Let us now revert to John, particularly to the silence in S2 which repeats the one in S1. What makes it that things do not stop here, like they did in S1? It is probably the fact that (owing to some progress or developmental process having occurred during the two cures, therefore between S1 and S2) already the S1 silence comes into a nachträglich signification process as John recounts to analyst A2 the S1: the silence becomes retroactively “heavy”. The process, even when accompanied by repetition, changes the silence. The second silence becomes “relieved” by the “heaviness” of the first, and the proof of this is what followed.

It is still John who interrupted the silence in S2, just like he had done in S1, with the difference that he commented now upon the first silence, the “heavy” one: “I mean to say, heavy for me!”. Why did he specify that? He did it because he
anticipated the danger that the second silence could have re-enacted the first, creating a “heaviness” for the other, A2. The nachträglich silence signification process continues. As silence 1 acquires meaning in S2, it acts upon the manner in which John perceives silence 2. He begins to assume (“heavy for me!”) the “heaviness” of the silence in the past S1 exactly as he interprets (in silence) the silence of analyst A2. And how does he interpret it?

Given that he specifies: “for me”, it is obvious that he wishes to put away the possibility that the silence be understood as heavy “for us” or “for you (A2)”. At the same moment John deploys a psychic work in two temporal directions: a. He initiates the nachträglich, retrospective, signification of silence 1, and b. He acts in an anticipatory manner, in a preventive manner, upon A2, so that the silence of this latter should not overtake the “heaviness” which he had newly allocated to silence 1.

In other words, the patient recalls a scene, and, anticipating its possible signification, tries to modify it by dividing the “us” in “you” and “me”. He feels that while he recounts the dream scene and the silence in S1, a repetition is about to happen which, then, had brought nothing new. The specification “heavy for me” not only initiates a subjectivizing process, but it also draws a line of demarcation in time: it separates between past and present: scene 2 is not identical with scene 1, and what is more, John intimates that he is one to know for whom that silence had been heavy. This element draws attention upon the fact that the past S1 belongs to him, while he finds himself in the midst of a moment in which the contrary was about to be anticipated: a re-enactment of the “heavy for us”.

Therefore, I took the dream theme, reactivated in S2, to mean destructiveness. The patient has learned from his analytical past that he is able to “paralyze” the other, therefore, that he must take precautions: he declares that he had been dangerous there and then, and also that he no longer is here and now, in the presence of this object (A2).

And yet, he still hopes for a change. This change appears by means of the interpretation furnished by A2. This latter, who might have commented that sequence (1), with reference to that object (A1), chooses to comment upon the present. He implicitly conveys to his patient: “You mean to protect me against your destructiveness, which frightens me – I realize this because I experienced fear at identifying myself with your first analyst, yet I am not frightened to the point of not being able to thing and talk about it”. The interpretation: “You tell me this so that I do not get frightened” points both to the patient’s hatred and to his love. In the ex-patient’s own words, it constituted the solution to the problem of his destructiveness.

What would this problem be? Let us revert to silence S2, which was interrupted by John’s specification “heavy for me”. The problem receives contours, in the negative, partly at this moment, and partly as a result of A2’s interpretation. A destructiveness “heavy for us” theoretically presupposes two combined aspects: on one hand, the subject is afraid that the object wouldn’t survive his destructiveness (Winnicott, 1974), and on the other the subject doesn’t feel himself as
separate from his object in this respect. In principle, I think we can express both aspects by means of the latter: the non-differentiation self-object concerning destructiveness. For that matter, this is prefigured in John’s dream, where the other appears to him as a monster, but it is him the subject who destroys. The scene appears as if in a mirror, and so does silence S1: it ensues for both, in a non-differentiated manner.

As I have shown so far, it is the patient who initializes differentiation, at the very moment S2, when the non-differentiated scene risks repeating itself. It is A2 who continues and finalizes this micro-process, for he achieves a closure of the nachträglich signification, not only of the S2 sequence, but also of what had happened in S1, the dream including. We could envisage this unfolding of events as a Nachträglichkeit chain – retrospective significations, on behalf of both protagonists, regarding S1 and S2.

The question appears here: would things have unfolded in the same manner during S2 had S1 never been recovered? I personally doubt it. Let us only remark that A2 could offer the “saving” interpretation only after the patient talked about him own self [the patient’s] from the present moment in relation with his analyst from that moment in the past.

Yet, what would hamper us from imagining that A2 could have offered a similar interpretation, just as benefice, no matter how different the circumstances in which John’s destructiveness were expressed? What is there to stop us from thinking that the efficacy of this interpretation relies exclusively on A2’s capacity to listen to the “theme”, even in the absence of S1 memory recovery and even in the absence of a first cure? To answer this, I shall refer to a passage in R. Britton, where he writes about a situation in which patient and analyst cannot break out from an intersubjective interaction because the patient fears a mental connection of the analyst with a “third object”, but imagines that the analyst too fears the same thing. Thus, the two „move along a single line and meet a single point without any lateral movement”. The analytic space is regained only by means of an “increasing distance” between the two with respect to that mental third, a process that the patient takes as hard to bear unless he initiates it (Britton, 1998, p. 47).

Of course, the possibility subsides that A2 might have offered just as good an interpretation even when memory recover S1, and even when the first cure itself, had not existed – under circumstances in which, for example, John would have had the same dream, and would have told it during analysis 2. But the analyst couldn’t have offered this interpretation.

When we follow the unfolding of S2 from end to beginning, we notice that each sentence gives certain significance to the preceding one. Even the state of the patient (“the liveliness” marked by John) and the “silence” participate in this chain. On the other hand, S2 cannot exist without S1 and in a certain way neither can S1 exist without S2 (as moment in the past which acquires a meaning that the subject can integrate). From this point of view, this bi-sequential clinical fragment seems
to me useful because it displays two characteristics: it is real and, at the same time, by its combining the bi-directionality of the two temporal parts, as well as by their partial superposition by means of the dream, it can be viewed as a theoretical model of “intersubjective cell” for a specific kind of problem, in which memory recover plays a role.

The problem, therefore, for John, is the non-differentiation self-object as far as his destructiveness is concerned, and for the analyst, the non-differentiation transference-countertransference as regards John’s destructiveness. Even when the problem of the analyst only exists in John’s mind, anyway it exists in the session, given that the patient is the one who “opens the conversation”.

4. CONCLUSIONS

To resume the remark by Britton, what we described above is a situation of non-differentiation in which the patient fears both his own destructiveness, and the object’s destructiveness, and again an intervention “from a distance” of A2. This latter, which could have been of the type: “That silence was heavy because you became frightened of having had destroyed A1 (or you thought you had frightened him with your dream) etc.”, would have been a triangulation initiated by A2 to break out from the non-differentiation of the “heavy silence”. This phenomenon of triangulation, achieved between countertransference, transference and the evoked past, could have sounded to John in about the following terms: “Don’t pour your destructiveness on me, you frighten me”. The reference to the past, on behalf of A2, would have been a means of defence, because the past acquires in this context the spatial meaning of “far away”.

We must notice that during silence 2, it is not only the patient that keeps silent, but also the analyst. The fact that it is John who initializes the transference-countertransference differentiation (“heavy for me”) helps A2 to interpret, at the present moment, the manner in which the subject carries his destructiveness with him over time, proof that it belongs to him. The fact that John takes as a reference point his S1 past helps him bear the temporary non-differentiation from A2. Silence 2 is “lighter”, therefore, it can be overcome. The relative non-differentiation in S2 is also temporarily necessary, because the differentiating operation cannot be “offered” to a patient; it must be accepted and integrated in status nascendi. To sum up, I am inclined to say that it is the very S1 explicit rememoration that inclined the balance transference-countertransference (of the analyst-patient non-differentiation as regards destructiveness and its origin) towards John. Past S1 was explicitly declared by him as being the scene which bore “the heaviness of silence”, and “heavy for me” also means, just as A2 correctly understood, “in my own past, therefore, having no real connection with you”.

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REZUMAT

Lucrarea discută raportul dintre memoria procedurală și memoria declarativă, din perspectiva operației de triangulare în psihanaliză. Referința explicită a pacientului la trecutul său, chiar dacă este o apărare din punct de vedere procedural, constituie, în mod declarativ, și un pas spre asumarea originei unui anumit conținut psihic. Acest pas ar corespunde cu un „martor”: dacă utilizăm metafora judiciară, partea din pacient care „declara” reconstrucția trecutului lui „stă drept mărturie” că un anumit lucru nu poate să-i aparțină decât lui. Autoarea pune în evidență importanța contribuției active a pacientului la formarea interpretării în aici-și-acum. Discursul explicat al pacientului asupra trecutului său poate constitui, în sine, un „țert” necesar în diferențierea dintre transfer și contra-transfer, valid pentru ambei protagoniști ai ședinței de analiză. Această ipoteză este ilustrată cu un fragment clinic.