

What happens in psychoanalysis when nothing happens? (2008)

If we approach the question in the title from a behavioral point of view, the answer is that nothing happens, because there is silence. The analysed is silent, and the analyst is considering whether the silence is a sign of 'nothing happening', or if it means that the analysed is not able to put into words what is happening within him. His imagination certainly works: perhaps he wanders from the present to the past; it evokes a dream or a memory, perhaps it is uncertain whether he really dreamed it, or it is nothing more than a fantasy that has no basis in reality? This is because a current event can be mixed with an older memory on the level of fantasy, which represents an important childhood event. Freud wrote that fantasy "floats between three times", therefore memory is highly capable of confusing the categories of temporal concepts – the present, past, future, and "before-after". So, when the conference chose the title "Past and Future Narrated in the Present", it became inevitable to take into account the role of memory, as sometimes memory is cheated or distorted by the imagination.

If we approach events from the point of view of time, then time is a tool for the analyst. Even at the beginning of the analysis, it is an important factor in setting the framework, however it plays an even more important role in the analytic process. For example, when the analyst opposes the concept of time with the concept of timelessness, he associates consciousness with time and the unconscious with timelessness. Our consciousness is inseparable from real, existing time, while our unconscious is independent of time factors. The unconscious is timeless, storing the repressed matter that has been lurking there for a long time, and then appears in the analysis now, right at this moment, because the repressed matter is trying to become conscious. It comes back and forth, repeating until it appears in the analysis – through processing and then apperception - as a memory in the form of an event pronounced through words. Then, the memory returns as life-like present, thus actualizing the intrapsychic world. The timelessness of the unconscious facilitates free association and regression: the memory of the past is associated with the experience of the "Here and Now", their emotional entanglement begins to become conscious, then the present and the past separate, and finally fall into respective places. In the redefined, verbalizing process, not only are the memories revived, but the analyzed recreates the past, recognizes connections, and, with the help of spoken words, transforms the primary processes into secondary processes. The role of the catalyst in all this is played by memory.

We know the situation when there is silence, the analyst listens, the tension rises, and the analyst guesses: what is happening here and now? I will illustrate how this happens on an experience level, using three short case-fragments. The first comes from Adorján Linczényi, who described the case at Hermann's seminar in the early 1970s (of course, in more detail than the following).

The patient is a large man of modest verblivity whose symptoms have been diagnosed as psychiatric by his district physician. The therapy started with difficulty; he was unable to talk about anything other than his physical sensations, he lamented, complained, often wrapped himself up in silence, then stopped complaining, and finally did not speak. It was obvious that something was going on with the patient, but he could not put into words what it was. In the previous weeks, the silence had become so common that it caused almost no tension. Then, at the end of one hour, the man spoke unexpectedly and said, "Doctor, thank you for your help, I feel healed", saying no more. What was going on in the man over the long weeks remained a "black box" - however, something had to have happened as his referring doctor also reported that his symptoms had disappeared.

The second fragment comes from my own practice: the most important goal of a twenty-year-old lesbian is to look like a teenage boy. She is also boyish in spirit, and she reinforces this appearance by the way she dresses. She takes a male role in promiscuous relationships. There is tremendous tension inside of her; she is aggressive in the sessions, often producing spectacular act-outs. Verbalization is difficult, and long silences are common. The manner in which she arrives at the meeting is now to be recalled intently: she sits down, pulls her fingers, tears her hair, wrinkles her clothes - but she doesn't speak, she doesn't respond to encouragement, she doesn't answer a question. After about half an hour, her tension seems to drop, but she still doesn't speak. Finally, our time is up. She gets up without a word, steps to the hanger, takes her coat, spreads it on herself with a vigorous gesture, then spins with the same momentum and aggressively kicks the closet, the door of which breaks open. I interpret what happened: 'I feel like a closet' - I say, as I am thinking that it would be good to know what had happened in the patient in the last three-quarters of an hour? However, this only becomes possible the following day, at the next meeting.

Silence, then, did not mean that nothing had happened, only that the event remained inaccessible to the analyst and perhaps to the analysed as well. It can be assumed that while the imagination of the analysed was wandering from the present to the past, the revived memory and the associated emotion and tension, which could have been processed in the analysis in the present if pronounced and made aware, were inhibited. If there is no inhibition, and the memory of the past can be verbalized, the current processing of the past also allows for a future outlook. Finally, let's see an illustration of this:

The patient is a 40-year-old married man with two children. He arrives in an expensive car, is nearly two meters tall, has a sporty physique, he wears fashionable clothes. He is the head of the Hungarian representative office of a multi-national company. Since his diffuse somatic complaints had not been substantiated, he was referred to me by an internist at a private clinic. He lists his symptoms as an 'educated patient', complaining of high stress reactivity, anxiety, and insecurity. He arrives for the 94th session from a parent meeting and tells me that his wife, who used to do this task, had traveled home, so now he went to the school instead. The situation was unusual for him; he was embarrassed and, would have preferred not to speak. He spoke, politely, only to the class teacher, "I looked up to the other parents", he says, and to my question: what does that mean? - the answer came after a short pause: "I don't even know why, because I'm taller than the dads, not to mention the moms. " Then he goes on quieter, "I felt like I wasn't even a parent, but a little boy, my son's little son, and now I'm afraid what they'll say at the parent's meeting." After another pause, as if he was speaking to himself, he says, "Women are big and fat ...", he doesn't continue, and there is a long silence. Eventually I break the silence - I ask softly: and the men? He immediately replies, "the men are western heroes ... people with tanned skin ..." and then, after a pause, almost muttering again, "I couldn't go to the sun because my skin was white and I immediately burned blistering ...".

This sentence does not seem to be related to the content of the previous ones. However, if I look at timeliness, what happens becomes more understandable: the memory that appears here and now: the parental meeting, the conscious event taking place in the present is intertwined in the analysis with a memory that is still hidden in the unconscious, which causes anxiety in the patient. As a result of the regressive process, which can occur at any time, even at a parent's meeting, he feels like a white-skinned toddler who is threatened by "big and fat women". So, in our example, a childhood, anxious memory came to life. And a connection was established between the present and the past. It is not necessary to specify how the utterance of all of this will affect the future - that is, in which direction it will steer the therapy. Instead, let us ask questions: what happens if, as a result of a massive resistance, the memory cannot be recalled? If a memory preserved in the unconscious cannot be recalled, can the cause of anxiety become conscious? Why is it that some memories can be recalled and others are permanently erased? And indeed, are these memories permanently erased, or do they lurk in the unconscious, causing anxiety until they are processed? Then, how much time will have to pass by? To answer these questions, let's take a brief look at the laboratory of cognitive neuropsychology, where the process of forgetting has been dealt with experimentally. It is exactly 40 years since Bjork and his two colleagues published the experimentally provable fact that oblivion not only causes the disappearance of memories, but also contributes to the preservation of memories in certain circumstances. The study is outlined, as follows: The members of the experimental group had to learn a list of words in a freely chosen way, and then they were instructed to forget it all because

it had been used only as a warm-up, here coming the essence of the task: they have to learn a new list of words. The further learning was followed by a short pause, then the subjects had to recall all words from both lists, including what they had previously been instructed to forget. The result was confirmed by the fact that the subjects really did forget the words from the first list, which they could not fully recall even when they were promised a monetary reward for it. After learning the first list, the members of the control group did not receive any instruction to forget, but were asked to memorize well what they learned, and then had to learn list 2 and then recall the words from both lists. The latter group remembered significantly more of the words on the first list than the members of the experimental group who received the forget-to-instruct, whereas they remembered significantly less of the words of the second list than the members of the group who received the forget-to-instruct. The above is described in Figure 1:

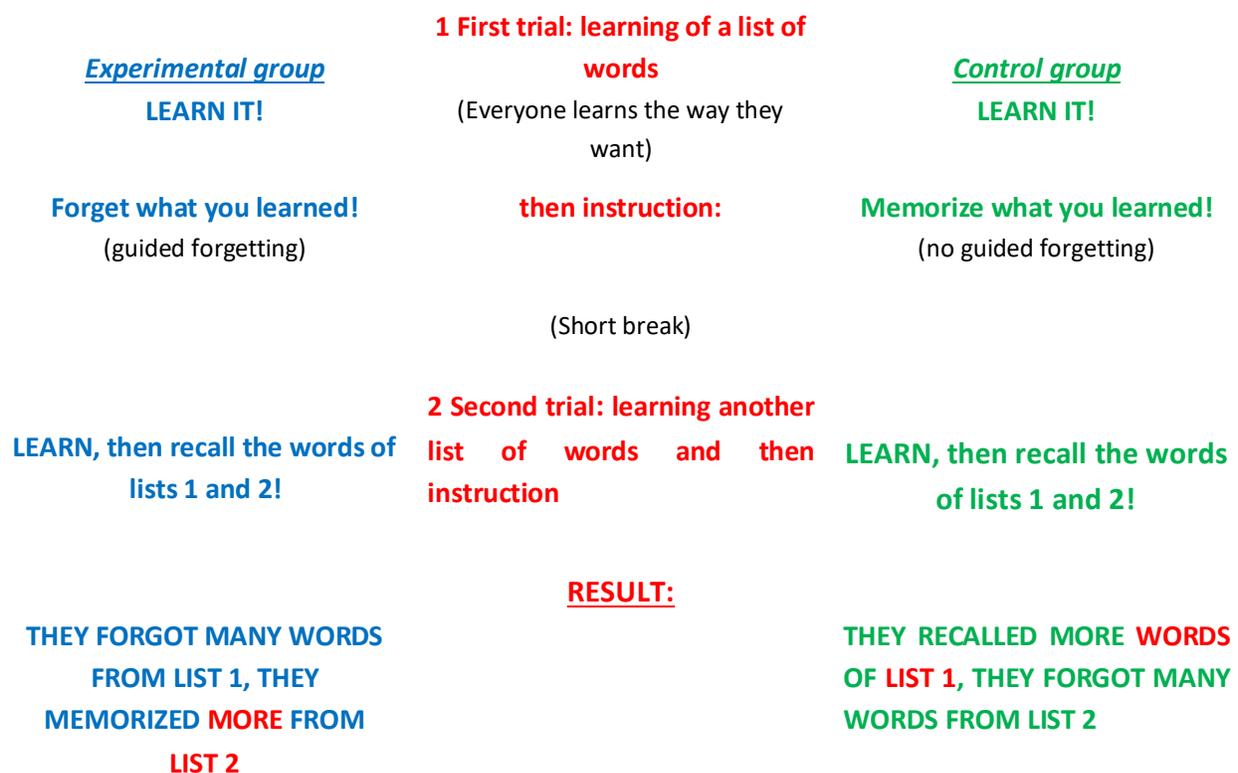


Figure 1.

As a result of the forget-to-instruct, the members of the experimental group were thus unable to recall the elements of the first list - question: did real forgetting occur? The answer is no: although they could not recall the words, when the words of the two lists were exposed together in bulk, they also recognized the elements of the first list that were destined to be forgotten, perfectly well. So, no real forgetting came into being, only the active recall weakened - passive cognition survived. The inhibitory effect, according to Bjork, is “effective suppression”, which is the opposite of the activating effect. Now let’s return to psychotherapy.

Replace the name "Experimental Group" with a little girl named "Y", who was sexually abused as a child and whose perpetrator, lest his act be revealed, said (rather instructed) "don't tell anyone what we were playing" (i.e. "forget it!"). So, Y forgets the 'game' (the "first list of words") and instead only remembers the games she played in kindergarten after her abuse with his buddies (i.e. the "second list") - the perpetrator can feel safe: Y does not talk about the 'game' (the abuse) that had happened earlier. And now we come back to the experimental conditions, because the situation is not so simple.

When the words in the two lists were mixed and then read aloud, (the so-called passive "recognition" test was performed), the members of both groups were equally familiar with the words learned from list 1, i.e., actual (real) forgetting did not occur, despite the instruction. Although the "forget" instruction prevented the experimental subjects from recalling the words of the first list by their own words, when they uttered them during the reading, they realized which word was on the first list. It seems that "in a guided forgetting situation, inhibition puts irrelevant, disturbing memory representations on the parking lot for a given task" ¹, but they are waiting in a ready state to receive a signal to start. However, in a given situation, where a sentence, an image, or whatever appears as a key stimulus that happened before, comes to life in them in the form of passive memory. Going back to what happened to Y: she doesn't tell anyone about the 'game', she seems to have forgotten everything, she only remembers the games after the event, but the memory lies there passively. And if anything happens that affects the "parking lot," she remembers what happened to her, then and there. This, in turn, requires constant alertness, constant defense, the temporary weakening of which immediately causes anxiety in Y. And now we return to the experiments again, because the situation is different if we intervene in the method of learning (so-called coding).

If the members of the **control group** were instructed to memorize the words of the two lists in different ways (e.g., they memorize the words of the first list while learning the elements of the second list visually grouped, or vice versa), the members of the control group were able to recall significantly less of the items in list 1 than when they were able to choose the way of learning themselves. The experiment was carried out by Mihály Racsmány in Bristol, and then published as a doctoral dissertation there in 1999. His two groups had the same task as Bjork's groups, but in a third experiment they had to learn the elements of two more lists, in different ways, such as mechanically learning the first, grouping the second. According to his results, if the subjects learned the words of the second list differently from the first, the preservation of the words of the first list was thoroughly reduced, even in the absence of a forgetting instruction,

¹ Bjork, cited by Racsmány

while the forgetting instruction alone did not result in significant forgetting. Racsmány interpreted this as meaning that the forgetting instruction alone is not sufficient for the emergence of guided forgetting, learning is needed that, in competition with previous memory material, hinders the preservation of the elements of the first list. So, in order for Y to really process (forget) childhood trauma, she has to learn, but this learning has to take place in a radically different way from the first experience (abuse, list). This radically novel learning is called psychotherapy.



Figure 2.

If the way of learning the second list is different from the way of learning the previous list, the forgetting instruction is not necessary either, as the elements of list 2 are better preserved in its absence and hinder the memory of the elements of the previous list 1. If, on the other hand, list 1 is not followed by further learning, or list 2 learning is disrupted by something, the inhibition of list 1 preservation is impaired, its elements are preserved, and they can be recalled in an active or passive way. For Y, therefore, it is good if she 'learns' (processes) childhood trauma with the help of a psychotherapist.

Although, according to Racsmány, the instruction of the abuser ("forget") can also act as an adaptive process, if the instruction to forget what happened can help maintain integrity, but similar to the passive recognition of words condemned to forget they may manifest as symptoms such as compulsive, hypochondrial thoughts, post-traumatic stress syndrome, or psychogenic amnesia. Some researchers (e.g., Conway, 2001)² believe in discovering an experimentally demonstrable manifestation of Freudian suppression in the phenomenon of memory inhibition. According to Anderson and Green (2001), / I quote / "we were able to demonstrate experimentally how Freud put it that (...) the essence of repression is only rejection and distancing from consciousness". However, we know that trauma should not be suppressed, but processed: in laboratory experiments it was not the instruction of forgetting that was successful, but further learning. As I said, this "new learning" is called psychotherapy. And, now, in conclusion, let's go back to psychotherapy and summarize why the concept of timeliness is so important in psychoanalysis. Freud coined the concept of "Nachträglichkeit" at an early age, in which he presented in a case study: how an infantile memory suppressed during puberty becomes traumatic. Freud built the theory of the formation of neuroses on this theory.

In contrast, other analysts approach analysis from a hermeneutic point of view: a meaning is projected from the present into the past, into a currently generated fantasy, (so-called "cover memory"), which gives rise to a retrospective reinterpretation of an experience that what happens in the past determines the state of consciousness of the present. In this conception, it is a retrospective supplementation of memory: the image of memory is tied to the present state of consciousness and then projected back into the past, while Freud's theory was based on the fact that the past determines the present state of consciousness.

In recent psychoanalytic schools, the concept of posteriority hardly arises, as the primary goal of analysis today is not so much to reconstruct repressed infantile experiences (as it did in Freud's time) but to explore the connection between the past and the present. But even if we do not always consider it necessary to interpret this connection, we notice certain signs which convey a modest yet remarkable meaning. However, we interpret referral directly and disregard

² I am grateful to Mihály Racsmány, who drew my attention to the above publications.

the emphasis on the relationship with the past. Object-relationship theory and self-psychology now start from the premise that change - the attainment of a therapeutic goal - is achieved through the experience of the "Here and Now." Recent psychoanalytic models, which in each case attribute the onset of mental illness to an earlier stage of development, run counter to the Freudian concept of posteriority. Yet: timeliness is an important factor, and this fact is also reflected in the fact that in last year's Barcelona Conference of the European Analytical Association the subject was "Timelessness." However, a year earlier, in his opening speech at the Portuguese conference, Evelyn Séchaud uttered the following sentence in connection with this: "In childhood, Time lengthens, in adulthood it is shortened, in love it is suspended, it stops in melancholy." - Let's add: in old age, it accelerates and starts to race. Not so much into the future as rather into the past. But this will be the subject of another conference.

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Translated by Kata Vadai