Lost in Translation: Past and Present, Israel Now and the United States Then

A Response by the Author of *Presenting the Past* to Discussants in the "Did it Happen or Did it Not?" Seminar, The Winnicott Centre, Tel Aviv 2012-13; Dr. Ofra Eshel, Organizer

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Introduction: The Present and the Past in the Present

It is truly a pleasure to be here this morning, in Tel Aviv, to discuss my book 15 years after its publication, to revisit my case presentation now more than 20 years since it was originally conducted, and to share my thoughts about my own clinical work done at the beginning of my psychoanalytic career, now reconsidered many years later. Ofra and I agreed, when we first talked about a year ago, that my response today would take the form of offering my thinking about my work with Ms. A., now with the benefit of many years of clinical experience under my belt. The plan was to use the various discussants responses to help structure my own thoughts and to organize today's presentation. As you all understand, these commentaries were offered by highly respected mental health professionals in the nation, over the course of the past ten months. Many of you attended all these sessions, have had the benefit of listening to each responding to the same clinical case material with each developing his or her own thoughts concerning what did occur, what might have occurred, and/or what should have occurred in my analysis

with Ms. A. I am very grateful that my work has provided the opportunity for all the participants—presenters and listeners alike—to develop their own thinking about the psychoanalytic process, therapeutic action, and about sexual abuse, trauma and memory. It is now my turn to respond and I hope my remarks will contribute constructively to this yearlong engagement with these very important issues.

In addition to thanking all those who engaged my work so thoughtfully (and generously), I want to acknowledge especially Dr. Ofra Eshel who was the inspiration behind this course. Knowing her better now than I did after our original meeting in Los Angeles some two years ago when I gave her a copy of my book, I should have known better than to think that would be the "end of the story" as far as my book goes, that Ofra would respond to it in some way.   Her plan for the seminar and the energy she has put into its realization revealed to me not only her being a woman of remarkable energy but one deeply committed both to the development of psychoanalysis and to the care of others. I am not sure she ever stops. I am immensely grateful that she has included me in her enterprise in this way.

I would also like to thank the Leonard Comess Israel Fund of the New Center for Psychoanalysis for helping me defray some of my expenses to enable me to travel here (this was the same fund that helped make possible Ofra's visit to Los Angeles). Lenny Comess was a beloved member of the New Center before his death a few years ago, and he was my supervisor on this case with Ms. A. In fact, he suggested I use this case especially as it related to the topic of memory for my Ph.D. Thesis to

graduate from the Institute and was very proud when that work resulted in the publication of *Presenting the Past*. So it is especially meaningful for me to be here partly because of the Fund bearing his name: I know this event and my participation in it would have pleased him immeasurably. [Dahlia Russ] Finally, I would like to thank all of the discussants who so generously devoted their time, experience and intellect to reflect on my work. I am a grateful beneficiary of their efforts, and very impressed by all the commentary. I say this now because in the course of my comments, as you will see, I don't often reiterate my admiration and respect for their ideas: instead, I often challenge them. But that is the nature of an exchange like this, I believe, and the spirit behind by engagement to which I am responding should not be misunderstood. I am very fortunate indeed to have had such a distinguished group of discussants whose comments stimulated me to revisit and reconsider my own book.

I share with many of the discussants the sense that the work, despite a sense at the time of its closure, remained incomplete. It too is clear to me that I might have dealt differently with the intense affect mobilized between myself and Ms. A. and with her personal crisis at the time, circulating around her new memories of sexual abuse. But it is noteworthy, I think, that many of the commentators organize their discussion around my failure to recognize dissociation and to understand its relation to early childhood trauma. As a result, for some, I became waylaid on the question of whether early childhood sexual abuse did in fact occur, and some of the comments speak confidently that I wrongly concluded that it hadn't. "He fought to

preserve the therapeutic context as he knew it," Dr. Nave writes, "without realizing that dissociative processes enacting the abuse were taking place in the transference. Because, according to Dr. Shalgi, I believed "it [sexual abuse] didn't happen," I put "tremendous pressure on [my] patient to encounter her own dissociative states." Dr. Levi writes that because I fought her revealing her "dissociative immature and wounded part," Ms. A. had no recourse but to tell her story "through enactment." Dr. Levi, like Dr. Oz and Dr. Gurevich, concludes that the sexual abuse she reports, in all likelihood, did not occur but nonetheless early childhood trauma did. Dr. Ziv, describing the listening stance of the analyst, suggests a hybrid form of suspicion and trust in order for "dissociative memory" to be skillfully and subtly heard. And Dr. Seligman, finally, describes the limitations of my ability to tolerate "the re-enactment of the trauma in the therapeutic relationship."

Most of the commentators, in short, in this regard proved to be of roughly the same mind: Ms. A.'s telling of her story revealed a case of early childhood trauma, demonstrated in the clinical setting through her dissociative ideation and enactments. Striking to me, in fact, is nearly all the commentators presumed an air-tight linkage between dissociation and trauma, agreed that I failed to recognize the connection, disregarded the reality of her early traumatic experience and, therefore, prevented the regression required for our analytic work to travel its full course. None of the respondents considered the possibility that Ms. A.'s assertions about her past, her accusations about my competency, her wish for my permission to attend a "survivor's group," even her decompensation outside the consulting room—all

features I describe as unique to this moment in our work together—were in an unconscious service of attempting, *in the present,* to destroy our relationship. As a hypothesis I believe worth entertaining, the case for it was strengthened, I believe, when no specific memories, in fact, materialized about the incestuous relationship she believed had occurred. I'm not sure whether I had yet read Winnicott's paper—one of his most important, and relevant to Ms. A.—on developing a capacity to "use" an object and the requisite conditions in the environment for one to move beyond a thoroughly subjectivized experience of the other. Isn't it possible, especially in the aftermath of her mother's death (a mother who, incidentally, refused to encourage individuation) that the task for me was to survive her attack and not to capitulate to it? Despite the importance psychoanalysis places on the way in which our patients often live in the past *as if* it were the present, my goal today, as it was it the book, is to underscore the idea that sometimes, and in some ways, the psychoanalytic present needs to be respected as present, and requires its own psychodynamic and sociocultural understanding. The increasing attention that psychoanalysis now pays both to early childhood trauma as well as to PTSD has contributed to what I would call an increasing neglect, even for trauma victims, of an understanding of the here-and-nowon its own terms and making its own contribution to on-going therapeutic work.

The case of Ms. A. was offered in *Presenting the Past* to illustrate the importance of **the present** in the analytic work of reconstructing a person's past. Drs. Desheh, Ziv and Seligman describe limitations in my capacity at the time to serve as "witness."

And I very much agree: my interpersonal capacity to provide what I describe elsewhere as the necessity for the creation of a "redressive community," to listen, has certainly improved since my early days of training. Nonetheless, in the book, I suggest that there are other sources that may undermine the creation of the necessary environment, including a patient's own impulse in the present to unconsciously derail the therapeutic process. I describe that recollections of one's own childhood may not be exactly what they seem and, as a sociologist as well as a psychoanalyst, I provide a perspective on ways in which the interpersonal present can dramatically effect even something as intimate and carefully attended to as memories one holds, or senses, about one's early childhood. Perhaps the most salient line that may be drawn between the various presenters in this seminar is the one between those who gave primacy to the recovery of the traumatic past once dissociated affect was accessed and those who focused on the role of the analyst as "witness" as the route to discover a patient's early childhood experiences. But there is widespread consensus on Ms. A's early childhood trauma and a widely shared agreement that recovery of the past is itself emancipating. It seems to me, based on these various responses, that memory recovery holds a privileged position as the principle task of analytic work here in Israel. Even the title of the seminar, at least as it is translated, "Did it or Didn't it Happen?" seems to privilege the recovery of past truths as the route to therapeutic cure. The title of this seminar itself would seem to serve as a disincentive to consider the question of the past through the vagaries or the contingent nature of analytic reconstruction as it occurs in the present. My work with Ms. A., in contrast, is intended to document some of the dangers that result

when the present context of "discovery" is not adequately attended to. I believe there are likely reasons internal to Israel psychoanalysis that encourages this line of thought, as well as a broader sociocultural explanation that drives Israeli preoccupation with the recovery of traumatic memory. Might this not be a result of the ubiquity of traumatic suffering in everyday life? This is in contrast to an (additional) American concern with memory distortion and deception, linked to a denial of present-day social conflicts and challenges, effected by a temptation to "blame" the past.

Part I: The Case of Ms. A.: Dissociation, Stress and Memory Uncertainty

I want first to address the assumption made by several of the presenters that I imposed on my work an unreconstructed drive theory, privileging an analysis of sexuality that obscured from view the reality of her childhood trauma. I heard Ms. A.'s memories "within the conflict paradigm," according to Dr. Nave, and, in so doing, "violently attacked" Ms. A's "space to think" when "raw and dissociative materials" were produced. Dr. Shalgi suggests that throughout the treatment I "consistently refused to engage with [my] patient in mutual-creating relationships, a stand that thus put tremendous pressure on [Ms. A.] to encounter her own dissociative self-states on her own." Similarly, Dr. Gurevich, arguing on behalf of an "early trauma theory" a la Ferenczi, concludes that I understood and conceptualized Ms. A.'s mental events as derivatives of repressed sexual drives." Had I operated instead through an early trauma frame, she argued, I would not have experienced the "many instances of surprise" I described myself in the chapter as having had. As part of

that same constellation of thought, I failed to recognize Ms. A's dissociative behavior as an iatrogenic symptom both indicative of the strengthening bond of our psychoanalytic relationship, and the reality of early childhood trauma that was, for the first time, finding voice.

It was true, in my own mind as the work with Ms. A. progressed after the death of her mother, I had been developing an understanding of her as contending with certain uncomfortable "victorious" feelings. I described how she was feeling freer to express her own sexuality and her own desire and aspects of her changing self-presentation were noticeable to me—more feminine, more attentive to her appearance, heightened expectations about her future, etc. When the dream was told of her having to choose among the people lying under the tent who to have sex with, she made a "self-less" decision, forgoing her attraction to the "cute guy." Instead, she felt responsible for and drawn to the injured, almost lifeless two-year old baby girl. Consistent with my own developing thinking, I suggested to Ms. A. that the important element of the dream was the retreat from her attraction to a sexually available young man. And as you recall, she returned the next day enraged with me and with my interpretation, accusing me of actively distracting her from what was so manifestly apparent in the dream: the lifeless, injured baby symbolically represented her and it revealed a "truth" of her own sexual abuse that neither she nor I wanted to confront. Dr. Steinbock describes this as our mutual "unconscious resistance" to knowing. Thus began an extended period of dissociative enactments, both in the consulting room and outside, and an extremely painful

process of both encountering the reality of her “recovered memory” and deciding, more or less, whether to stay in treatment with me.

These moments, as many of the commentators suggested, confronted me with a choice, that in an odd way mirrored Ms. A’s own internal conflict. The claim is that I decided to opt against a dissociation/trauma model of engagement, holding fast instead to the more classical drive/defense model of understanding. I foreclosed the possibility of knowing what happened (though, for some, it was asserted that I knew that it didn’t happen) in favor of remaining in the here-and-now. In not identifying as clearly as I might the role of dissociative affect in enabling Ms. A. to recover her traumatic affect, according to these presenters, I effectively shut down the analytic process of self-recovery.

The link described now between dissociation and traumatic recovery was not part of the analytic discourse in 1985-6 and probably was only gaining strength at the time of *Presenting the Past’s* publication. That being said, effective analytic work with patients occurred, I believe, even for those who suffered severe childhood abuse, before the development of this more robust connection was asserted between dissociative affect and its relation to trauma. In contrast to the view that I was wedded to a narrow theoretical or meta-psychological perspective, I still understand my dilemma at the time as an intersubjective one: 1) whether to honor my own experience of *sensing* something alien, perhaps even inauthentic, in the memories of Ms. A. and, therefore, feeling reluctant to affirm her insistence that

sexual abuse was the missing link in her quest for self-understanding, or, overriding my own reservations and 2) acceding to her words and expressing my understanding of her feelings of having been betrayed then by her father and, now, by me. In the case report, I tried to convey in the chapter not that this was a theoretical watershed in our work together but instead that we were at an interpersonal crossroads: Do I capitulate to her expressed wish to identify a particular event and a particular enemy accounting for her present-day difficulties, or do I withstand her attack on the analysis itself? To this last point, I agree with many of the commentators that I might have done a better job charting these difficult waters and, with more experience, might have been more adept at incorporating both features in our ongoing work together. But, for the moment, I want to emphasize that I believe that the differences between some of the respondents and me hinge on the relation of dissociation to a psychoanalytic meta-psychology, and whether the present context can make its own independent contribution to an unfolding analytic process.

In fact, it wasn't until about 5 years ago—in 2008—that the American Psychoanalytic Association offered a major panel at their Meetings on Dissociation: I was the convener and chair of the session, and the presenters—all very eminent in working clinically with dissociative states—through their presentations encouraged "bringing dissociation back in" to the analytic metapsychology from which it had always been absent. As I described then in my Introductory remarks, dissociation fell off the meta-psychological map with Freud's effort to distinguish psychoanalysis,

as a theory of repression and as a characteristic feature of all human beings from "dissociationists," beginning with his contemporary Pierre Janet who identified psychopathology as existing in a specific sub-group of people characterized by the presence of an alternative self-state, co-existing with a healthy one. The result for Janet was the creation of certain *"idee fixes"* set apart, or detached, from the core self. In this view—and consistent with the manner in which dissociation is understood here today—dissociation distinguishes an unhealthy population (read: a traumatized one) from a healthy one, a population who manifests their suffering through a restricted, nonintegrated, dissociated consciousness. Freud and his followers rejected the *particularity* of dissociation, possessed only by some, in favor of the universality of repression.

And still we know that dissociation has had, at least, a subversive life in the history of psychoanalysis. Freud's own concept, late in his writings, of "disavowal" expresses this need for the possibilities of their being a "vertical split" in consciousness, while Fairbairn describes a person's internal warfare in the "endopsychic situation," what just as well could be described as a dissociated state between an internalized bad object and the longings for a satisfying good object. Winnicott, too, speaks, though only clinically, of dissociation as a healthy feature of child development. For example, he speaks as an example of healthy development the little boy who imagines himself both male and female (while "knowing himself" to be male) until he develops the psychic capacity to acknowledge the anatomical difference between himself and his mother. Here, dissociation is understood as a

way of *warding off* trauma. Psychic trauma, for Winnicott, on the other hand, has the potential to inscribe dissociation within the person, a split between psyche and soma that requires outside intervention for its repair. The meaning of a dissociative state, then, can mean more than one thing. What now seems clear is that one's reading of the case of Ms. A. is strongly influenced by whether one holds dissociation as an inviolable attribute for only those who have been traumatized early in life, or whether it is an affective state that can be mobilized in any of us, as a defense against stress or anxiety, regardless of the presence or absence of early trauma. And as I shall argue, one's stance on this question ripples out to one's view on memory, the possibility of false memory, one's position on our capacity to know whether or not "it" happened and whether such discovery is ultimately the goal of therapeutic treatment.

Contemporary neuroscientific research lends impressive support both for the connection between dissociation and its *sometime* traumatic sources but the research is also careful not to conflate one for the other (Berlin, Bell, Lanius, et. al. 2002, 2010). The new DSM-V manual (2013), based upon the most current research, identifies at least five distinct forms of dissociative disorders, some whose etiology derives from prior trauma but not all. With respect to Dissociative Identity Disorder (DID), perhaps the most common dissociative diagnosis and whose origin appears to be found in early traumatic experience, recent studies has faulted it for its lack of conceptual coherence, for offering only equivocal evidence for its link to memory impairments (unrecovered memory) as well as its vulnerability as a

diagnosis to popular culture (Bell). The famous case of Sybil, for example, fueled the diagnostic category of Multiple Personality Disorder, later morphing into DID, and was the title of a book that sold more than 6 million copies. Sybil and MPD became almost household words. Only recently have we learned that Sybil fabricated her many personalities, as Debbie Nathan reports, in order to gain the attention of her analyst who she knew was interested in the phenomenon of multiple personalities. From another angle, the new DSM-V manual, reflecting the most recent clinical research, describes the presenting symptoms indicating PTSD, as with **or** without dissociation. (Lanius, 2010). Dissociative reactions may indicate the presence of PTSD, but the diagnostic criteria can be fulfilled without the presence of dissociation; subtypes described as manifest in *undermodulated* affect along with re-experiencing and hyperarousal. But significantly dissociation, in all cases, is driven by stress reactions affecting the brain and apparently serves as a regulatory mechanism aimed at defusing the stress/anxiety reaction. Apparently, it is the Amygdala Circuit that connects both with midbrain and cortical neuronal systems; it has the capacity to assess danger instantly and is responsible for monitoring, for response decisions and the storing of memories of painful and terrifying experiences. Dysfunction of the Amygdala Circuit results in affectively powerful episodes, including dissociation, terror, panic, rage and violent reactions (Lymberis), and they can also produce speechlessness, inarticulateness, and especially withdrawn affect.

Research on dissociation now links the phenomenon to a compromise of neural mechanisms, and indicates that it is one among many forms of emotional regulation in the brain that can happen without insight or awareness. But PTSD has been identified as occurring in individuals through different neuronal mechanisms, sometimes without dissociation (Lanius, 2002). It should come as no surprise when the editors of the American Journal of Psychiatry conclude, in 2007, that "there is still no clear consensus concerning the interaction of genetic and environmental factors that predispose individuals to PTSD, mechanisms underlying the development and recovery from PTSD, or the precise role of social and cultural influences on individuals' risk or prognosis for the disorder (Editors, AJP, 2007)."

If there is a documented need to delink trauma and dissociation, on the one side, it is also necessary to be precise, on the other side, to define the salient features of trauma that necessarily generate specific symptoms. The various discussants commenting on the case of Ms. A. employed a wide variety of meanings to the concept of trauma, on the other side. Among them, there were those who concluded Ms. A. was the victim of incestuous sexual abuse while others claimed her specific memories served as a "screen" for a more generalized, pre-verbalized, or more diffuse set of experiences for which she had no name. But "trauma" served as the signifier for all. Once trauma is employed to describe a very wide range of experiences, only some of which in fact threaten the integrity of the body, it is easy to see ways in which the concept actually becomes a metaphor for an internal experience or set of experiences that is overwhelming to the individual. Dissociative

affect or behavior, in itself, provides little help in understanding the salient features of stressful experiences—either in the present or in the past—that produce it. Thus, by severing traumatic etiology from a necessary symptomatic expression, as I believe one must, the question of did it or did it not happen no longer can be the goal of psychoanalytic treatment. To this point, I believe there is little disagreement in a psychoanalytically oriented audience like this one. I don't think the discussants and I really differ on this point. But I think that the language of trauma itself sometimes overwhelms our capacity to retain an analytic stance toward the unfolding process in the consulting room. It also interferes with out ability to make finer distinctions between types of traumatic experiences, the corresponding symptomatology, and their particular treatment.[1]

Delinkage, too, changes the ultimate aim of the analytic process. No longer is the pre-occupation necessarily with "knowing the past," in the sense of recovering an understanding of how one's life today has been shaped by overwhelming material or "real" experiences in the past. Rather, therapeutic work is an effort through insight, interpretation and the therapeutic relationship itself to reduce overheated emotional responses to the world—whatever their sources—so that the neural networks capable of responding to and integrating over-powering emotions can return to greater capacity. This certainly doesn't make the past irrelevant but it

[1] See my article in *American Imago*, Part I where I argue on behalf of distinguishing types of traumatic experiences, indicating distinctive forms of intervention. Part II, forthcoming

does recovery of memory, in itself, the antidote for contemporary pain and suffering it is sometimes held out to be.

Seen in this way, trauma, as seen in the consulting room, is an experience in the present, expressed through the failure of current self-understanding and primary relationships to contain overwhelming experience. I have argued elsewhere that trauma as, first and foremost, a memory illness.[2] Understood in this way, the question of memory and its malleability and the complex role that memorial production can play in therapeutic treatment requires understanding in a way seemingly of little interest to most of the respondents. While disagreement existed whether recovery of the memory of incest generated the dissociative enactments or whether it served as a screen for infant trauma more generally, what was not entertained was the possibility that Ms. A.'s invocation of a past experience was in service to defending against an overwhelming set of anxieties—intense stress—plaguing her in the present.

Let us recall that analytic work began originally for Ms. A. because of a diffuse sense of unhappiness, incompleteness, and feelings of inauthenticity. During the time she was in analysis, her psychological distress became more intense. Her mother, to whom she was exceptionally close, was diagnosed with terminal cancer and died shortly after being diagnosed. Her father, to whom she historically shared her mother's disdain and disrespect, was now her only surviving parent. He had

[2] Healing from History, Jump-starting Timeliness

acquitted himself very well throughout the whole cancer ordeal and, surprisingly, was assuming a strong paternal role in the family.   Ms. A. began treatment fantasizing more or less a didactic (i.e. affectively sanitized) analysis and imagined that our work could be contained more like a carefully planned surgical strike into her past. In spite of herself (i.e. unconsciously), she felt me instead as a very significant and erotized male figure in her life. Similarly, she could not have anticipated that during her analysis she would be confronted with loving feelings toward her father suppressed since childhood in collusion with her mother and as a condition of her mother's love. The private, isolated, self-sufficient, asexual persona she had crafted through the years, carefully constructed to remain close to her mother became overwhelmed.   I offered the hypothesis that I believe was borne out that the anxiety she experienced a result of these unanticipated developments generated both the sudden production of a narrative of early childhood sexual abuse and exceptional efforts to destroy her intimate feelings toward her father and to me, At least in the immediate sense, these were intended 1) to restore an equilibrium more-or-less achieved prior to her mother's diagnosis and 2) to counteract a thoroughly overwrought emotional affect. Ms. A., I concluded, rather than revealing affect for the first time was attempting to ward it off. "Memory" was a defensive strategy to better account for her overwhelming and unacceptable emotions, occurring presently—felt both toward me and toward her father. [3]

[3] See my "Intimacy Undone: The Psychoanalytic Dyad, Sexuality and Narratives of Defense," in *Intimacies: A New World of Relational Life*, Seidman, Frank and Clough, eds.

Part II Memory Distortion and the Perceptual Problem: Why the Israeli Indifference?

I was surprised at the uniform disinterest by the previous speakers in memory distortion or, even, with the question of the malleability of memory. Ms. A., at the very least, demonstrated memory's unreliability and its dependence on elements from the present: during her analysis, she began with one version of her past, altered it with her conviction about incest, and, by the end of her treatment, backed away from it and remembered differently her childhood. Again with the exception of Dr. Oz, none of the presenters so much as raised the issue (again, based only on the abstracts I read), or entertained the possibilities that Ms. A.'s recollections may not have been accurate: delusional or distorted; or, were deployed on behalf of an endeavor other than finding a witness to an overwhelmingly painful past.

And yet, in the United States, considerable attention continues to be directed to the way in which personal memory itself is not to be trusted, and that individuals have the capacity to fully embrace false memories and treat them as true. In my book, I refer to the work of Elizabeth Loftus, the most well-known psychological researcher on the topic and described several experimental cases in which memories of events were created, even elaborated upon, that never occurred. My work with Ms. A. coincided with a period in the United States when stories of recovered memory were legion, and coming on the heels of a literal witch-hunt for the perpetrators of childhood sexual abuse, especially in day care centers where working mothers had "deposited" their toddlers. As significant, at the time there had not yet developed

any countervailing discursive claims concerning the fallibility of memory, or the possibility of false memory.

Not long after completing the book, I wrote about the celebrated book by Benjamin Wilkomirski, entitled *Fragments*. It received many awards and honors, in Europe, in Israel, and in the United States. Wilkomirski, a Swiss man, was encouraged by his therapists to write down his memories, however disjointed and fragmentary they might be. The book is an extremely detailed recounting of his childhood experiences as a holocaust survivor. Despite the fact it proved to be a most engaging and moving testimony, in the end, it was determined that Mr. Wilkomirski entirely confabulated the whole account, he neither being Jewish nor ever in either a work or concentration camp, though he had convinced himself and others that he had successfully recovered this difficult and painful past. Here, we might say, dissociated affect and memories of trauma were treated as synonomous, so the fragmentary story of childhood abuse he unearthed was not questioned for its authenticity. In the article, I took note especially of the seductive appeal his book had for the psychoanalytic community. In the Zurich Psychoanalytic Institute where he spoke, it was reported, not a single question was raised concerning the truthfulness of his memories, or even the possibility that the kinds of memories drawn from a very young age were even neurologically possible. It was really far too compelling a story.

In the United States, the issue of false memory continues to generate considerable interest. In a recent article published in the *New York Review of Books* the well-known neurologist Oliver Sacks comments on a discovery he made following the publication of his own memoir. After reporting a vivid memory from 50 years ago or so of an incendiary bomb falling behind his London house, accompanied by powerful visual images of his father and his older brothers fighting the fire, he learned conclusively from his brother that in fact he never witnessed the event. Upon learning this, he writes, "I was staggered by Michael's words. How could he dispute a memory I would not hesitate to swear on in a court of law?" But Sacks describes how, now knowing the truth, he nonetheless "felt his body into the memory of the incident." He writes: "But although I now know intellectually that this memory was 'false,' it still seems to me as real, as intensely my own, as before. Had it, I wondered, become as real, as personal, as strongly embedded in my psyche (and, presumably, my nervous system as if it had been a genuine primary memory?) Would psychoanalysis, or, for that matter, brain imagining, be able to tell the difference?" Sacks (along with his brother) surmise it was an especially vivid letter describing the bombing by one of his older brothers (because Oliver was away at the time) that became experienced as if it was his own: in Sack's words an example of "transfer experiences." "Memory is dialogic," Sacks concludes, "and arises not only from direct experience but from the intercourse of many minds."[4] This, by the way, was precisely the conclusion I drew in *Presenting the Past*.

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[4] I cite Sacks here not because of the novelty of his argument as the claims he makes about the fallibility of memory and even the evidence he cites has been made many times before. Much of the research he cites, in fact, was cited in my book 15 years

Also very recently, Andre Aciman, an accomplished American novelist of Egyptian descent, wrote in The New York Times a piece on the inevitability of a memoirist's confabulation. He writes, "Here we enter the spectral realm of quantum mnemonics. There is no past; there are just versions of the past. Proving one version true settles absolutely nothing, because proving another is equally possible. If I were to rewrite the scene one more time, this new version would overwrite the previous ones and, in time, become just another version among many (April 6, 2013)." And a recent new novel by Israeli, *The Retrospective* A.B. Yehoshua similarly explores through the novel the complicated uses of memory to understand one's place in the current world.

I describe these very recent engagements with the issue of memory not to presume the falseness of memory as a rule, nor to insist that, in Ms. A.'s case, no sexual abuse occurred in her past. Rather, I pose the question as to why this group of Israeli clinicians almost uniformly screened out the question of potentially false memory when evaluating my case material, why dissociative affect was identified as the way into "what happened, then?" Why is it, I wondered, that the reservations I expressed concerning the quality of her memories (which as one discussant did note, with respect to paternal sexual abuse did **not** exist as such) were themselves not honored? Why my report that the nature of our being-in-the-room-together took on

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ago. But I discuss his article both because he is a well-known and respected neurologist and addresses the way in which memory becomes embodied, most importantly, because of its recency.

a distinctively different characteristic at this moment in time and **my** subjective reaction was not honored. Instead all of that was explained as my holding to a classical set of convictions that were simply wrong? Why, in short, am I identified for adopting a hermeneutics of suspicion and not trust toward Ms. A., as one discussant put it, while my clinical report is not, at the same time, similarly granted collegial trust by these same discussants? Why the hermeneutics of suspicion toward me? Why the view that dissociation is the key to travelling down the road to understanding of traumatic pasts? And I missed it?

Remarkable to me as I considered these commentaries is the common subjective Israeli therapeutic lenses through which the material here has been read. Every case presentation, of course, beginning with Freud's classic ones and including my case of Ms. A. is "shot through with subjectivity." Not only is the clinician's subjectivity reflected in every page of the report—condensing an enormous amount of raw data into a readable narrative with particular points to make, thereby revealing to all those features of the work deemed significant to report—but the reader, too, reads with particular intention. And, in this light, it is fair to consider why my intention for writing up the case of Ms. A., in the end, seems so far afield, almost irrelevant, from the frame in which this group of Israeli clinicians and researchers were prepared to read it.

What I am describing are the unique "schemes of perception and appreciation" that distinguish local psychoanalytic communities, in this case the Israeli one and mine.

Pierre Bourdieu, a very important French social theorist, describes precisely the manner in which "theoretical reason" both shape what and how we perceive (categories of understanding) and how we embody those perceptions in our practical action. These are largely unconscious, shaped by similar conditions and, as Bourdieu puts its, "objectively harmonized," function as "matrices of the perceptions, thoughts and actions of all members of the [in this case, psychoanalytic] society." And they inform how we practice, how we engage our patients, what we look for, what we see, and what we overlook. Clearly, as psychoanalysts who are part of an international movement we share far more than where we disagree, but it is also instructive to identify how our own localized ways of understanding create different templates through which we encounter our patients and illuminate certain features while, at the same time, obscure others. It means that the "external environment" or the "facilitating one" cannot be ignored in evaluating the kinds of work—however insulated and particular to two individuals it may seem.

One might begin in discussing this discrepancy between my intention in writing and the various readings I received by considering the role the embedded social environment, subjectively mediated, played in organizing the writing and reading of the case of Ms. A. As I have already described, childhood trauma was being "discovered" in the United States during the period of our work together though as a socio-cultural movement, it had not made much of an impression on me. If one considers the dream reported, **my failure** to take particular note of the two-year-

old disfigured, mistreated baby as a symbolic representation of abuse, now to me seems quite extraordinary. But, still, the language of disfigurement, stunted growth, harm and injury represented through a baby was not part of my vocabulary. From the vantage point of today, or even by some people at the time, my perceptual blindness to it seems impossible to reconstruct. How could I have not been drawn to the image that now seems central to the visual dream structure? And yet, it had not yet penetrated the collective psyche as an iconic image of traumatic abuse, though Ms. A., in various ways, and as a result of a personal history in the present, had already appropriated it as part of her own personal idiom. Nonetheless, the traumatically-saturated world of the "wounded baby within," the omnipresence of predatory men, the reality of satanic ritual abuse where little girls were being sacrificed, and so forth, was taking hold. In fact, because of these presumptions becoming so widely disseminated through the media, word-of-mouth, legal suits, etc., they threatened to overwhelm the particularity of conversation—Ms. A's and mine own idiom—developed within a psychoanalytic dyad. Ms. A.'s incapacity to resist the imagery, I believe, was over-determined, and its entry into our relationship almost overwhelmed us.   I believe I preserved the frame and contained the affect by respecting my own reluctance, at the time, to cede to her thinking (though I did grant her an additional session). Only later did I find my response to her coincided with a broader movement recognizing the possibility that memories might be false.

But the Israeli case, of course, is a different one. And only knowing Israeli society from afar, I won't comment on it at any length. But the concern about false memory and a misplaced conviction of one's own victimhood does not seem to hold the same socio-cultural place in Israeli society, and never seemed to risk the integrity of the analytic relationship as it had in the US: the widespread suspicion and critique of psychoanalysis that American psychoanalysis had been subjected to, beginning with the attacks by Jeffrey Masson and others at the level of "high-culture," and the broad-based and popular challenges to its failure to confront the reality of "real" trauma among young women especially have not gained the strength here, I don't believe, requiring a response. Trauma, on the other hand, its pervasiveness, its constitutive feature of life in Israel, and the challenge of how to live-on with it enveloping the whole society, strikes me as a far more salient sets of concerns for the Israeli therapeutic world. And the desire of psychoanalysis to demonstrates its capacity to respond to trauma and establish positively its unique contribution to treatment in a trauma-ridden society surely plays an important role.[5] More, surely, can be said on everyday trauma's impact within the consulting room. But as a factor, the critical attention paid to some version of dissociation I think becomes emphasized largely through this framework and, as Fassin and Rechtman put it, sometimes prioritizes emotion over precision.[6]

Part III: Conclusion: What price paid by conflating trauma with dissociation?

[5] Footnote to Didier Fassin, The Empire of Trauma, to describe the
[6] Ibid., p.202

Dissociation, in the ways it has been discussed here in response to my book, implies a special affinity and special understanding of the reality of trauma. It privileges dissociation as a present day symptom *mirroring* the presence of experiences in early childhood overwhelming to the child, incapable of being ingested and metabolized, and preserved or sequestered until the necessary conditions are present in a therapeutic setting for their fragmentary articulation. Dissociative affect, when revealed to the therapist, connotes a new-found capacity of the patient to access memories of experiences previously unavailable: it signifies, when handled appropriately, a road to recovery. As I suggested earlier, as an understanding of the mind, it privileges the past's hold over the present and direct our attention—analyst and analysand—back to the recovery of past experiences thwarting present-day capacity, happiness, effectiveness, even overcoming somatic ailments and physical suffering, etc.

Of course, there is considerable evidence to support sometime links between the two but the all too ready impulse to know a traumatic past through dissociative behavior, as may be the Israeli tendency, directs attention, I believe, away from the psychodynamic present. Such a view runs the risk of the therapist colluding with the patient not to know the intensity of the moment. It obscures the possibility of identifying stress, or psychic distress, with origins distinct from a traumatic past and even can detract from identifying the salient traumatic features that particularize the experience for the patient that requires a fine-grained engagement

with the specific meanings it has come to hold. Only then is it possible to understand the connection between past experiences as the source for current-day inhibitions and inabilities to fully and freely engage the world.

Here, I would invoke a wonderful article by one of your late colleagues, Ruth Stein, to offer an alternative understanding of what was transpiring between me and Ms. A. at the time of the conflict over my dream interpretation. Hers is an important example of what I mean to be, in the present and beyond witnessing. Informed by a post-Freudian and relational psychoanalysis, Stein suggests the possibility that the patient in the psychoanalytic dyad simultaneously strengthens identification with the analyst, experienced unconsciously for a time as necessary or as needed, *and* ultimately together to develop the capacity for individuation. Stein documents just how treacherous a process it can be, and how subtly it can be derailed. She identifies what she calls a "perverse mode of object-relatedness" (p.776) by which she means an effort (usually) of the analysand to seduce and bribe the analyst in order to destroy his or her separateness: exploiting the other for purposes of control and "to destroy intimacy when intimacy is experienced as threatening." She describes in particular an analytic relationship whose derailment is possible through a "perverse pact," jointly created by both participants, enticing "false love." "Perversion," she writes, is a dodging and outwitting of the human need for intimacy, love, for being recognized and excited; it is the scorning of the moral imperative of coming face to face with another human being's depth and

unfathomable nature, which becomes palpable when one is in touch with one's longing for the 'inside' of the other, sexually, or otherwise." (781).

Ms. A., I believe, was seeking the perverse solution: traumatic memory, in her case, was a defense against intimacy and she was demanding that I join her in this perverse pact. As all the discussants noted, I didn't, not because I knew what I was doing, but because, early in my training, I was too fearful. Stein captures it well when she writes, "the perverse solution lies in striking a pact in which two invalids invalidate the outside world, creating their own rules, in order to validate and vindicate their mutual weakness and indulgence. So, the unsavory secret of working effectively with perversion is that the analyst is deeply and perversely implicated in the game." (p. 792). This is how I would characterize Winnicott's regression to dependence, a mutual descent into perversion," and my need then to present myself as anything but an invalid prevented from happening in treatment with Ms. A. Stein's argument is that genuine analytic intimacy can be achieved once the analyst is able to understand the spell under which he or she has been cast but, in my case, I remained too well-defended to be perversely touched by Ms. A. Because of my inhibition in the here-and-now, not in recognizing the "real" meaning of her dissociative affect made for an analysis limited by the limitations of both parties in the room.

I conclude here again thanking all of the discussants for their illuminating and challenging commentary. And I note only the benefit too of acknowledging that

traumatic pasts require a contemporary setting for their recovery **and** their working through. Freud said it best, I think, when he writes, "one cannot overcome an enemy who is absent or not within range."[7] Trauma's undoing, in short, is not to be accomplished merely by a recovery of the past, nor can it occur in a splendid isolation from the broader world. The disarming of trauma's potency requires the presence of an individual, as Ruth Stein beautifully captures it, in the present capable of sustaining the powerful and destructive desire of the traumatized also not to know.

[7] Freud, "Remembering, Repeating and Working Through," SE (1924): 152