Refinding the Object and Reclaiming the Self

Therapeutic Transformation of Screen Memories

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The Therapeutic Transformation of Screen Memories

Early memories, both painful and pleasant, tend to represent condensations of important early situations, relationships, and feelings that have been frozen in time. These memories, which are often introduced early in therapy and psychoanalysis, are condensations that convey the surface of internal object relations just as dreams and fantasies do. As such, they can provide important clues to events and

relationships that subtly but surely continue to have a significant effect on a patient's life through their internalization as psychic structure.

The condensations that have made up these memories have particular meanings related to internal organization. They are carried forward as substantial components that have the vividness and feel of reality to the person who remembers them, but the reality they express is most often a psychic reality. From the beginning, psychic reality has built in exactly the kinds of distortions that the child's limited capacity for understanding and painful life circumstances require him or her to build into internal object structures. (We will explore these built-in distortions further in Chapter 11.)

Patients who explore even the most pleasant early memories in the course of psychotherapy and analysis discover that these memories are usually compensations for painful situations of rejection, frustration, family strife, or neglect. The memory is formed as a consequence of resolving an unpleasant circumstance, but the healing may have occurred in fantasy. For example, in therapy the remembrance of a fond embrace by a parent enlarges suddenly to include the parent's painful absence that preceded the fondly remembered reunion. Making such a therapeutic connection enables the patient to see how the pleasant memory, although expressing the treasured relationship to a parent, has also had a defensive role in supporting the repression of a painful event. Many patients' earliest memories have such dual

functions. Pleasant, vivid early memories are not necessarily simple recollections of happy times. Often they serve to cover unhappiness too painful to be borne or remembered. They disguise the hopes for surcease of longing or feelings of exclusion from parental care. The memory becomes part of the lid on the repression of the painful aspects of the relationship. The progress of therapy can in part be marked by the progressive transformation of these memories as the patient comes slowly to understand more of the external reality at the time of the remembered events and more of the internal psychological reality concerning how the original situations contributed to the way he or she structured the memories.

EARLIEST MEMORIES

During therapy, recall of memories from earliest childhood usually involves events that occurred at age 3 or 4. Some patients claim recall for earlier events, but these memories have often been externally reconstructed or reinforced by family discussion or photographs. Some events, however, are undoubtedly recalled by certain people from the age of 2, such as the famous dream of his parents' intercourse recalled by Freud's "Wolfman" from his second year (Freud 1918). Memories for these early childhood events are almost always modified in meaning during growth and maturation.

The analytic term *screen memory* evocatively refers to the same kind of phenomenon as that of a dream screen, a surface on which internal events are projected with errors in scale. Experiences are projected and

combined to form an image that has coherence and surface meaning and yet also contains the mystery of its latent meaning. The resulting early memory may be of an actual event, a fairy story, a movie, or even a childhood fantasy. Such memories are of particular interest because their existence underscores the fact that the person has forgotten the vast bulk of his or her experience occurring before and at the time of the early memory, including usually the context for these early life events. The forgetting involves not only passive erosion of memory, but active splitting off from conscious memory and repression, a process of exclusion that was Freud's (1895) earliest rationale for using dynamic psychotherapy and psychoanalysis.

Not all early memories are explicitly sexual, but sexual memories are most often subject to

intense repression. For instance, patients who have witnessed parental intercourse during early childhood may be unable to remember the event. Instead, they remember another traumatic incident with all the emotion that would probably have accompanied the memory of intruding on the parents or of having slept regularly in their room. Recent work on childhood sexual abuse indicates that if sexual or other abusive treatment is sufficiently traumatic, repression will be strengthened so far that mental structure is changed into a dissociative form in the pathological exaggeration of the normal process of maintaining the capacity to split and repress painful experience (Terr 1991). For these patients and for those subjected to less extreme difficulty, examination of early memories in the course of psychotherapy will

facilitate the emergence of the original meanings.

Adam, the 28-year-old man described in Chapter 1, began psychoanalysis to deal with his inability to work as an engineer after finishing graduate school. His unemployment meant that he was dependent on his fiancée Sheila for financial support, as he had been on his first wife during college and graduate school. It was not long before he told me of his consuming jealousy over Sheila. In his vivid jealous fantasies, Adam imagined Sheila in bed with each of her previous boyfriends. He frequently badgered her with questions about her earlier sexual experiences. He worried that she would not tolerate his insistent behavior and would leave him.

At the beginning of analysis, Adam easily recalled two early events from the age of 3. In the first, he was shut out of the house by his mother. The front door slammed in his face. Lonely and hungry,

he wandered to a neighbor's house and was given some food, but he felt guilty for taking it because his mother would not have approved.

In the second memory, Adam's parents had taken him and his younger sister to see a new house they were building. Adam and his sister had been playing in the yard when he fell and cut his knee. He ran bleeding to his parents in the house. His father, seeing him enter the doorway, shouted heartlessly for Adam to stop. Even more cruelly, he kept Adam's mother from going to give comfort.

These two memories came up repeatedly in analysis because they were the earliest instances in which Adam could recall feelings similar to those that brought him to treatment. Slowly he shifted from a tenacious sense of outrage at his father to a dawning recognition that the remembered exclusion, hurt, and guilt were not justified by the events. It was only after two years in analysis that he

suddenly linked this memory with what he had always known about his sense of childhood exclusion. His mother had had three children at yearly intervals beginning when he was 13 months old.

A memory now emerged in which his father barred him from a room in which his mother was nursing his baby brother. Adam was now able to make sense of the screen memory of being shut out, lonely, and hungry. He connected this to something he had been told but that had never struck him emotionally. He had apparently slept in his parents' room during his first year, until the birth of the next sibling, the sister who accompanied him in his second memory of the new house. That memory, too, now took on new meaning as he understood the sense of exclusion and anger he must have experienced when she was born. He had wanted not only to have more time with his mother, as in the memory of hungry wandering, but to actively challenge both

this infant sister and his father for a place with his mother.

Expanding on the second memory, he now recalled the real story of the cut knee. He must have felt more and more excluded over those early years and must have felt particularly excluded when his parents entered the new house together, leaving him with his sister outside. He had begun to compensate for his loneliness and rejection by showing off to his little sister, trying to impress her in a "manly" way by jumping off a wheelbarrow. It was in attempting this narcissistic daredevil act with his sister as a compensatory object that he fell and cut his knee on construction equipment. Feeling hurt and belittled, Adam had rushed to his mother for solace. When his father shouted to keep the boy away lest the blood stain a new, as yet unsealed wood floor, Adam reexperienced the rejection of being kept from mother by father. In sum, he experienced a rejection by mother grafted onto an oedipal defeat. Thus this

traumatic memory dating back to the age of 3 was a condensation whose simplicity belied the complex structure of painful object relations already built out of experiences with his family up to that point. The memory then structured and conveyed the internal object constellation, which expressed itself through repeated similarly painful longings and rejections that continued to dominate his adolescent and adult relationships. The reworking of these memories was both a vehicle and a benchmark in the transformation of his internal object relations.

At times the falsification of early memory that occurs when it is stripped of a context that would make it understandable is revealed by external life events. These moments offer opportunities for therapeutic growth, nevertheless.

A 36-year-old man, Eric, was certain about the facts of a particular childhood

event. As an adult, he had often laughed at himself for the feelings that this event generated in him. The event was as follows. He remembered his enthusiasm over his brother's birth when he was 3½ years old. But when his parents brought the baby home from the hospital, they refused to let Eric hold the infant. He thought his parents had used reasonable caution in refusing to let him hold the newborn. In his own therapy, he had understood that his childhood outrage reflected the jealousy and displacement he had felt over many childhood years toward his parents concerning his brother.

Eric was surprised to discover, in a forgotten cache of family home movies, the film of his newborn brother's homecoming some 33 years earlier. In the crowning scene, his parents smilingly put the baby in his lap and doted on Eric, the proud and pampered older brother. It was only then that Eric could appreciate the extent to which his hurt during the intervening years had altered his memory

to justify his jealousy toward the brother whom he also loved.

MEMORIES OF LATER CHILDHOOD

Childhood memories from the latency period are usually associated with better recall of the context of painful episodes. But splitting of the experience still occurs. People may isolate their memories from the full impact of a family context or may overload one episode with painful affect in order to make the surrounding period appear more benign. The most painful recollections usually represent condensations of circumstances and relationships. Latency-age memories may appear to make more sense due to the enhanced ability for rational thought and recall of the latency child. Memories of shame, humiliation, or inadequacy are particularly

painful in later childhood. Since the older child has a greater capacity for remembering, these memories cannot be repressed as easily as similar earlier experiences.

> During the course of psychotherapy, Alan, age 30, recalled a shameful memory of fecal retention and soiling while attending summer camp for 2 months at the young age of 8. He recalled his fear of being ridiculed by the other campers while using the public toilets and his dread of a bully who slept next to him in his cabin. The thought of camp remained painful to him, fusing his sense of bodily shame with a pervasive personal feeling of inadequacy.
>
> In psychotherapy, Alan connected his fecal retention and sense of inadequacy during this first long summer away from home with a more general anxiety and realized that his parents must have been at war with each other during that period. Although they did not separate until a

year later, he understood in retrospect that his father was having affairs, his mother was lonely and angry, and that his father's harshness and rejection before Alan left for camp were a reflection of the father's difficulty in accepting his wife's preference for closeness with her son and guilt about the imminent break-up of the family.

Alan had developed the retention of stool because he felt humiliated by the public nature of the bathroom without walls between toilets, exposing him to the scrutiny of older boys and men. He had projected his father's anger and disapproval onto them with, of course, no awareness of doing so. When, in the therapy, Alan became able to understand his retention and the fecal leakage that eventually followed as expressing this situation, he could empathize with his childhood loneliness, the longing for his loving mother, and the fearful longing for his angry and anxious father. He could also grasp that his love for his mother had

in some way come between his parents and so provoked attacks by his father at home and by the cruel father substitutes he projected into peers and counselors at camp. This realization, coming to him as an adult, considerably relieved his residual feelings of shame and inadequacy.

Following this work on understanding his projection of a parental transference into counselors, Alan was able to see his therapist as someone whose commitment he could trust. Alan decided to intensify his treatment, and began psychoanalysis a month later. When the camp memory came up for reworking a year later, Alan recognized that he had split his image of his father into the bad one he feared would haunt him in the form of contemptuous counselors and older boys, and the good one he tried to keep inside and hold onto in the form of a fecal object. His anal dilemma, which contained the attempt to hold onto an object no matter how threatening, diverted him from facing

what would analytically be called castration anxiety, the fear about competing with the older boys at camp and ultimately about fantasies of challenging and ousting his father.

ADOLESCENT MEMORIES

In adolescence, unconscious falsification of memories still occurs. Severe falsifications are seen in adolescents who have disturbances that are already well developed. The following case presents the memories of a borderline girl in whom there was already a history of traumatic loss, illustrating the way in which sexual issues often intertwine traumatically with aggressive fantasies.

Judy Green, a 14-year-old girl whose family is described in Chapter 8, was admitted to the hospital following the

ingestion of 100 aspirin tablets. She said that a month before the hospitalization she had witnessed a car backing over an infant who was killed instantly. She insisted that she could have saved the infant but had wished the baby dead and therefore had failed to shout. Judy seemed to believe this story, claiming it was the cause of her guilt and suicidal depression. Witnesses, however, clearly established that she had not been present at this tragic episode. She had falsified a memory to fit an otherwise nameless guilt.

In psychotherapy, we eventually came to see that this invented memory of near murderous intent was linked to many aspects of her inner turmoil. It gave form to her inner fantasies of destructiveness. She had had unprotected intercourse with a series of boys, flaunting her promiscuity and unconsciously begging her parents to stop her. She eventually acknowledged her disappointment that her mother unconsciously supported this desperate

sexual acting out. The murderous intent of which Judy's "memory" accused *her* in a distortion of her own sense of reality was the taking on of blame that she really felt toward her mother for letting her destroy herself. The falsified memory embodied Judy's unconscious accusation of her mother. We found further sources for this blame in Judy's early sexualized attachment to her father, who, though not abusive, was apparently seductive with Judy when he felt rejected by Judy's mother. He had died when Judy was 6. Later, beginning at the age of 10, Judy had a year-long incestuous relationship with her brother, who was then 13. The distorted memory of the baby's death incorporated the feeling of these cumulative periods of neglect, loss, and unfulfilled longing to be babied herself, and the murderous yet longing feelings toward a fantasied baby born of fantasized oedipal union with her dead father and the fantasy's enactment with her brother.

The distortions of memory by Judy, which resemble normal distortions of events by young children, are signs of severe pathology in adolescence. Judy's dissociative and borderline organizations are common in adolescents who have had severe traumatic loss in earlier years, so that the process of formation and storage of memories, the severe splitting of self and object become prominent. In the course of therapy, the mending of the memories is a sign and path to the mending and integration of their selves and their object relations.

DISTORTION OF ADULT MEMORIES

It is not only memories of childhood and adolescence that are distorted in painful circumstances. Adult memories are subject to similar influences. Therapy with Judy's family two years later revealed distortion of painful

memories by the adults, in this case her mother and stepfather. In the absence of borderline conditions or psychosis, the distortions usually represent failures to establish connections between events, rather than overt falsifications.

Judy could by now test reality normally. The family was hard at work trying to understand its earlier history. In a family session, Judy's mother, Mrs. Green, recalled that several years earlier, her 2-year-old son Bob had wandered out of the house and onto a median divide of a highway. To her, this showed how uncontrollable Bob had been. But something clicked for Judy, who was now well schooled in making therapeutic connections. She remembered that this event occurred not long after the period of her incestuous relationship with her older brother. With this contribution to the family picture, they were able together to draw back the curtain on a larger memory of a time of shared loneliness and fear. Mr.

and Mrs. Green now recalled their unhappiness during the early days of their marriage when Mrs. Green was unable to take care of her five children and languished in bed while Mr. Green, an older man who had been a bachelor until age 40, felt overwhelmed with his sudden new responsibilities. Following these revelations, the family achieved an enlarged capacity to digest the past, which had continued to haunt them because up to this time they had unconsciously agreed to suppress it lest the events overwhelm them again. In this session they admitted to themselves that the baby's unsupervised wandering happened in the context of parental neglect, which was the consequence of the desperation each of them had felt through those years, feeling neglected and overwhelmed themselves. Once Judy's adolescent symptomatology was no longer split off from the context of family memory, the Greens and Judy herself could understand it as an expression of the shared despair of the

> family as a group and could move to offer each other a strengthened holding built now on mutual understanding. The family's enhanced individual capacity to rework old memories, which is demonstrated in Chapter 8, contributed directly and substantially to the family's enhanced holding capacity.

Just as adolescents find memories of inadequacy or shame before peers painful, so adults, exposing childish vulnerabilities during therapy, find the process threatening. Incidents of feeling weak or unloved may also be the subject of painful recollections and retrospective falsification, as in Judy's family. Some of these may be memories associated with post-traumatic stress disorder, traumatic episodes of war, or episodes in which the person was helpless to prevent a mugging or rape. Recurrent nightmares, flashbacks, or ruminations offer an

incremental reliving of the event in attempts at psychological mastery.

In the case of familywide distortion of experience, family members can work therapeutically toward sharing memories of a painful period or circumstances. In their previous need to minimize the pain felt by each individual member through a combination of defensive processes and patterns of interaction, they have constructed altered psychological realities that explain the events in superficially less painful ways (Reiss 1981). The Green family-wide distortion had been perpetuated by a series of interactions among various members and with the wider world. The trauma was then lived out in Judy's sexual behavior and in other family symptomatology, for instance, in the poor school performance of a younger brother. Action

and interaction had thus become a substitute for remembrance, both collectively and individually (Freud 1914). The incestuous episodes between Judy and her brother and her later adolescent turmoil and suicide attempt all served to keep alive the family's "memory" of unhappy relationships and events, but also to keep it buried from view by the family. Individual and family therapy enabled each member, and the family as a whole, to review and revive their memories and to locate their meanings in the family's history. Once this was done, family members were empowered to remember and digest instead of continuing to act out the forgotten events.

Painful memories are handled differently by the growing child, the adolescent, and the adult. As we have seen, these memories most often

represent condensed images of a time of distress and conflict. They may occur at any age and involve the pain of feeling weak, unloved, or humiliated. A young child can more readily repress the context of the memories or the memories themselves because repression and forgetting are appropriate to this stage of development and the contemporaneous kind of psychological organization. Repression is less feasible for adolescents or adults, who instead employ subtle or overt forms of retrospective falsification unless they already suffer from ego-splitting, dissociation, or borderline personality organization.

Families often unconsciously agree as a group to try to “forget" or falsify certain events. But when this occurs, we often see the memory preserved silently by a series of repetitive

interpersonal interactions. Therapeutic investigation of the retrospective falsifications and corresponding interactions among family members leads to an examination of the experience of self and object in the intrapsychic dimension of each family member and in the pooled unconscious organization of the family group. This work is illustrated further by the Green family in Chapter 8.

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