

SECOND VERSION

On Remembering The notion of *Memory without recollection*¹

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I - Remembering. The debate

First, a question: *Do we still think today that psychoanalysis cures by virtue of a return of the past or do we think the importance of remembering in psychoanalysis is in decline?*

Psychoanalysis was conceived by Freud and developed to a large extent within the framework of a conception in which the resolution of neurosis is to be found in the patient's past. Freud even uses the well-known metaphor according to which psychoanalysis follows an *archaeological model* where it is a question of recapturing recollections of the past as they occurred.

But, nothing is simple with Freud. In the article on "Screen memories" (1899a), and *The Interpretation of Dreams* (1900a) one year later, Freud was less interested in the study of memory than in the *process of remembering*. At that time, Freud thought that all memories were the result of a process in which the past is a *creation* that approximates more or less to real facts. This conception was no doubt closely related to the self-analysis he made in the 1890's, notably with reference to his own dreams.

Why did Freud abandon this conception of remembering and subsequently hold so firmly to the *archaeological model*? And, conversely, why did he take these ideas of 1900 up again at the end of his work and consider that a *construction* based solely on the sense of conviction produced by the treatment has the same therapeutic result as a recaptured memory? I suggested a difference should be established between on the one hand what I call *Freudian thought*, a mode of thinking present in Freud's work as early as 1900, and, on the other, psychoanalysis seen primarily as a *theory of neurosis*, a perspective towards which Freud turned and confined himself increasingly, especially after 1910, when transference and the notion of transference neurosis became the centre of practice and imposed the quest for memories as the major axis. The summit of this conception was the metapsychology of 1915 in which the *archaeological model prevailed*.

These changes would be one of the reasons for the contemporary debate concerning the role of remembering in the analytic treatment.

- In England, very early on, under the influence of the pioneers Melanie Klein and Fairbairn, psychoanalysis and memory were re-evaluated in the light of the notion of object-relations. Winnicott and Bion, notwithstanding their different conceptualisations, had at least one point in common: they tried to push back the limits of the classical conception of

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² Translated by Andrew Weller

remembering based solely on memories and their return. This is evident with Bion who, in order to make the analytic process more effective, advised analysts to practice the discipline of approaching a session ‘without memory, desire, and understanding’ (Bion, 1970). It is the first of these I am particularly interested in here. In Winnicott’s work, as early as 1954, his notion of “*regression to dependence*” profoundly affected clinical practice and led to an improvement in the treatments of borderline cases. This was because *regression to dependence*, if taken far enough, could produce a felt experience where, “insofar as the patient is regressed . . . the analyst is the mother at a certain past era” [Winnicott’s emphasis] (Winnicott, 1954, p. 288). He thinks that this regressed situation, equivalent to remembering, has the same therapeutic value as the return of a memory. This stands as an example of reference. I liken this experience to *Freudian construction* insofar as neither are strictly speaking recollections but nonetheless have the same efficacy and the same reorganising value for psychic life. But what, in Winnicott and Bion’s work, remained simply a relativization of the importance of remembering, would very soon take on much more importance in Anglo-Saxon psychoanalysis. Betty Joseph (1985) defends the idea that it is through experiences lived in the session by analyst and patient alike, that is, through *experiences of psychic reality in the session*, that *the patient’s earliest experiences*, though they have never been verbalised or thought, can nonetheless be recovered. As for more recent theoreticians, Peter Fonagy (1999) suggests that:

the therapeutic action of psychoanalysis is unrelated to the recovery of memories of childhood, be these traumatic or neutral . . . Memory is of tremendous importance but only as a mediator, a valuable channel for communicating about the nature of internal representations of object relations, not as an account of history . . . Memories only play a secondary role in analytic treatments; they are an ‘epiphenomenon’ . . . Psychoanalysis should avoid the archaeological metaphor . . . it is more than the creation of a narrative (p. 218).

He defends the idea of the existence of autonomous models that do not depend on the subject’s experiences, namely, models of self-other relationships. He continues:

Psychoanalysis is the active creation of new ways of experiencing ‘the self with other. . . . Therapies focusing on the recovery of memory pursue a false god (ibid).

In a decisive debate published in 2003 by the *International Journal*, Harold Blum opposed this point of view vigorously. For him, what Fonagy names a “false god” is nothing less than Freud’s assertion that “the theory of repression is the cornerstone on which the whole structure of psychoanalysis rests” (Freud, 1914d, p. 16). And he rejects his thesis entirely: “Fonagy’s ‘self with the other’ models and modes of being with the other do not address the developmental path from narcissism to object constancy” (Blum, 2003, p. 499). Clearly this is a debate of major importance for the future of our discipline. For my part, I will try to show that this debate is poorly framed in that it is focused on just one point: remembering. Further, it does not take into consideration the complexity of Freud’s notion of remembering, and not only at the end of his work as I pointed out at the outset. As I have said, *the theory of neurosis is only a part of Freudian thought, only a sector of psychic life; it no longer represents the whole of psychic life*. This is why I think that Blum is only right within the framework of classical psychoanalysis, when the analyst’s work is simply concerned with the sector of oedipal neurosis and its system of representations structured on the 1915 first topography model of the unconscious. Today, thanks to the treatments of so-called borderline patients, we know that the analytic treatment covers a much vaster field.

- In France, in 1970, Serge Viderman's *Construction de l'espace analytique* opened up a debate that turned ideas upside down. Drawing on the primal scene in the case of the Wolf man, Serge Viderman asserts:

It is not essential that it happened in that way – what is essential is that the primal scene can be lived by each one of us in the only dimension that is genuinely his own, namely, the imaginary dimension . . . The deepest function of interpretation is not to say what was in the past by reproducing it, but to see to it that figures appear in the analytic space that are visible nowhere else, because their only existence is that which is given to them by the analytic space which, by rendering them visible, makes them exist. Hegel had the premonition that we would have to fabricate truth (Viderman 1970, p. 342-344).

His book gave rise to a great debate within the Paris Psychoanalytic Society.³ I shall confine myself here to the debate with Francis Pasche (2000), notably in his book, *Le Passé recomposé*, where he writes:

However, the analyst's words will not have been more than the statement of a *penetrating perception*, and it is the subject's unconscious that will carry out its own restructuring . . . what we want to establish is the necessity, through the material supplied, . . . of seeking to reconstruct as faithfully as possible the *concrete figuration* of the past. It is not simply a question of understanding and of feeling, of affect and of meaning, but of the matter and the form of the past, of its sensible surface . . . thus, the path of analysis must be strewn with evocations and reconstructions of scenes which have aroused similar affective reactions, but which also have *the same form and the same matter* . . . As the analysand gradually grasps the sense of the past he increasingly discovers its form and matter . . . If anyone creates or rather recreates, it is the analysands and not the analyst (pp. 171-184).

In short, in spite of their different conceptions, these authors agree on one major idea : the insufficiency of the *archaeological model* and the necessity of allowing for the *construction of the past*. One is therefore surprised to note that this is the same approach that Freud took when he returned at the end of his work to his initial conception of 1900. The question today is one of knowing whether it is a matter of *construction* without any connection with a rediscovered past or *reconstruction* of what existed but did not acquire the form of a represented memory - is there a memory other than that of represented memories.

II - *Memory without recollection*

There is a paradox here in Freud's thought. With the introduction of the second topography of 1923 in which the notion of unconscious memory is extended to the new dimension of the Id, thus beyond the memory of the system *Ucs.*, of 1915, the *archaeological model* becomes inappropriate. Freud was therefore theoretically open to the idea of another possible memory without ever calling into question his method founded strictly on the metapsychology of 1915. The psychoanalysis of the Id found itself deprived of an adequate method, the orphan of what would subsequently make the extension of analysis to so-called borderline patients possible.

After 1923, the method had to be reconsidered on new foundations. These would be laid down by Freud later on. In 1932, ten years after the introduction of the Id, Freud abandoned the view that dreams are wish-fulfilments of the infantile past. He no longer defined the dream as a wish-fulfilment, but as an *attempted fulfilment*. For the first task of the dream-work, its motor and its *raison d'être*, was no longer the quest for a fulfilment but the imperious necessity for psychic life to *elaborate the ahistorical unrepresented traumas*, to

³ Colloquium in Deauville, 1973. *Revue Française de Psychanalyse*, 1974, 3.

give them a meaning by creating *links*. It is therefore a primordial function of psychic life to create representations permitting the hitherto unrepresented trauma to be integrated within the representational networks (Freud, 1933a, p. 29). Thus the end of Freud's work rehabilitates his *first metapsychology of 1900: the theory of neurosis becomes only a part of Freudian thought, only a sector of psychic life; it no longer represents the whole of psychic life*.

This work which takes place in dreams can also occur in the session if the conditions are adequate. With the subsequent revolution of 1937, in the article "Constructions in analysis",⁴ the first relativization of the recollection can already be found in Freud's work itself. This means that, ultimately, what is important is not so much the progressive relativization of remembering as the place accorded to the notion of *conviction* that he had left to one side since 1914.⁵ And one can also mention the late Freud of 1938, in his description of the negative effects of infantile traumas, when he says, "*that nothing of the forgotten traumas shall be remembered and nothing repeated*" (1939a, p. 76).

Ferenczi and Winnicott followed this conception. At the end of his work, Winnicott (1963?) said:

If the patient is ready for some kind of acceptance of this queer kind of truth, that what is not yet experienced did nevertheless happen in the past, then the way is open . . . (p. 91).

This admirable statement opened the way to contemporary psychoanalysis. The major characteristics of this field are constituted by a very particular memory, namely, *a memory without recollections*⁶ and also by a particular *trauma whose trace is negative*.

Ought we to speak, then, of the pre-psychic? It would be more exact to speak of a *quantity of energy that has remained like a foreign body, without form or shape, without representation or memory, and even less meaning, and which can only be discharged through action or the hallucinatory activity of dreams by making use of any context whatsoever. Its content is more or less a matter of indifference; the only thing that counts is the repetition of the affect irrespective of the content used to convey it*.

This leads us to consider that every psychic structure, even that of an oedipal neurosis, if it is explored far enough, will touch on certain psychic zones involving traumatic experiences which have not been represented, thought, and registered in memory, but which nevertheless form part of each one of us.

Just as it is difficult to describe the field, so too, it is difficult to gain access to a method that would make it accessible. The aim of the present text is to propose a new conception of the treatment, a renewal of the analytic method on these Freudian foundations.

⁴ Freud writes: "Quite often we do not succeed in bringing the patient to recollect what has been repressed. Instead of that, if the analysis is carried out correctly, we produce in him an assured *conviction* of the truth of the construction which achieves *the same therapeutic result as a recaptured memory* [my emphasis]" (1937d, pp. 265-266).

⁵ Freud writes: "In these processes it particularly often happens that something is 'remembered' which could never have been 'forgotten' because it was never at any time noticed – was never conscious. . . . The conviction which the patient obtains in the course of his analysis is quite independent of this kind of memory" (1914g, p. 149).

⁶ Botella C. & S. (2001) "Figurabilité et Régrédience", Report to the Congress for French-speaking psychoanalysts, 2001. *Revue Française de Psychanalyse* 2001-4, p. 1148-1239.

III - The *Dream-Memory (Traumgedächtnis)*⁷

Delusion also possesses the same *conviction*, and we cannot evade the problem by qualifying it simply as pathological conviction. For, and this is more disturbing, the same *conviction* of reality also takes hold of us during a dream as it unfolds during the night. *The study of conviction in delusions and in dreams represents an important field of research*, but one that involves calling into question Freud's thought, or at the very least an extension of it. Freud avoided doing this by getting round the problem with his oft-repeated statement that the dream is a "temporary psychosis". For our part, we prefer to approach the dream, along with certain moments of thinking, from the angle of the term "*regredience*". The issue is of great importance because Freud's position restricts psychoanalysis and condemns it to being solely a theory of representation, a theory reduced to a part of psychic life. It is tempting to think Freud's position was determined by a personal difficulty, the difficulty of regressing in the session – indeed, elements can be found to support this suspicion. I prefer to think of the very considerable difficulty of treating such a vast subject as the encounter of two psyches in the conditions of the analytic setting.

Drawing inspiration from Hildebrandt (1875), et Strumpell (1877), authors⁸ who introduced the notion of *Traumgedächtnis*, the "*dream memory*", Freud was able to conceive of the existence of a memory specific to dreams. To their descriptions he added the role of the hallucinatory functioning of dreams as a path containing a singular memory.⁹

And yet this affirmation would only reappear in 1914^{10/11} and ends with a solemn warning: "This matter, however, calls for so much critical caution and introduces so much that is novel and startling that I shall reserve it for a separate discussion in with suitable material" (1914g, p. 149).

Freud became aware of the difficulty of continuing to defend his idea of a *memory without recollections*. To understand his reticence in maintaining the notion of *dream memory*, it is sufficient to consider what that implied with regard to the theory of neurosis that he developed during these years 1910-1914 on the basis of the notions of the metapsychology of the first topography. While the *dream memory* may produce the same *conviction* and the same therapeutic effect as the return of the memory of repressed ideas, this analytic fact could weaken, and even contradict, the analytic method that Freud was reconsidering during these

⁷ It is worth noting that the term *Traumgedächtnis* was only used by Freud at the beginning, in 1895, in the "Project" (1950a [1895]), and in 1900 in *The Interpretation of Dreams*, then in his last text in 1938, always in the same sense and almost in the same terms. Once again this confirms our idea that Freud abandoned the metapsychology of 1900 throughout his work, before taking it up again at the end. We have explained the reasons for this elsewhere.

⁸ S. Freud, 1900a pp. 15-16 : "...very remote and even forgotten events from our earliest years" (Hildebrandt) ; or again "...the depths of memory in dreams also include....events dating from the earliest times... and which consequently seem completely alien and unknown..." (Strumpell).

⁹ S. Freud (1896b) "Further remarks on the neuro-psychoses of defence": "I had found, therefore, that these hallucinations were nothing else than parts of the content of repressed childhood experiences..." (p. 181).

¹⁰ S. Freud (1918b), "From the History of an Infantile Neurosis": "Indeed, dreaming is another kind of remembering, though one that is subject to the conditions that the rule at night and so the laws of dream-formation..." (p. 51).

¹¹ S. Freud (1914g) "Remembering, repeating and working-through: "These are experiences which occurred in very early childhood and were not understood at the time but which were subsequently understood and interpreted. One gains a knowledge of them through dreams . . ." (p. 149).

years in the light of his new formulation of the notion of transference which had now become *transference of infantile experience* onto the person of the analyst.

He then developed the conception of a sort of “memory funnel” governing the treatment in which the analyst is only interested in what flows from it, that is to say the recollection of *repressed infantile experience*. The analyst should hear nothing else. *Infantile amnesia* was redefined in the sense of the theory of repression as the *amnesia of memory-traces*, historical “remnants” of a past registered as memory. Now in Freud’s conception prior to 1914, *infantile amnesia* was defined as a larger ensemble comprising also the traces of early experiences situated outside of *memory-traces*, whose access to consciousness was only possible by other means such as the *dream memory* and the analyst’s work of *regredience*.

So, in order to develop his new conception of the transference, and of the transference neurosis as the organising force of the analytic treatment, Freud abandoned his idea of 1900 that I recalled earlier: dreams “*have at their disposal the earliest impressions of our childhood ... which, in our waking state, we believe to have been long-since forgotten.*” (1900a, p. 163-4). He seems to have been faced with what may be understood today as an “*epistemic conflict*” (Botella 2013) *between memory without recollections and memory in the form of recollection*. The notion of *dream memory* disappears, and with it those of *free-floating attention* and the *formal regression of thought* arising from the experience of self-analysis and the theory of dreams. He only came back to it in 1937,¹² and in a more precise way in his testamentary work, *An Outline of Psychoanalysis* in 1938 (1940a, p. 166).

Memory is far more comprehensive in dreams than in waking life. Dreams bring up recollections which the dreamer has forgotten, which are inaccessible to him when he is awake . . . Memory very often produces in dreams impressions from the dreamer’s early childhood....

Was it the inevitability of approaching death that now made a theoretical leap possible? In any case, for us post-Freudians, it is a precious path of investigation, a privileged path for gaining access to the unregistered events of the very first years. The problem is their presence in an “invisible” or “hollow” state in dreams. And the question is how can the analyst detect their presence, give them shape and form, make them intelligible for the ego?

IV - The notion of “Regredience”.

In his schema of psychic functioning, Freud (Freud 1900b, p. 542) describes a “*regredient*” *process* characterising dreams that is different from the waking or “*progreredient*” process, that is to say, the direction taken by psychical process arising from the unconscious during waking life, *specific* to perception, to material reality, and to the secondary thinking in word-presentations (see the schema inspired by Freud and the Annex “The problem of the Strachey’s translation”).

Sara Botella and I have deemed it necessary to nominalise the adjective “*regredient*” and to introduce the term *Regredience* in order to name a very particular psychic state.

¹² S. Freud (1937d) : “Perhaps it may be a general characteristic of hallucinations to which sufficient attention has not hitherto been paid than in them something that has been experienced in infancy and then forgotten returns – something that the child has seen or heard at a time when he could still hardly speak...” (p. 267).

We defined *regredience* in 2001 as follows: “‘*Regredience*’ is a psychic state that includes quality and movement in an evolving process; it offers a potential for transformation, a permanent psychic capacity for transforming in an endo-hallucinatory manner any quantity of excitation, verbal, motor, or emotional. The dream is its most accomplished manifestation.

This state of *regredience* is no other than that described by Freud 1914 in a paragraph added to *The interpretation of dreams* (Freud, 1900a, p. 548); it had become in order to give a better description of psychic functioning. He presents it in the form of three qualities of the regression, *topographical*, *temporal* and *formal*:

a) *Topographical* regression, in the sense of schematic picture of the psychical systems which we have explained above; b) *temporal* regression, insofar as what is in question is a harking back to older psychical structures; and c) *formal* regression, where primitive methods of expression and representation take the place of the usual ones. All these three kind of regression are, however, one at bottom and occur together as a rule; for what is older in time is more primitive in form and in psychical topography lies nearer to the perceptual end.

Depending on the importance of the degree of *regredience*, we find different psychic organisations ou reorganisations. This is what I have tried to depict in an extended version of Freud’s schema. Starting from the preconscious-conscious pole, the smallest degrees of *regredience* are found in (a) *traumatic neurosis* which simply reproduces the traumatic perception as it occurred; and (b) the *Silberer phenomenon* where a word is transformed into an image. For example, Silberer himself recounts: “*I thought of having to revise an uneven passage in an essay*”. He dozes off and dreams: “*I saw myself planing apiece of wood*” (Freud, 1900a, p. 344).

If the state of *regredience* is deeper, one finds dreams that have access to the system *Ucs*. These are wish-fulfilment dreams. Further back in time, according to my conception, we will find a type of dream containing what I call memory *without recollections*, where events could not be inscribed as memory-traces and are only accessible by means of the *dream memory*. Freud may have had an intuition of this when he drew in his schema the elements “*Mnem*” far away from the memory traces of the system *Ucs*.

Regredience is also possible during the day, if conditions obtain. Such conditions are found in a session of analysis, but are not a specific characteristic of it, and also in artistic creation, as Schiller (1788)¹³ describes so well. The same is true for a scientist like H. Poincaré (1908)¹⁴.

These shrewd descriptions coming from horizons that are apparently far removed from analytic practice – literary creation, and the thought of the mathematician – are particularly resonant for the psychoanalyst, particularly when what we call the *state of session* occurs during the course of a session. A *work of figurability* (Botella, 2005) may then occur in the *analyst*. This sort of session goes beyond the *archaeological model*. A complexification

¹³ “... the momentary and transient extravagances (a formulation Freud would use word for word applying it to dreams) which are to be found in all truly creative minds . . . Where there is a creative mind, Reason . . . relaxes its watch upon the gates, and the ideas rush in pell-mell, and only then does it look them through and examine them in mass (Schiller cited by Freud 1900a, p. 103).

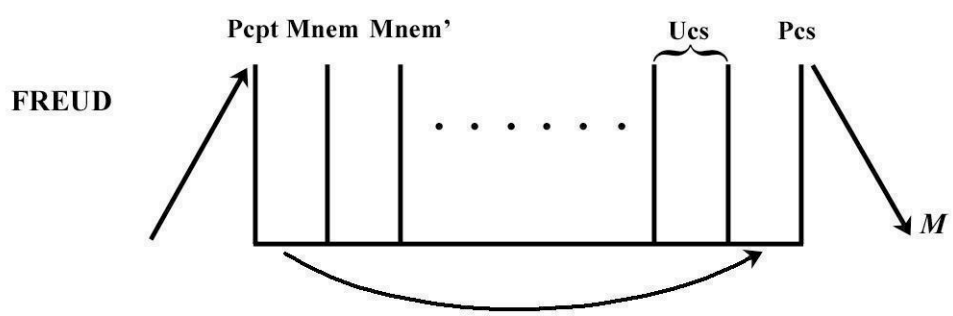
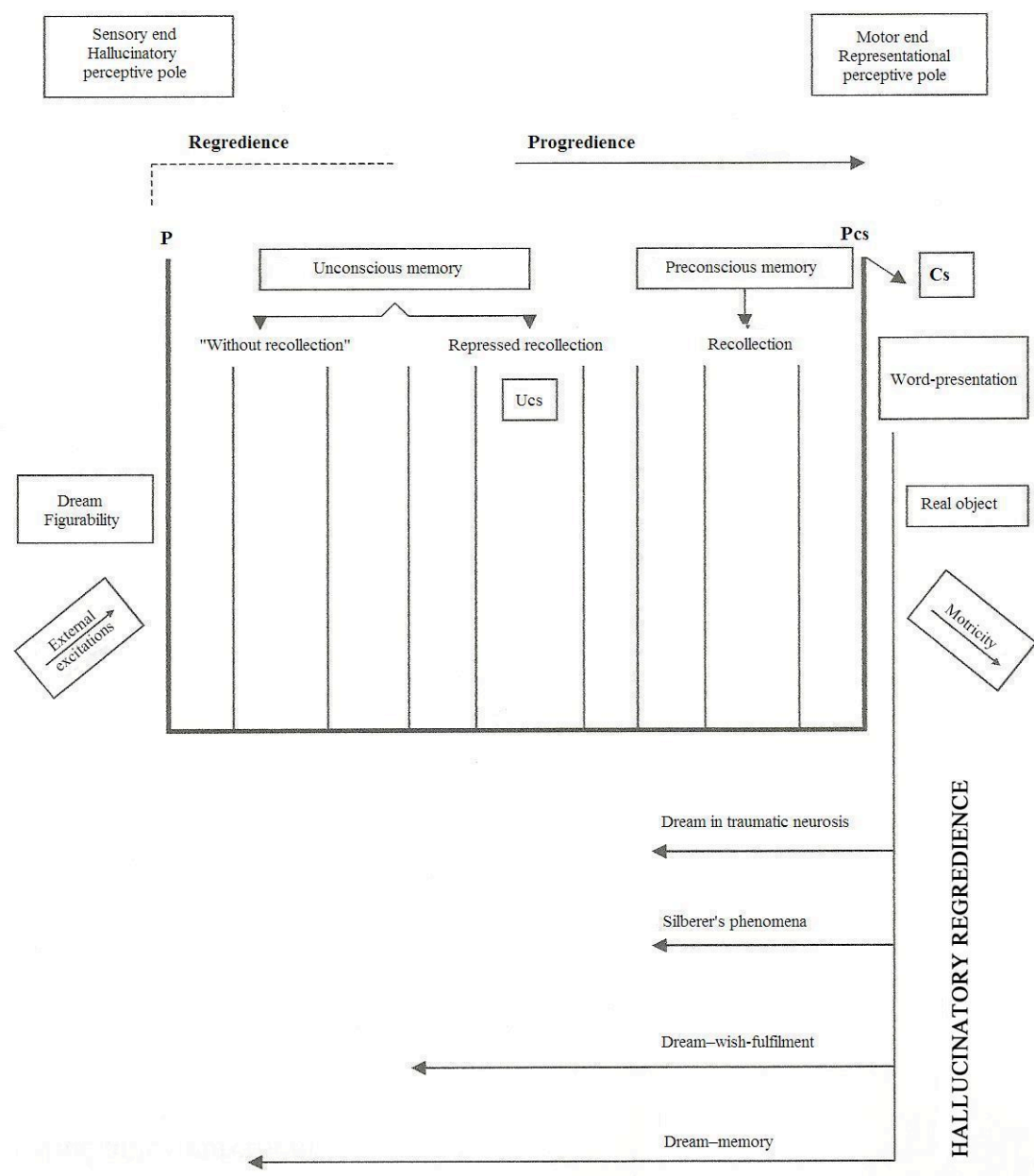
¹⁴ “If a new result is to have any value, it must unite elements long since known, but till then scattered and seemingly foreign to each other, and suddenly introduce order where the appearance of disorder reigned . . . Not only is the new fact valuable on its own account, but it gives value to the new facts it unites. Our mind is frail as our senses are; it would lose itself in the complexity of the world if that complexity were not harmonious; like the short-sighted, it would only see the details . . . The only facts worthy of our attention are those which introduce order into this complexity and so make it accessible to us” (Poincaré 1908, p. 30)

occurs involving the analyst's figurability, a patient's dream, his associations, and the analyst's regredient listening, often at the same time as the patient is in a state of regredience. It now becomes possible to approach, albeit always indirectly, a *memory without recollections*.

With an example drawn from the treatment of an adult patient, we will try to show the necessity of the analyst's regression of thought. This usually – but not always – means the analyst *works as a double*, making use of his *figurability*,¹⁵ often a visual content, or more precisely an endoperceptive content. We will also give the example of a work of figurability that took an endo-acoustic form by recalling a melody. At the Brazilian Congress of Rio de Janeiro in 2006, Cláudio Laks Eizirik¹⁶ reported a very fine moment of acoustic figurability: the melody of a tango by Piazzolla, *Adiós, Moniño*, in tribute to his deceased father, invaded him during a session, while the patient was plunged into a hostile period of silence. It would take too long to describe the fundamental role of this figurability, but I will simply say that it enabled the analyst to find a way of avoiding an impasse in the treatment. In the case that follows, a different melody presented itself to the analyst.

¹⁵ I have in mind here the important contributions by Michael Parsons (2000), and his contribution to the 2007 IPA Congress Panel “Remembering and dream-memory”; and also by James Rose (2011).

¹⁶I would like to thank Cláudio Laks Eizirik for having sent me the text of his communication.



The Interpretation of Dreams. S.E., vol. V, p. 541.

V - Analysis of a “negative of the trauma”

The treatment I am going to present to you was much more complex than the simplified account that I will necessarily give of it here due to the limited time at my disposal, and because it has been artificially oriented in order to illustrate certain theoretical propositions.

Serge, a thirty-year-old man, came to see me about a year after the end of his first analysis. It was a neurosis in which several levels of authentic recollections would be discovered, defining a veritable oedipal psychoneurosis. I could have contented myself with this level of analysis, as had been the case in a first analysis lasting seven years with an experienced analyst, and been convinced, too, like the first analyst, of the existence of a negative therapeutic reaction, of the presence of an irreducible death drive. A termination was imposed by the analyst. Serge complained above all about anxiety attacks and states of depersonalisation

In fact, very early on, I had the intuition that the structure of the psychoneurosis masked another form of suffering that was inexpressible and inaccessible by the classical method. It was a three times weekly analysis and it lasted nine years. I will make a brief global presentation and will only dwell on two of the sessions in which the analyst’s “*regredience*” came into play in a significant way, without which, I believe, this treatment would not have had a felicitous outcome.

At the first interview he related what he thought were his most significant memories. The central trauma around which his neurosis was organized was the recollection of a car accident at about the age of three. His mother was driving and Serge was in the back seat. It was raining, and on a corner the car skidded and ended up in the ditch against a tree. The image engraved in his memory was, in his own terms, that of his mother with her “face covered in blood”. He recalled having been in a state of panic himself, though he was not hurt. His mother was taken to hospital. He brought another traumatic memory: when he was about six or seven, his father, who worked late into the night, burst into the bedroom completely naked, while the patient was sleeping next to his mother in the parents’ bed, where he took refuge in his father’s absence on the more or less authentic pretext of nocturnal terrors. His father dragged him roughly out of the bed and sent him to his own bedroom. But Serge added, halfway between a threat and a prayer, “I will only do a new analysis on the condition that my childhood, which was marvellous with my mother, continues to represent a paradise for me in my memory.” His mother did not send him to school until he was six. His intense suffering was manifested by the same anxious question asked each morning when separating tearfully from his mother: ‘Mummy, will you be there?’ Clearly, these were signs of major suffering.

I was sensitive to what might have been masked by the need to preserve at all costs the idea of a “paradise”, while the three memories brought to our first meeting each represented a sudden and painful separation from his mother. Apart from that, I had the feeling that the analysis was unfolding normally. However, like a warning, the image of a poster, like those one frequently sees in train stations, often came spontaneously to my mind: “One train can hide another”. Which amounted to thinking: “One trauma can hide another”. This suffering was connected with a very early traumatic state of which the patient had no awareness. It had never been represented or thought, because it had never been inscribed in his past in any form; and yet, as Winnicott would say, it had taken place.

Indeed, towards the second year of the analysis, as the analysis advanced, the paradise and the marvellous mother progressively took on a change of colour. It began with the lifting of a repression that had resisted the first analysis: the recollection of the reproaches that his father had made to his mother with regard to the accident. Well before it had happened, he had repeatedly told her that she should change the tyres of the car, which were worn and smooth. She did not do so. For the first time, the patient thought that his mother had been careless, and his first feelings of hatred towards her appeared in the session. From that point on, a vague

idea gradually began to emerge. He had the impression he had sometimes heard that his father had left the family home when he was only a few months old, or even perhaps during his mother's pregnancy. This had apparently gone on for a certain time, maybe a year, maybe more, and he wondered if it was true. He had no idea, but assured me firmly that it did not interest him; just as he told me that he was not interested by a strange idea which he considered unreal but which sometimes passed through his mind, only to be shut out immediately: at that time, his mother had apparently attempted to kill herself. This was never discussed in the family, and none of this had been worked on with his first analyst either. Reassured by a very good transference-countertransference relationship, Serge took courage and decided to question his family about it. His father had indeed left the family home for another woman; his mother had become depressed and the patient/baby had been entrusted to the care of the maternal grandparents. The mother's suicide attempt, even though it continued to remain very vague, was henceforth considered as a reality. It must have taken place when he was just a few months old, Serge told me. He was pleased he had plucked up the courage to make the inquiries, especially as he felt quite unemotional about it all. In any case, he said, none of this concerned him, he was was much too young at the time!! And he concluded, feeling convinced, calm, and sure of himself: "It's not my (hi)story."

My hypothesis is that Serge's psyche, as a baby, had been unable to register any of this in the form of representations; it had been unable to create memory traces. In a way, Serge was right. I had the impression that there existed another story that was *ahistorical*, that could not take the form of representations and memories.

A) The session of the 'trousse'¹⁷

A session towards the fourth year was the key to a first fundamental change. Serge began by telling me how he was feeling: in the interval between the time he had finished work and the time of the session, he had felt like visiting a prostitute. "As I have done this many times ... though this time I didn't want to ... I understand now that going to see a whore before seeing the analyst is no doubt a way of discharging outside the session a tension that should be reserved for the session ... (silence) ... But, I didn't know what to do ... I felt distraught ... I went to the bookshop nearby here ... I bought a large number of books ... then, I ate some cake ... after that, I drove around in the car for a while ... I found myself in front of ... (he was referring to an important scientific institution where he wanted to be appointed to a very important position) ... I know that my sports car, or the books, or eating – all that's to do with my intense need to possess things ... like the post of Professor ... to be recognized ... It was no good ... I continued to feel strange ... it wasn't anxiety, nor a feeling of being alone ... something more destabilizing ... fear perhaps ... above all distress ... a sort of pain ..."

From the beginning of the session, the analysand had been speaking in an unusual tone of voice and with a rhythm that is impossible to describe. Sensoriality prevailed over the content. This induced in me a state of listening that does not correspond entirely with that of free-floating attention. Of course, I felt pervaded by the analysand's distress, but not in the same way as when one feels empathy. It was more an exacerbated state of receptivity, a quality of listening that did not allow me to associate freely. On the other hand it might best be defined by its surprising acuity. Each word found an echo, resonating "ultra clearly" with me. My mind was, as it were, sucked up by a sensorio-figurative activity of unusual vividness and clarity.

¹⁷ This session is part of the Report given with S. Botella to the CPLF in 2001. Translator's note : I have left the word "*trousse*" in French, as it is important for understanding what follows; its generic meaning is "case" or "bag", but it is also a component of a variety of expressions in French.

Serge then told me a dream from the night before: “I was waiting for the *metro*. When it arrived, I saw that some youth were robbing (*détrousser*) passengers of their belongings. I was astonished that they didn’t put up any resistance. I was afraid and didn’t get into the train. The train then left the station.”

His analytic experience allowed him to reverse the meaning of the manifest content of the dream: “In reality, it must be my own desire to steal, to appropriate everything ... How many times have I felt the wish to put myself in your place, ‘to take your chair’, to cease to be little and ill ... to be recognized at last...” He felt depressed, and an old recollection came back to him: “My father did not defend himself either when he was robbed.” The analysis of the dream seemed clear: a context corresponding to his oedipal neurosis; a violent primal scene linked to the memory of the sudden appearance of his naked father and the loss of his mother in paradise lost. It was a depressive associative series of ideas of a neurotic order. Only, something difficult to define, the tone of his voice, its rhythm, elicited in me a *regredient mode of listening*. If I had been able to maintain my free-floating attention, the analysand’s work would have satisfied me entirely. But a strong conviction, inexplicable rationally, had taken hold of me: the background of the real analytic relationship lay elsewhere.

One word in the dream narrative, of great clarity, had, as it were, taken hold of my mind, and without my being able to understand why. This word was “*détrousser*”. Was it a sign of counter-transference? The word, which is used relatively infrequently in French, surprised me; I knew it and yet I wondered about its meaning; so I wondered why my patient had used it, why had he not used the much more usual word “*voler*” (to steal, rob)? A series of rich associations came to my mind by way of an answer: *détrousser* (*rob s.o. of their possessions*), *trousse* (*fanny, vagina*), *trousser les jupes d’une femme* (lift up a woman’s skirt); “*trousser une fille*” (take, possess a woman sexually), “*un trousser*” (a womanizer), a “Don Juan”, (also, the bride’s trousseau) – the sexual connotations of which had no doubt stimulated my infantile sexuality and curiosity. But the analysand had not associated at all to the word “*détrousser*”, which was surprising since I know from experience that every over-investment of a word by the analyst is a precious indication. Suspecting something, then, I chose to reflect this word back to the analysand: *Détrousser*? The analysand was surprised: he jumped and, obviously irritated, replied: “*Détrousser*? Why are you saying *détrousser*?” Like me, the patient was astonished by this word, and did not recognize it as his own. So I understood that I was close to the mark, that the strangeness of the word concealed something in the background that perhaps went beyond the level of the representational neurosis. My patient continued: “I said *voler* (steal, rob)! Where did you get this word from? Why are you making a mistake? You’re distracted; you’re not listening to me! ... You’re not taking care of me!” The shadow of the abandoning mother began to emerge in the session.

He calmed down . . . “O.K. if you say *détrousser* . . . if you want me to associate to *détrousser* . . . what can I tell you? Bandits, highwaymen . . .” The analysand then recalled stories from his childhood, and revelled in telling me a few of his favourite ones. The characters, the stories and, above all, my reveries triggered at that point could have been put to wonderful use for certain interventions. But I had the feeling that all this had a defensive character, that what was really at stake lay somewhere else. So I did not intervene. Especially as, in the meantime, under the influence of these stories, my investment of the word *détrousser* had acquired a meaning and become part of a narrative: “*détrousseurs de grands chemins*” (highwaymen). More exactly, the intensity of the investment had been transferred on to an expression derived from literary tales: “*La bourse ou la vie*” (“Your money or your life”), which, owing to the proximity of “*bourse*” with “*détrousser*”, leading to “*trousse*”, I could think about it in the form of “*La trousse ou la vie*” (“Your purse or your life”). From “*détrousser*” in the sexual sense, the investment had shifted for me towards the risk of death (“*Your purse or your life*”). Serge’s distress was now more understandable: if you defend

your purse (*la trousse*), you may die; if you choose to live, the purse may be lost. And when the latter symbolizes something of inestimable value, of wide symbolic significance, both sexual and genital as well as the protective mother, there is no valid way out: sex or death; the mother or death. *Détroussé*, stripped of one's possessions, castrated, motherless . . . I intervened a second time: "*voler la trousse?*" ("steal the purse?") – a formulation that took up the patient's idea of "stealing my chair". My intervention belonged to the register of the representational oedipal neurosis. Immediately, he exclaimed: "Ah, something has just come back to me. My father's toilet bag (*la trousse de toilette*) . . . no, his manicure case. I had really wanted one. I asked my mother to buy me one that was identical. I succeeded, and felt very proud. One day, my elder brother asked me if he could have it for the holidays. When he returned, he didn't give it back to me, claiming that it was his. He had stolen my case (*trousse*)!!"

Once again my intervention was very close to the mark. Serge had thus recovered a recollection, a memory trace that confirmed his oedipal conflict: the idea of "the elder brother as a thief (*détrousseur*)", especially as the latter was his mother's favourite: a bag thief, a mother thief.

Normally, I would have been satisfied with this nice sequence and with reaching this level of historical truth. Why was that not so in this session? It is impossible to say; an analyst can never really say objectively what has happened in a treatment that he is conducting. Strangely, my work was in the usual register of neurosis but, at the same time, I was not satisfied with that. What I can say now with the benefit of hindsight, as I am writing about it, involves two different registers. One is that when this session took place I had become aware of the mother's suicide attempt when Serge was still a baby; this no doubt oriented my associations and was at the origin of my dissatisfaction with the neurotic oedipal register. The other is that in this session, under the pressure of emotional disarray, a particularly accentuated state of *regredience* had occurred in me, which reinforced my *conviction* that there was "something else" to be discovered in the background, as it were. So rather than listening to the words, I sensed their content at an emotional level. In spite of the wonderful discovery of the memory of the father's manicure case, my mind, independently of my will, continued to "work" in a *regredient* state. One might say that I was going beyond the *memory barrier*. A certain development had occurred in me. The quasi-hallucinatory investment was no longer "*détrousser*"; nor was it "*la trousse ou la vie*" ("your money or your life"). The terrain of word-presentations was on the point of being abandoned. In place of the words themselves, I was thinking about, I could "see", one might say, in a way that was even more vivid and clear – and this increased my astonishment and curiosity – a *trousse médical* (medical case), its form, its black colour. In a certain way, one can consider that, due to the *regredient* regression of the session, the "father's manicure case" – *an oedipal element in Serge's history, producing thirdness – was transformed into a "psychoanalyst's medical case"*. Moreover, an accentuation of my "*regredience*" had intervened, giving my 'figurability' a connotation that was synonymous with reality.

I did not understand the reasons for such a clear and precise endoperception. And, above all, I was astonished by my *conviction* that this image was decisive for the treatment. However, mistrusting this unreal *conviction*, I allowed myself some time before intervening. Putting some distance in this way allows the analyst's ego to recover its usual position, which, in turn, reduces the state of *regredience*, or even causes it to disappear. My usual way of listening, using free-floating attention, returned. Now that I was less caught up in my "*regredience*", I decided to explore my intuition and put it to the test. I said to the analysand, indicating the subjective character of my intervention: "The word '*trousse*' makes me think of a medical *trousse*." Naturally, the analysand was surprised. "Oh, I hadn't thought of that." Then, after a short while, he exclaimed, feeling sure of himself once again, "Now I

understand, you are thinking of the medical case that I may have seen at the time of the car accident.’

It was the trauma that occurred at the age of three which had been analysed many times and which formed part of the representational context: the blood, “the mother with her face covered in blood”, the ambulances, the hospital....

Thus, like the memory of his father’s manicure case, now another represented trauma, a “red” trauma, an organizer of castration anxiety and the Oedipus complex, once again highlighted the representational world. It was the return of a known and elaborated memory, forming part of his infantile neurosis, which, until recently, had structured the transference neurosis.

The persistence, the power of his “memory barrier” was the sign that the representational structure of my patient was sufficiently solid. This provided a protection against the unreachable suffering of the early infantile experiences, but was also probably the main reason why a classical treatment could not be successful, as was indeed the case with his first analysis, even though it lasted seven years.

The warning on the sign, “One train may hide another”, came back to my mind and pushed me further in this direction. The *regredience* of my thought processes made me experience the unreal feeling that while the patient affirmed, “That’s not my history”, for my part, I could, so to speak, recall his “memory without recollections”. Thus, under the pressure of my *regredient conviction*, I constructed what could have been an elaboration made by Serge *retrospectively*, if it hadn’t been for the fact that the subject was taboo in the family – that is, if the mother had been able to speak about it. I then said to my analysand something that was evident and known to both of us, but which flew in the face of the family taboo, thwarting it. The form of the formulation that came to me was close to that of the dream narrative that we construct on waking: “For my part, I was thinking about the Doctor’s medical case (*trousse médicale*) which must have appeared at the time of your mother’s suicide attempt and which separated you from her.” (I could have said, “I dreamt that. . .”.)

My analysand was clearly very disconcerted. After a while, with difficulty he recovered: “Oh, that makes me feel very strange.” Then, he protested, “But I can’t remember that, I must have been less than one year old ... All that’s useless to me ... They are stories you are making up ...”.

There was a long moment of silence, an intense silence, though devoid of anxiety. Having recovered his composure, he said with astonishing calm: “I feel I want to deny all that; I prefer not to think that my mother was not interested in what I was, that she didn’t take account of the fact that I was a baby ... It’s not possible ... I feel like minimizing all that.” A silence followed. “This has a curious effect on me. I would prefer not to feel it; I don’t know what it is ... I prefer to think that everything you say is artificial ... that you are the one who has invented all that.”

Finally, he pulled himself together: “But I have the clear memory now of having used the word *détrousser* when I was telling you the dream. I don’t know if what you say is true, but I feel for the first time a real, great sense of calm.”

The session finished with these words.

I will now mention the principal moments of the regredient process that were complementary to the fundamental one of the “*trousse*”; they reinforced the latter and allowed the treatment to be concluded successfully.

B) Two months later. The second decisive dream: the nightmare of the bath. The “bottle”. In the first session, after a fortnight’s break due to the holidays, Serge came with a dream in which he saw himself being tortured in a bath. The torture consisted in putting his

head under water; when he was on the point of suffocating, his head was lifted out of the water, and then the process was repeated. His associations led him to the film “The Abyss”. He told me that in order to be able to descend to great underwater depths, the hero had to drink a bottle of special oil while breathing at the same time, allowing the oil to enter his lungs. Thanks to a momentary suffocation, the hero produced his own oxygen. By himself, Serge made an association quickly between “bottle” and “medical case” (*trousse médicale*), but without really explaining the connection. It was only at the end of the session that he was able to associate “bottle” with my name. And it was only at that moment that he felt a great sense of sadness which he linked with my absence of two weeks, saying how much he had missed Botella’s “bottle”, clearly obtaining relief from this play on words.

We can now think about the evolution of the quasi-hallucinatory signifier “*détrousser*” in the dream narrative: first there was the analyst’s hallucinatory idea “*trousse médicale*”, followed by the dream-construction “*Doctor’s trousse*”, and then by the patient’s idea of a “bottle”, which turned into “*Botella’s bottle*” in the place of the “*Doctor’s trousse*”, with their roots in the painful and unrepresentable separations from the mother, the morning tears, and via the transference, the recovery of the recollection of the maternal grandfather who had taken care of him so well, a sort of indispensable *bottle of oil* from his earliest childhood when he was faced with a mother who was seriously depressed and suicidal. *Détrousser, trousse, thief of the mother, separation, Doctor’s trousse, Botella’s bottle, grandfather*: the chain of ideas (*representations*), in which the present and past were closely and inextricably entangled, had finally been constituted, and so the blank depression of childhood could begin to be thought about and enter a historicity that could be expressed in affects and words. In short, Serge had formed a narrative of his history and constructed a memory of it. The question of its reality did not in any way hinder its efficacy, its capacity to organize his psychic equilibrium.

In spite of this great progress and the favourable evolution, his suffering persisted. It was in the context of the perspective of reducing the number of sessions, of having to think himself about the end of the analysis, that the actualisation of a loss triggered the last phase of the treatment and its felicitous resolution.

C) A Work of Figurability: “The Widow”. The treatment was not, however, resolved. Serge still suffered from his nameless attacks of distress. Of course, the idea of a depressed mother who spent entire days in her nightdress, without washing herself, as well as the idea of an absent father, had become increasingly familiar ones and were now easily approachable: on the other hand, the notion of his mother’s suicide attempt remained absent or abstract, devoid of affects.

It was at this juncture that another decisive session occurred. Feeling well, Serge had asked me once again if he could switch to two sessions a week instead of three. This time I agreed. The following session, Serge began by telling me that he felt bad, that the state of anxiety and depression which had recently disappeared had returned. Yet he was able to tell me that he had had a great success professionally that very day; he had obtained the very important post he had been hoping to get.

But, very quickly, he was invaded once again by the depressive and painful mood: “I spent the night in a permanent nightmare-like state. I saw the same image over and over: my father in his hospital bed, just before he died. I have never had such an intense vision ... it’s years since he died . . . How I cried during the sessions! . . . And now, this powerful vision so fixed in my mind . . . The last night of my father’s life . . . he wasn’t feeling well, but we thought he would get through the night ... my brothers and I went off to get some sleep. My mother wanted to stay with him, to sleep by his side . . . Shortly after, we got a call telling us he had died . . .”.

Once again, it was a session full of intense affects. I could have made an interpretation concerning the switch to two sessions, interpreting the ambivalent transference: his twin wish to kill me and to keep me. But I realised that Serge knew that as well as I did, so I said nothing. Gradually, my floating attention was disturbed by something, but I didn't know what. I tried to push it away, but it was impossible. I had to give in to it, allowing the disturbance to come passively. My listening then became *regredient*. The sense of not knowing what it was took the form of music in my head ... gradually the melody took on a firmer outline ... initially, I was unable to recognise it, but then it became clearer to me ... How surprised I was when I recognized it: it was the famous "Merry Widow" waltz. I was astounded. Why was this melody invading my mind when the atmosphere of the session was one of infinite sadness? I felt very dissatisfied. What was happening to me? Was I denying the suffering? My counter-transference? My own oedipal conflicts? Certainly, they had to be present, but what could I do about it? Clearly, nothing; except take my "figurability" as an indicator. The melody of the "merry widow" had introduced in me the conviction of the existence of a different mother, whom Serge had never been able to imagine, who had never had the slightest existence in his discourse, and whom I had never been able to conceive of myself either – that is to say, a mother who was not the eternally depressed, abandoning and suicidal mother.

Now, I could listen differently to Serge's distress. This change in the analyst's listening thanks to *his work of figurability* introduces oedipal complexity. The question here is one of knowing whether, in the absence of the analyst's figurability, Merry Widow, the patient could have got beyond the investment of his suicidal and depressive mother.

So when, once again, Serge asked himself why the suppression of a session troubled him so much, I said: "It is not because you have lost a session, but because I agreed to it."

Serge did not really see the difference and thought that my interpretation was playing on vain subtleties. But, gifted as he had become for analysis, he was able to associate to the memory of his naked father arriving and turning him out of the parental bed: "He, on the other hand, did not agree!!" he now said, laughing. Then, thanks to the figurability "Merry Widow", I could add: "In fact, you felt bad because in the previous session I had 'turned you' off the couch." And when Serge imagined subsequently that I might be happy to see another patient in his place, I was able to complete my interpretation: "In reality, what was making you suffer was not that you experienced my agreement as if it was your father turning you out of bed, but rather as the equivalent of your mother turning you out of her bed, happy to see your father arriving."

A long silence ensued, deep, intense and authentic. Serge broke it, saying in a perplexed tone: "I would never have imagined it, it's not possible, I never saw them showing each other any affection in the slightest way ... my mother in love with my father! ... waiting for him in bed impatiently...!" It was very hard for the patient to accept that finally his father had returned to be with his mother, that their love had triumphed.

The treatment now entered a new phase which, for months, was characterised by successive and repeated experiences in diverse forms, aroused by real situations in daily life, of reliving very painful feelings of abandonment, which I understood as retroactive elaborations of the first abandonment which now formed part of an oedipal context that could be represented and thought about. This continued till the moment when Serge's development allowed him to gain access to the recovery of a hitherto repressed memory of his mother listening joyfully to a record by Yves Montand and having a quick whirl!

Now that the representation of the mother had finally acquired its full complexity, the oedipal conflicts could be treated and the analysis could progress towards its natural end.

D) Last sequence. The inverted nightmare of the bath.

I will conclude my account of it with a last sequence. Serge had matured a lot and had been able to appropriate his own ahistorical history.

The process of ending the analysis had begun. For the first time, his mother's suicide attempt could be *thought about, actualised and felt by both Serge and myself*, through a dream of intense affects: "A woman in a bath, she was bleeding and vomiting . . . she had cut her veins . . . she had tried to kill herself. A man arrived and took care of her." Serge had woken up terror-stricken. He thought about his mother while telling himself that the dream was too direct, that he could not have seen that, but that perhaps he had imagined his mother's suicide like that.' And he recalled his nightmare about the bath and Botella's bottle. After a certain time, Serge ended his analysis without any major difficulty. He had acquired that permanent ongoing process constituted by every well-resolved analytic termination, giving access to the structural incompleteness characteristic of so-called normal psychic life which, dominated by the binding force of Eros, tends constantly towards the creation of wider psychical networks.

This is what he said in the last session: "What helped me to recover . . . what was decisive, was that you told me once that things must have been very hard for me in my childhood. I had the feeling of being recognized for the first time. This meant that that I was really able to recognize that my childhood, far from having been a paradise as I thought, must indeed have been very hard. I can now see my childhood as it was . . . a mother who never noticed my suffering . . . but now my childhood belongs to the past . . . it belongs to my history . . . now I can live as I want and as I am in the present."

E) Concluding remarks on this analysis

I hope that Serge's analysis has succeeded in contradicting the idea of a decline in the value of the notion of remembering, showing, on the contrary, the complex dynamic role it plays. In a classical treatment, the analysis of the dream could have stopped with the associations culminating in the memories of the attacked father and, conversely, of the naked father expelling him from the parent's bed. Likewise, the treatment could have remained at the level of the oedipal memory of the elder brother who had stolen his toilet bag (*trousse*). That would have been the analysis of the neurosis represented. It was thanks to the *regredience of the analyst's thinking* that the *memory barrier was surmounted* (Botella, 2013), giving access to unrepresented traumas, to the *negative of traumas*. Research should not be governed by the idea that the importance of the role of memory in the successful outcome of treatments has been exaggerated; rather it should be concerned first of all to define what memory is, and further not to reduce it to conscious or unconscious memories; a clearer distinction must be made between memory and the process of remembering, and, moreover, its complexity and different modalities should be investigated.

In short, in psychoanalysis, speaking in terms of memory is not really adequate. It would be more exact to speak of processes of remembering in view of the fact that they are not a mere reproduction of a past event that has been stored. In psychoanalysis, *the processes of remembering may be considered as a psychic function which allows for a permanent renewal of psychic equilibrium, of reorganization, and of creation, particularly during the analytical process*, all of which are necessary for the healthy functioning of the psyche, for its mental health.

To sum up: I have tried to emphasise: (1) that every treatment possesses different levels of truth; (2) that these levels are revealed by regredient interpretations which should not be considered as exceptional but as a deepening of analytic technique; (3) that dreams are bearers of a memory that is otherwise inaccessible, and consequently they are a sort of "factory" of constructions of the past which facilitate the analyst's work in resolving certain impasses in analytic treatments; and (4) all this indicates that we should attempt to renew the analytic method.

VI - For a renewal of the analytic method

A) “Transformational regredient psychoanalysis”.

I would like to finish by touching on a new field. I am referring to a modality of the analytic process that is different from archaeological analysis. Once again Freud (1937d, p. 260) shows the way forward¹⁸: “All of the essentials are *preserved*.... *It depends only upon analytical technique whether we shall succeed*...”.

Different from, but complementary to this archaeological model which seeks to discover a meaning that is already there, processual moments exist in every analysis *whose aim is not to discover but to create that which is missing and which is a source of suffering, by attributing new meanings to it*. I am speaking, in other words, about a *transformational analysis*. It forms part of every analysis, including the most oedipal ones, for at the heart of the regression of each treatment, a permanent *regredient* potential for the *actualisation of states* without content from the personal prehistory exists and is at work. In fact, this *transformational dimension* is the permanent activity of Eros which struggles to preserve psychical life in the salutary and felicitous incompleteness of life. Freud was searching for a better notion to oppose the *death drive* than that of the *life drive*; he wanted to clarify his thinking about the problem of *what* opposes the death drive, which was introduced not long before in *Beyond the pleasure principle* (1920g), and of *how* it is to be opposed. He had already answered the first question with the term *life drive*, but he knew that in so doing he was accentuating a conflictual duality that was not specific to psychoanalysis. With the introduction of the notion of *Eros* (*The ego and the id*, 1923b), he also found an answer to the question of *how* to oppose the death drive. The term *Eros* implies both a sexual force and a primordial process of *binding*. Freud clarifies this further in the *Outline*, where he says that the aim of Eros is “*in short, to bind together*” (1940a [1938], p. 148). As for *transformations through binding*, the metaphor is that of *Eros as weaver*. In *The Interpretation of Dreams* Freud had already compared the function of binding with the work of the weaver: “. . . a thousand threads one treadle throws . . . And an infinite combination grows” (Freud, 1900a, p. 283). This idea was taken up again in (1923b, p. 40). The *raison d’être* of Eros, namely, of “. . . bringing about a more and more far-reaching combination of the particles into which living substance is dispersed. . .”.

Two metaphors that Freud uses more than once concerning Eros can serve to illustrate and give us an idea of the functioning of *regredient transformational processes*: the weaver operating “*multiple combinations*” and that of the chemist carrying out “*precipitations-condensations*”.

¹⁸ “All of the essentials are *preserved*; even things that seem completely forgotten are present somehow and somewhere, and have merely been buried (*verschüttet*) and made inaccessible to the subject. Indeed, it may, as we know, be doubted whether any psychical structure can really be the victim of total destruction. *It depends only upon analytical technique whether we shall succeed* in bringing what is concealed completely to light. There are only two other facts that weigh against the extraordinary advantage which is thus enjoyed by the work of analysis: namely, that psychical objects are incomparably more complicated than the excavator’s material ones and *that we have insufficient knowledge of what we may expect to find, since their finer structure contains so much that is still mysterious* [my emphasis]” (Freud, 1937d, p. 260).

The term, *verschüttet*, rarely employed by Freud, appears only in *Delusions and Dreams in Jensen’s Gradiva* (1907a) and thirty years later in *Analysis terminable and interminable* (1937c) to refer to that which is not of the order of repression or denial, but ‘another part (of the material)... will become buried, as it were, and lost to our therapeutic efforts’ (Freud, 1937d, p. 218).

As for *transformations by means of condensation*, the metaphor is that of Eros the chemist. The lived experience of the transference is compared to a chemical process. In 1932, in his *New Introductory Lessons to Psychoanalysis* (1933a), the metaphor he uses for analytic treatment is that of “*chemical precipitations*”.¹⁹

This well-founded comparison of medical psycho-analytic activity with a chemical procedure might suggest a *new direction for our therapy* (my emphasis). We have *analysed* the patient – that is, separated his mental processes into their elementary constituents . . . what could be more natural than to expect that we should also help him to make a new and a better combination of them? (Freud, 1919a [1918], p. 160)

I understand this as the possibility, under certain conditions, of a change of a state of quality, that is to say, the possibility for the mind of triggering processes in which various elements are transformed, thereby creating a new product.

In short, archaeological analysis is based on the patient’s associations guided by his resistances to his unconscious wishes. By virtue of his free-floating attention, the analyst can gain access to this repressed material. When associations are lacking in the patient who is suffering from unrepresented traumas, the analyst’s usual free-floating attention does not have the capacity to approach them; another form of free-floating attention is necessary. A regredient mode of listening can occur in the regredient state of the analyst’s thinking which allows him to effect a work of binding between the different elements of the session comparable to the work of binding carried out by the dream- work elaborating unrepresented traumas. Just as the dream work creates a dream, the analyst’s regredient listening can create a new psychic object capable of reorganising, at least in part, the patient’s psyche.

My hypothesis is that *the analyst’s work as a chemist or weaver*, or rather the mode of functioning that takes place in the analytic treatment at the crossroads of two minds in a state of regredience, must correspond to a general psychic law or principle.

B) The “*Principle of Convergence-Coherence*”.

Freud thinks of these two tendencies of Eros, “weaving” and “condensing”, as a movement that constantly renews itself in new combinations and in ever wider fields. They imply a permanent process in which the need to expand infinitely has no limits. And yet this is not noticeable in clinical work, except on exceptional occasions, the most frequent of which is the state of mania. This suggests that this limitless movement must be held in check by a contrary tendency. This contrary, yet complementary tendency would have the role of moderating it, and would see to it that the new combinations are concretized in the most condensed unities possible. At the same time this force would have the role of making these unities intelligible. This idea was present in Freud’s work since the notion of screen-memories in 1899, but is also present in other forms, sometimes in connection with the secondary elaboration of dreams, sometimes in connection with perception, and sometimes in a more global way. It can be found in *The Interpretation of Dreams* (1900a), in *Totem and Taboo* (1912-1913), in *The New Introductory Lectures* (1933a), and even at the end of his work in *An Outline of Psychoanalysis* (1940a). He gives the most detailed description of it in *Totem and Taboo*, where he writes: “An intellectual function in us demands unity, connection and intelligibility . . . and if, as a result of special circumstances, it is unable to establish a true

¹⁹ Freud says, citing Ferenczi, as a *catalytic ferment* (Freud, 1910a [1909], p. 51). This was at Clark University in 1909. Likewise, in his intervention at the IPA Congress in Budapest in 1918 (Freud (1919a [1918], p. 161).

connection, it does not hesitate to fabricate a false one” (Freud, 1912-1913, p. 95). It is a question of “a compulsion towards unification and combination” (Freud, 1919a, p. 161)²⁰.

It may be seen as a trans-topographical global tendency, governing the totality of the dynamics of psychic functioning. Its aim would be to combat all forms of psychic heterogeneity, and to *give intelligibility* to all the constituents of the present at any given moment. When the psychic conditions are correct, the result is always an original creation; it is of little importance if it is absurd, since the model is the dream. A few years ago now, we proposed that this tendency be considered as a principle on the same level as the other principles, pleasure-principle, reality-principle, and especially the constancy principle, whose purpose is to maintain the level of excitation as low and as constant as possible. It is a tendency that maintains a creative stability of the ego and an intelligibility that is reassuring for the ego, preserving its links with the environment. For this mode of functioning, we propose the term *principle of convergence-coherence*.

VII – Concluding summary

Through these citations encompassing the whole of Freud’s work from 1896 to his testamentary text in 1938, we can clearly see a potential in Freud’s thought that he was unable to develop fully. For had Freud strayed from the archaeological conception of a psychoanalysis based on a theory of representation and the drives, the pivotal point of which is the memory of a past, Freud would have been venturing on new ground. Psychoanalysis would have become a theory of processuality where the foundations would no longer have been solely the rediscovery of a past but a psychic recasting, the construction of a future, albeit on the basis of an evolution of the past. Recollections would have been thought of in terms of the possibility of a permanent work of (re)construction of the past; at the same time, the session would have been considered from the perspective of the intervention of a creative force akin to that of the dream work; a *transformational psychoanalysis would have complemented archaeological psychoanalysis*.

It took me a long time to realise what I have just asserted. It is very difficult to learn a method and to have enough distance from it to recognise its limits. It thus took me a long time to realise that my way of working with borderline cases, and more widely with cases of unrepresented traumas (negatives of trauma), implied a *transformational regredience*: not just the idea that dreams contain an unrepresented memory, but also that the dream work can be a model for work of constructing memories; and, more precisely, that regredient associations, those of the analyst and patient alike, frequently in connection with a dream narrative, can “reveal-produce” the construction of a recollection that had hitherto been inexistent in a represented form.

²⁰ Later, notably in *The New Introductory Lectures* of 1932, Freud came to regard this tendency as a characteristic of the ego, using the term *synthesis*, which minimizes the urgent need for intelligibility in the service of the rationality of the ego in its attempts to adapt to the environment. Lacan was to deride the idea of *synthesis*. Freud himself seemed embarrassed by it and hoped that he would succeed in tracing the idea of *ego-synthesis* back to its instinctual source, but in fact he never did so (Freud, 1933a [1932]), p 76).

In short, if we want to help psychoanalysis advance, should we not be like Freud exclaiming to Rank, who wanted to reduce it to what he had already written, “*But I am not Freudian*”. And today the salvation of psychoanalysis, the development of its potential for growth, requires each analyst to free him or herself from the “masters to be followed” and to attain a certain state of mind, which, paraphrasing Freud’s, could be summed up in the words: “*But I am not Freudian, Kleinian, Bionian, Winnicottian...*”. In other words, each analyst must develop his or her own analytic way of thinking instead of the conceptions of the authors. Analytic thinking will continue to develop, rooted in its first foundations; the authors will disappear but the ideas will remain. “When some new idea comes up in science, which is hailed at first as a discovery and is also as a rule disputed as such, objective research soon afterwards reveals that after all it was in fact no novelty. Usually the discovery has already been made repeatedly and has afterwards been forgotten, often at very long intervals of time. Or at least it has had forerunners, had been obscurely surmised or incompletely enunciated” (Freud 1923b, p. 261)

Paris, November 2013

ANNEXE : The problem of translation

Here we are obliged to quote the German text which is at the origin of the conception we are going to elaborate; for, once again, a problem of translation is of decisive importance:

Heißen wir die Richtung, nach welcher sich der psychische Vorgang aus dem Unbewußten im Wachen fortsetzt, *progređiente*, so dürfen wir vom Traum aussagen, er habe *regređienten* Charakter (1900b, p. 547).

This was the first time that Freud had introduced the adjectives *progređiente* and *regređienten*. The different French versions respect both adjectives to the point of introducing into the French language the neologisms *progređiente* and *regređiente*. By contrast, Strachey does not draw attention to their particularity, which in our view is fundamental, confusing them with the too general terms of *progressive* and *regressive*, which signify something different.¹ Yet Freud cannot be clearer, when he writes a few pages further on:

Fassen wir zusammen, was wir über die Eingentümlichkeit des Traums, seinen Vorstellungsinhalt in sinnliche Bilder umzugießen, erfahren. Wir haben diesen Charakter der Traumarbeit nicht etwa erklärt, auf bekannte Gesetze der Psychologie zurückgeführt, sondern haben ihn auf unbekannte Verhältnisse hindeutend herausgegriffen und durch den Namen des “*regređienten*” (1900b, p. 553).

In spite of this clarification, Strachey commits the same error:

Let us bring together what we have found out about the peculiar propensity of dreams to recast their ideational content into sensory images. We have not explained this feature of the dream-work, we have not traced it back to any known psychological laws ; but we have rather picked it out as something that suggests unknown implications and we have characterized it with the word “*regressive*” (1900a, p. 542, 547).

Likewise, when Freud speaks of “*regređienter Gedankenverwandlung*”, Strachey translates by “*the regressive transformation of thoughts*” (1900a, p. 545; 1900b, p. 551) and not the “*regređient transformation of thoughts*”, once again making a confusion between *regressive*, meaning returning backwards to earlier stages that have been overcome, with the connotation of being pathological, and the *transformational* peculiarity specific to the word *regređient*, which is so necessary for psychical equilibrium in general and also characteristic of the dream. The term *regređient* does not represent a return backwards but, as Freud says, is “*a short path*”, a capacity specific to the dream work of having preserved intact a *primary quality of psychic functioning*, (1900a, p. 567) namely, *that of recasting an ideational content into sensory images*.

The tragedy of the translation of Freud’s work can never be stressed enough. It is tragic in the sense that the consequences of a translation can have direct repercussions on the treatment of patients. As with the problem of *Darstellbarkeit-Figurability*, by creating in French the neologism, “*régréđience*”, *we are attempting to locate a certain psychic field, left undeveloped by Freud, with a view to broadening his method in the hope of finding a better way of treating borderline patients*.

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