

Dreaming the other's past

Why remembering may still be relevant to psychoanalytic therapy, at least in some traditions

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Abstract

On the background of a reconstruction of the reasons for the vanishing role of remembering in the history of psychoanalysis, Botella's arguments regarding the therapeutic significance of reconstruction and remembering and of the therapist's role are discussed. The difference between intellectual reconstruction and actual emotional remembering are underlined, the term regredience is compared to competing concepts like equally suspended attention, countertransference, and rêverie. It is argued that to conceptualize the use of countertransference associations for reconstructing past traumatic events is difficult with a monadic conception of the unconscious and problematic both in terms of truth claims and in terms of achieving a shared creative atmosphere in which therapist and patient participate alike. In concluding it is argued that historical truth may be important for traumatic experiences, and that biographical reconstruction and change in the subjective life story help making sense of neurotic patterns and integrating diachronic identity.

It is a pleasure to comment on César Botella's paper, because he brings the weight of his extensive theorizing to the specific question whether remembering still can play a useful role in psychoanalytic therapy. This I find a highly interesting question, also because of my own diverging tendencies. As a clinical psychoanalyst, I have been leaning towards authors who disregard or even explicitly reject any role of remembering the personal past for the therapeutic process, while as a researcher my interest is in autobiographical narratives and the life story. The background of my reading of Botella's paper is formed by strands of British, US-American, German, and some Italian psychoanalysis. My aim is to explicate how Botella's proposal can be understood from one point of view outside the French traditions.

I will start by summarizing the main arguments against a therapeutic role of remembering in psychoanalytic therapy. Then I reconstruct the main uses of remembering in the rich clinical material, to discuss first Botella's arguments for curative effects of remembering, then Botella's technical suggestions. Finally I suggest some other arguments for the helpful role of remembering in therapy,

The case against a therapeutic role of remembering in psychoanalysis

The diminishment of the role of remembering in the history of psychoanalysis can be traced in three steps (cf. Habermas, 2011a). The metaphor of the archeologist who digs up the past was introduced by Freud to describe his therapeutic activity when he recovered traumatic memories by hypnosis (Freud, 1895d, p. 201; cf. Suzanne Bernfeld, 1951). The metaphor serves Botella, as many before him, to criticize the role of remembering in psychoanalysis (Mertens & Haubl, 1996). Freud had believed that uncovering repressed traumatic memories and cathartically experiencing the affect, which had been tied up with them, through narrating would relinquish the need for neurotic compromise formation (Freud, 1896b).

The first step to diminish the therapeutic significance of remembering was that Freud himself introduced intrapsychic conflict as the major source of neurosis, moving traumatic experiences to the background. Even in Freud's early trauma theory, psychopathology had not resulted from the bare historical factuality of sexual abuse, but from the meaning it took on in retrospect ('Nachträglichkeit') – hysterics were suffering from reminiscences. In conflict theory, memories had lost credibility and became the product of compromise formation, especially childhood memories (Freud, 1899a), which themselves had to be interpreted as defensively distorted just like dreams and symptoms. The past became a source for understanding present-day conflicts as manifested in symptoms and in the transference (Freud, 1914g). Sometimes a reconstruction of what might have happened which fit present-day experiences had to suffice (Freud, 1937d). However there are also other writings in which Freud seemed convinced that it was possible and beneficial to recover historically correct memories, as in the case of the Wolf man's primal scene (Freud, 1918b). Early on Freud abandoned a relatively simple archeological model implying that one could recover memories of what actually had happened but had been repressed in the sense of being actively excluded from conscious recollection. This is quite explicit in Freud's (1914g) remarks on the nature of remembering supposedly forgotten memories: Most repressed memories, in his view, had never been really forgotten, but had only been barred from awareness by being deemed insignificant.

A second major blow to the role of remembering in psychoanalytic treatment came with object relations theory, which pushed the ontogenetic roots of neurotic conflicts from the oedipal phase into the first year of life (Melanie Klein, Alice and Michael Balint, Donald Winnicott, John Bowlby). However the first two or three years are the dark ages of every subjective life story. Since these analysts maintained the assumption of infantile roots of adult suffering, they were confronted with the dilemma of treating conflicts of which the historical roots were not accessible. Three solutions were offered to this dilemma, all of which apparently renounced on relying on personal memories. A first solution was to radicalize (Klein, 1932) or minimize interpretation (Winnicott, 1955) and to prolong treatment to such an extent that patients became deeply dependent upon their therapists. This invited experiencing archaic anxieties and functioning which was then interpreted as paralleling the infantile experience of dependency from the mothering one, transferring it to the analyst (Balint, 1968; Winnicott, 1955; for a critique of the therapeutic regression metaphor cf. Spurling, 2008).

Another strategy to deal with the dilemma of infantile conflicts beyond the scope of individual memory was to give up any reference to individual biographical experiences, substituting them with universal psychic structures. The degree of pathology is assumed to correlate with how early in life it originates. These structures could be unconscious phantasies (Klein), defensive structures like a false self (Winnicott), defense mechanisms (Kernberg), narcissistic deficits (Kohut), or the relative inability to symbolize urges (Bion). However, in therapeutic practice some of these approaches still used the personal past to understand present conflicts, even if it was a reconstructed past. When playing the squiggle game with his young patients, Winnicott (1971), for example, did use biographical information to reconstruct a probable individual past.

A final strategy to deal with the dilemma was to substitute the subjective life story by objective information gained by an observer about the individual life course. This was John Bowlby's choice, leading to a highly productive research program, but not to a specific clinical approach to adult patients.

The third and final attack on the therapeutic significance of remembering in clinical psychoanalysis was acknowledging that Freud's quest for an objective therapist is an idealization, and that the individual therapist's personality and her or his unconscious processes always contribute to the analytic process. If, however, transference and countertransference are to some degree unique to the specific couple, interpreting what happens in treatment as a reflection of the patients past is rendered even more difficult. Both participants contribute to the interpersonal dynamic (Sullivan, 1952), though ideally not to an equal degree (Renik, 2006). The unconscious dynamic in the sessions may be conceptualized, for example, with the metaphor of the electromagnetic field, following Kurt Lewin (Baranger & Baranger, 2008; Civitarese, 2008; Ferro, 1992). The field represents proto-emotions which stem from both participants and influence their actions and emotions as well as, if they are in a receptive, open state of daydreaming or rêverie, the sensations, urges, and images that fleetingly pass their minds. Antonino Ferro argues that the aim of psychoanalysis is to enable the patient to become conscious of urges which the bipersonal field allows to emerge in several steps of symbolizing. Taking up Bion (1962) and Aulagnier (1975), Ferro conceptualizes the process of symbolizing as beginning with the emergence of urges, sensations, or images between the two participants, which then may begin to form a sequence, which in turn might be transformed into a narrative

as the most organized form of representing experience. Both patient's and analyst's proto-emotions feed into the field, and their action tendencies, sensations, images, and ideas are in turn influenced by the field. Ferro therefore concludes that it does not matter whether the narrative regards the personal past, everyday life outside the session, a phantasy, or a night dream. The aspect of ideas and narratives that is therapeutically important is that they more adequately represent what is going on in the bipersonal field at each given moment (Ferro, 1999). This, one might say, is an extension, a radicalization of Freud's (1914g) dictum that you cannot beat the enemy by beating his image – the enemy needs to be present – for Freud in terms of transference, for Ferro in terms of the bipersonal field. I take Antonino Ferro's position as a prime example for where both a radicalization of Freud's economic argument and an epistemological stance that relies on the presently given may lead. The epistemological argument runs that the analyst has immediate access to what happens in the session, but not to what might have happened in the patient's past. In addition, only present forces are effective in the session. Therefore the etiologically effective process does not regard approaching historical truth, but formulating narratives that express what moves the patient and the couple at the present moment (Freud, 1914g). This is a criterion of authenticity (Collins, 2011), not of historical truth.

The case for remembering: Serge's and César Botella's therapy

Botella rests his case for the therapeutic role of remembering on a conception of psychic suffering as resulting from trauma. He locates the relevant traumatic experiences in the first year(s) of life. Traumatic experiences leave memory traces, but not at a representational level. I understand the latter to mean linguistically encoded representations. Because trauma traces are nonverbally encoded, they cannot be accessed by conscious recollection. Instead these traumatic experiences leave action tendencies, sensations, affect states, and images, which tend to re-appear later in adult life out of context.

Botella's text provides an ideal opportunity to discuss the role of remembering in analytic therapy because of the detailed clinical account which allows the reader to identify clinical phenomena before they are translated into theoretical concepts, which are more difficult to understand for analysts thinking in different traditions. In addition, his paper has the advantage of being outspoken about major claims. These are that remembering is still relevant for psychoanalytic therapy to be effective, exemplified by the treatment of Serge, and that psychoanalytic technique requires being reformed to benefit from remembering.

In describing the therapy of Serge, Botella mentions four kinds of references to childhood experiences. First there are childhood memories that can be recollected. Then there are two memories classified as traumatic, a car accident with Serge's mother at age 3 and an expulsion from his mother's bed by the naked father. There is also the memory of separation anxiety when leaving the mother to go to school. These memories are said to have been discovered in a first analysis, while it remains open what is meant by 'discovered'. Another memory that emerges in this second analysis probably also belongs to this kind of forgotten memories, that of the father reproaching the mother for having provoked the accident by her carelessness. Botella attributes a healing power to these recollections, insofar as they contain material related to oedipal conflicts. A third kind of reference to childhood experiences is not a clear

recollection but rather an 'impression' of having heard the father leaving before and shortly after birth, and the 'idea' that the mother had attempted suicide during his first year of life.

The fourth kind of reference to the past is the kind of remembering Botella focusses on, which is rendered possible by the analyst's state of regredience. A train of lexical associations produced by analyst and patient led from an unusual word used by Serge in a dream narrative to an image of a doctor's case. The analyst's activity consists in pointing out the unusual word and contributing himself two expressions containing that word ('voler la trousse', 'la trousse médicale'), the patient reacting with associations of his own to each of the analyst's suggestions. When Serge associates the medical case with the car accident, the analyst suggests an association with a different situation, i.e. with that of his mother's suicide attempt. In subsequent sessions Serge uses the image of a medical case in additional trains of associations and dreams. Botella stresses two events, one the dream of the father's death in which the mother was united with the father, while the patient had excluded himself, the other in which the analyst has an 'Einfall', a melody that comes to his mind. The latter motivated him to interpret the effect of having agreed to Serge's plea to reduce the weekly frequency on Serge as being similar to feeling excluded by the parental couple, thereby establishing a triangulation. This more oedipal, three-person layer of disappointment of Serge by his mother was finally complemented by a dream operating more at the two-person level, with pictures that might have been from the mother's suicide attempt, condensing his pre-oedipal fear of losing his mother.

Does remembering cure, and if so, what does it cure?

A strong argument against limiting psychoanalytic interpretation and theorizing to the *hic et nunc* is provided by traumatic memories. It is argued that for traumatized patients it is of prime importance to establish that traumatic memories regard not merely a phantasized past, but a socially confirmed, real past. Having a receptive other who is willing to listen and reconstruct a probable past reality reinforces reality testing and enhances self-understanding (Laub & Auerhahn, 1989). This has been argued for historical atrocities, especially the holocaust (Grubrich-Simitis, 2008; cf. Bohleber, 2007). Here collective acknowledgment of past realities is decisive for individuals to differentiate between past and present, others and self, and to alleviate guilt feelings. The same argument has been advanced for individual traumatic experiences like sexual abuse, maltreatment, accidents, and early medical conditions (e.g., Leuzinger-Bohleber, 2008). However, individual traumatic experiences are sometimes, if not often difficult to reconstruct with the help of witnesses or even perpetrators.

Botella argues differently, and more generally. His concept of trauma is broader and includes memories of a more conflictual nature, such as the naked father throwing Serge out of the marital bed. Furthermore, at least in the clinical example, Botella is concerned only with possibly traumatic events that were experienced in the phase of life from which no recollection is possible, i.e. the first year of life. Therefore it is not clear whether they are possibly not remembered just because they took place at a time in which the infant did not yet have a memory system able to conserve memories on the long run, most probably due to the absence of linguistic abilities.

Rather Botella argues that traumatic experiences from the early years of life continue to have effects due to being registered in terms of conative, sensory, affective, and iconic traces. These, following Freud's observation of the compulsory repetition of traumatic experiences, tend to be relived, but not remembered, so that the urges, sensations affects, and images which emerge and re-emerge during adult life cannot be understood, because they appear out of their historical context. Botella adheres to the dichotomy of oedipal versus pre-oedipal conflicts and memories. The dichotomy suggests that pre-oedipal conflicts are typical for non-neurotic patients at the level of borderline personality organization and require a different technique. However, judging from the little we can gather about Serge's present functioning from the clinical report, I would assume that Serge is neither functioning at a borderline level *sensu* Kernberg nor most of the time in a schizoid-paranoid position *sensu* Klein.

Thus César Botella's central thesis is that traumatic experiences from the first year of life conserve their pathogenic power because they are not accessible. Therefore to cure the effects of traumatic non-verbal memory traces, he suggests that it is necessary to translate the abstract knowledge of an event that probably had taken place in the first year of life and that most probably had been traumatic (here: that the mother attempted to kill herself) into an actual affective experience. In Botella's theory this is equivalent to translating non-verbal into verbalized experience by reconstructing a historical event and then relating it to affective experiences that might fit the reconstructed event. This is roughly in line with various other psychoanalytic theories that stress the first-time symbolization of never conscious and never linguistically represented experiences. They are thought to be excluded from verbal representation due to the traumatic nature of the experiences, or due to the intolerability of the urges or affects, which, after all, may not be that different.

I wish to pose three questions regarding Botella's argument: What is explained by the reconstructed trauma? Does a reconstruction need to reflect historical truth to be helpful? How helpful for understanding neurotic experiences are reconstructions compared to actual recollections?

What I would have liked to read more about in Botella's account of Serge's therapy is evidence for the neurotic suffering in the present, in terms of symptoms, repetitive experiences, and surprising or conspicuous phenomena in the here-and-now of the therapy. In clinical practice, the patient's suffering and strange, contradictory, and unexplainable experience and actions in therapy are the necessary starting point for any interpretation of unconscious motives. Only once those are established, traditionally termed symptom, resistance, or defense, there is an explanandum for which an explanans in the form of a motive can then be sought (Argelander, 1981; Reich, 1926). Or, closer to Botella's thinking, a derivative of a non-verbal urge, an affect, or an image which somehow does not fit the present situation needs to be established before a historical context may be reconstructed within which the sensation makes sense. However, in the course of the clinical report, the suspected/reconstructed maternal suicide attempt is used to explain a blank depression of childhood (which lies in the past) and to interpret Serge's reaction to Botella's willingness to reduce the weekly frequency of sessions. Botella's clinical account would be strengthened if the present to-be-explained phenomena were provided in greater number and detail. A reconstruction gains its justification by its superior explanatory power regarding otherwise unaccountable behaviors and experiences.

Furthermore, Botella does not explicitly address the question of whether, in addition to providing a powerful explanatory construct, reconstructions also need to be historically true or at least probable. Serge's therapy is special, because a historical event is most probably known, but not remembered. This is different from reconstructions in the strict sense which invent a historical event which might have happened and would be able to explain a series of otherwise inexplicable symptoms. Even in the case of memories their historical truth cannot be established through third parties. Usually we are content to achieve a certain degree of probability of the veridicality of memories, or of achieving a sufficient degree of verisimilitude. In most cases it might be sufficient that a reconstruction or memory narrative is authentic, i.e. that it is able to reflect the present subjective experience of the patient, as suggested by Spence (1982) as well as by Ferro (1999). However, an obvious constraint on the plausibility and authenticity criterion is that reconstructed memories should not grossly contradict the version of the past held by others involved.

Another facet of this question is whether a reconstruction needs to be firmly believed, as the Botellas' (2001) discussion of the concept of belief seems to suggest, or whether the status of a plausible narrative is not enough for therapeutic ends. The latter would be more congruent with the analyst's state of regredience, or, to enlarge this to the therapeutic couple, with a shared state of day-dreaming, or of potential space.

A third aspect of Botella's case remains to be clarified, namely why actual recollections (of the car accident, of being expelled from the parental bed) should not be able to serve the same function as reconstructed events from the first year of life in understanding otherwise incomprehensible phenomena. Remembering past events offers the advantages of better evidentiality and stronger affective experience compared to reconstructions. Later experiences reflecting a repetitive pattern of experience might serve almost as well for organizing and explaining neurotic patterns. Thus possibly a car accident resulting from the mother's depressively motivated carelessness might have served as well as the mother's attempted suicide as a matrix for Serge's fear of losing childhood paradise and his disappointment in Botella's agreeing to reduce the frequency of sessions.

The analyst's contribution to remembering the patient's past

Botella distinguishes a habitual state of the analyst's equally suspended attention and a special state termed regredience, which, as I would like to phrase it, enables the analyst to dream the patient's past trauma, or at least elements thereof (the doctor's case). Referring to Freud's (1900a) adaptation of the reflex arc, Botella derives his new term regredience from Freud's use of the Latin derivative 'regredient', or, used synonymously, 'rückläufig' (literally running/going back), going back from the conscious motor end of the arc to the perceptual pole. Two decades later Freud specified this as topical regression, contrasting it with formal regression to primitive thinking and with temporal regression to ontogenetically older forms of experiencing and thinking. According to Freud's reflex arc, a regredient mode of listening would be a dreamlike state which is dominated by visual perception, and not language. Dreams, Freud had maintained, contained memories not only of very recent past, but also of unfulfilled childhood wishes. Botella combines the mnemonic aspect of dreams with their visual character, and compares it to a state of daydreaming of the analyst (implicitly picking up Bion's concept of

rêverie), in which the analyst daydreams the patient's never verbally represented infant traumatic experience. This to me seems to be the core of Botella's technical proposal.

First I was struck how a state of regredience could differ from Freud's (1912e) state of equally suspended attention, since Freud described it as corresponding to the patient's state of freely associating, a synchrony which produced a communication between two unconscious streams of thoughts, described by the metaphor of a telephone line. I always imagined such a state of the analyst to be a dream-like, fluid, undirected and non-reflective state of consciousness, open to whatever might present itself. However, thinking about it, one could distinguish a state of alert listening that is focused on the patient's utterances, but not on a specific topic or hypothesis, from a state that is not focused on the patient, but is more freely roaming and not necessarily directly related to what the patient says. Maybe this comes closer to what Bion meant by *rêverie* and Ferro (1999) by waking dream. The most plastic examples for this state, I find, are provided by Thomas Ogden (e.g., 1997). He uses his freely floating thoughts about anything, even about personal trivia like having to get the car from the repair shop, to wonder about what is going on between him and the patient (Ogden, 1994). Ferro's waking dreaming is more involved with what the patient produces and the analyst feels like doing or saying, but at the same time is quite phantastic and imaginary. Donald Winnicott's (1971) concept of playing is related, because it requires a fluid mental state, but involves a reciprocal (verbal) acting. Winnicott's reactions to his child patients' squiggles are sometimes highly spontaneous, sometimes they follow from reflections and are more intentional – however, they are most often imaginative and creative. Botella's associations at first sight resemble more Freud's (1900a; 1901b) quite directed search for lexical associations to words. At that time Freud's procedure resembled that of a detective, who is deciphering clues in a highly intelligent and cognitive manner (Haubl & Mertens, 1996). But possibly this is just a specific way of being distracted from what the patient continues uttering, and thus a specific way of daydreaming.

So what Botella proposes as a technique is new only in a highly specific way. It differs from the use of countertransference feelings and ideas for understanding what the patient defends against (Heimann, 1950), and from a similar use of the term projective identification in the sense of a concordant countertransference (Racker, 1953). It also differs, for example, from how Ogden and Ferro use their own dreamlike ideas. Finally it differs from Argelander's (1970) participation in a 'mise-en-scène' and the concept of enactment (Chused, 1991). These concepts ask the analyst to retrospectively analyze their own participation in a (minimal) interaction as indicative of a central conflict embedded in a central scene, which in turn may correspond to a repetitive interactional pattern manifested in important patient memories, which help create a narrative of what is going on between patient and analyst in the present (Lothane, 2011). In contrast to these ideas, but quite close to Freud's original idea of transference, Botella interprets the analyst's ideas and images that come to him in a dreamlike, regredient state as reflecting the past, and, more specifically, as reflecting the patient's past which the patient cannot recollect.

I believe that the use of the analyst's own associations, be they manifestly derived from the patient's material (the medical case), be they apparently unrelated (the melody of the merry widow), for tentatively introducing a new element in the therapeutic situation is accepted practice in the traditions just referred to. Botella adds the specific use of the analyst's reactions

for rendering a half reconstructed, half known past event relevant to the patient's present experience. Depending on how openly and tentatively the analyst's intervention is formulated, this specific use of the analyst's theory-based own association may pose the danger of introducing a suggestive or authoritarian element into the relationship between therapist and patient, because it is not just an association like any other, but linked to a claim of historical truth which the patient can refute as implausible, but cannot doubt on the basis of his own recollections.

Furthermore Botella's theory falls short of justifying this practice. Freud's adaptation of the reflex arc only allows for a monadic conception of consciousness, but not for representing what goes on between two people. Freud's later telephone metaphor for (one-sided) unconscious communication does not help much either. Some form or other of object relations theory is required to conceptualize the clinical practice suggested by Botella, a theory that relates intrapsychic processes of defending against knowing to emotional communicative processes, and that possibly also links these in biographical time.

Elements of a theory of remembering in psychoanalytic therapy

The arguments for working in the here-and-now are overwhelmingly convincing. The analyst can gain first-hand knowledge only about the present situation in the consulting room (epistemological argument), the present situation is what is emotionally relevant and accessible (Freud's economic argument for working in the transference), and only the present tuning-in between patient and analyst may create a state in which repetitive patterns of acting, feeling, and perceiving can be dramatized, experienced, and narrated in the here-and-now of therapy.

What remains controversial is the necessity, or at least the possible usefulness of relating present problems to past experiences by reconstruction and explanation as well as by remembering. Botella demonstrates how it may be helpful to use central events from childhood as models or proto-narratives to organize and express present affect states. Fonagy (1999) had argued that since engrained relational patterns or ways-of-being-with-others (Boston Change Process Study Group, 2007) were formed in the first year of life, the experiences that shaped them could not be remembered anyway, and therefore there was no therapeutic gain in remembering. Fonagy equated relational patterns with implicit, more specifically procedural memory of experimental psychology. However, the concept of implicit memory is too unspecific and broad to be helpful, except for saying that something is retained in memory without being accessible to recollection. Other theories of autobiographical memory also distinguish between more conative-perceptual and linguistic (e.g., Bucci, 2007), or between specific sensual and more abstract levels of representation of autobiographical knowledge (e.g., Habermas, 2012; Singer & Conway, 2011), but do so in a more elaborate fashion. Also the concept of implicit memory lacks criteria that help to differentiate more from less healthy relational patterns. Finally, a theory of autobiographical remembering and not-remembering needs to take into account the formative influence of familial practices of remembering and passing on (or not) family stories including those about the child's infancy (Fivush, Habermas, Waters, & Zaman, 2011).

The argument for remembering as a therapeutic tool is, as I see it, twofold. One argument is that traumatic experiences tend to be repeated because they are not processed appropriately,

e.g. by putting them into words and organizing them in autobiographical narratives. Therefore remembering the traumatic experience helps process it mentally, name and organize the affect states and urges associated with it to make it part of one's life story. Botella appears to claim that this also applies to possibly traumatic experiences in very early childhood, and that therefore reconstructing the experience is curative.

A second argument is that autobiographical memories may provide contexts which make sense of repetitive patterns of feeling and acting. Ferro (1999) argues that any narrative that expresses the present experience is helpful. One argument in support is that we never really know which the originating experience of a specific pattern of experiencing and relating might have been anyway. Most probably multiple, somewhat similar experiences form and confirm engrained relational patterns. Also, Ferro might argue, if the task is to find a context in which a repetitive pattern makes sense, this context need not be from the personal past, but a fairy tale or movie narrative might serve as well.

However, remembering past experiences not only helps express and motivate emotions by embedding them in a story, but also changes the subjective life story in a more agentic key. This can be seen as a sign of a more healthy subjective life story (Schafer, 1983; Adler et al., 2012). Such an integration of repetitive patterns or symptoms into the life story renders it more comprehensive, so that others would recognize the individual better than before. Also, understanding the motives for repetitive patterns autobiographically increases coherence in the life story, thereby sustaining a subjective sense of continuity (Erikson, 1968). However, autobiographical reasoning that links present to past, enduring personality patterns to specific events (Habermas, 2011b), by itself must remain a vain cognitive exercise, if it is not rooted in an emotional experience in the consulting room that is closer to hitherto defended-against urges and emotions, and sustained by a recollective experience of an event from one's past.

This second argument is not used by Botella, because he focusses not on recollective memories or remembering, but on reconstructing an event that cannot be remembered. In life stories, events from one's pre-history (which is not remembered) have a special status, because they may function as founding myths or stories of origin, prefiguring in exemplary fashion things to come or, more importantly, personality characteristics still to evolve. Birth stories are especially efficient, but also earliest memories may serve as such self-defining memories that encapsulate central themes and relational patterns (Singer & Salovey, 1993). The special status of pre-historic events from the first two to three years of age is that one has to rely on other people's narratives, and is therefore subjected to character attributions one can hardly challenge. Mothers, when narrating their children's lives, like to base trait ascriptions on specific examples also from their child's first years of life (Habermas, Negele, & Mayer, 2010). The observation that the organizing power of such pre-historic stories and earliest memories seems to increase as one grows older (Massie & Szajnberg, 2005) suggests that also outside psychotherapy individuals tend to use probable early events to achieve verisimilitude of sufficiently agentic and coherent life stories.

In the case of Serge, he first rejects the analyst's attribution of autobiographical significance to the mother's suicide attempt. Unlike a mother, who remembers her child's early years, the analyst cannot claim first-hand knowledge. But still he implicitly claims privileged expert knowledge that such an early event must have been influential, and claims an expert method, that of regredience. The patient finally joins the analyst in using the suspected, half-known, but

not remembered maternal suicide attempt for making sense of his suffering. In doing so, I believe it is decisive that the patient himself elaborates his life story, anchoring it in specific, authentic experiences, leaving spacious room for continuing to imagine in a potential space, and that he will not use the reconstructed memory to construct a hyper-coherent, frozen victim narrative.

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