

**Revising our Life Stories:  
The Roles of Memory and Imagination in the Psychoanalytic Process**

The Loewald Memorial Lecture for IFPE

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Both psychoanalytic theory and the prescriptions for psychoanalytic therapy have undergone gradual changes since their inception. Some of the traditional gold standards have included “making the unconscious conscious;” interpretation; intrapsychic, interpersonal, and developmental perspectives; transference and countertransference; the nature of one’s sexuality; and, more recently, an emphasis on object relations and on the self. But, to some degree, the attention analysts have paid to the roles of memory, on the one hand, and imagination (in this context, daydreams, conscious fantasizing, and future hopes and dreams), on the other, have, with some notable exceptions, among them Hans Loewald, Fonagy *et al*, and Stern *et al*, not been fully theorized, but viewed as self-evident. This paper delineates the differences between declarative autobiographical memory and procedural memory and their different roles in shaping the psyche. It also focuses on how the role of fantasy, situated as it is, in the realm of the imagination, combines with memory to create paths to psychic change.

This paper, which honors Hans Loewald, takes as its theme the topic of memory and imagination, as an elaboration of one of the themes that was central to his work. Psychic structure, with the exception of an individual suffering extreme trauma, is generally a configuration with a slow rate of change. Even so, change is intrinsic to our lives, not only built into the life cycle, but also the product of everyday experience. Were the capacity for psychological change not preexisting, no amount of therapy could bring it about.

There are several different modalities in the treatment situation through which change takes place. However, what I will be addressing are explorations of what are referred to technically as autobiographical (or declarative) memories, on the one hand, and of imagination and fantasy, on the other, and of the joint roles they play in initiating change. Both memory and imagination are potentially important change agents. While I will discuss them separately, they necessarily interact. It is not my intent to privilege memory and imagination over other therapeutic priorities, such as making the unconscious conscious, conflict resolution, dream interpretation, transference and countertransference, but rather to highlight an additional string

that is at play in the therapeutic encounter. In conjunction with declarative memory and imagination, I will also touch on procedural memory insofar as the experiences of our earliest years are key to understanding some of our affective/emotional proclivities. But, of necessity, we can explore procedural memory only through reconstruction, not through the recall of conscious memory

Memory and imagination both play pivotal roles in our conscious thinking and in our behavior. We write the story of our lives as we go, but we constantly re-edit it, depending on our re-evaluations of past events, current relationships, and future dreams. These re-edits are significantly impacted by memory laced with fantasy, imagination if you will. Taken together, memory and imagination, propelled by discovery, reason, and feeling, often act to initiate minor and sometimes major changes in the way we think and in the way we behave.

Both memory and imagination draw on pre-existing sense-perceptions and experiences. However, while memory refers primarily to the recall of actual experiences, imagination generally focuses on wishes or dreams that have yet to be realized or on our yearning for something we once had which has been lost. What we long for imaginatively draws on bits and pieces assembled from our memories of past experiences and from our hopes and dreams of what may yet come to be. But, of course, memory and fantasy constantly interact. Pivotal fantasies, remembered events, and stories get integrated into our memory banks and, reciprocally, key memories and re-edited memories fuel our fantasies. In fact, we require both memory and imagination to enlarge our perception of the self in the world and to chart what future possibilities may exist.

As analysts, we sometimes believe that by the time we have concluded a successful

psychoanalytic therapy, our patients have addressed their psychic conflicts, rewritten their life stories to some degree, determined whom to love and who deserves approbation, what hopes lie in the future, and what failures in the past. But the end of a psychoanalytic therapy is but still another point in a person's life trajectory. Because termination never achieves a Sherlock Holmes resolution in which all riddles are put to rest, a large part of our work is not simply in helping our patients re-think and/or redraft the stories of their past lives, but also in enabling them to rewrite its codas and sometimes to project a whole new plot line for the future, and to be able to do so for themselves after the termination of therapy.

Rewriting one's life's story extends far beyond conflict resolution. It includes the recognition of our desire for a specific change and our ability to achieve it. It sometimes means coming to terms with our life and valuing it differently, or making a shift in how we self-identify. For the unfortunate few, it means no more than inventing a make believe story as solace for their sorrows. It is, of course, preferable to undo the distortions of both the past and the present as we go along, sort of like driving a car, making the adjustments we need to stay on the road and not crash into a car coming down the other lane. While some people are able to do so on their own, others require a psychotherapeutic or psychoanalytic intervention.

It is through the auspices of memory and imagination, as they impact insight, that change often takes place. The capacity for change entails not only interpretation of the past but also the act of discovering new openings to the future. It goes without saying that, to different degrees, memory and imagination continue to promote change throughout the life cycle. Memory and imagination are not singular change agents by any means, but they are important ones. This paper aims to explore memory and imagination, their fundamental differences and their

interactions.

*Memory and Its Revisions*: The retention of a memory is not the same as its recall. Ebbinghaus' experimental discovery established that forgetting is not necessarily and perhaps never entirely complete. He established this by showing that material below the threshold of conscious recall is nevertheless retained and demonstrates its presence by facilitating the attempt to relearn some material that appeared forgotten (Ebbinghaus, cited in William James, pp.443-444). His comments can be applied not only to material read and studied but also to personal memories. In other words, a memory trace can often be revived; that is, memories that have receded into the background can be reactivated. This can be observed when two old friends, who have not seen each other for some years, meet again and together reconstruct the trajectory of their friendship and their shared activities.

Several different explanations attempt to explain why something is forgotten and why something is remembered. From the cognitive point of view, memory depends in part on the importance with which an event is experienced, how many times it is replayed in the mind, and how long ago it occurred. While recollection is remembering through the active recall of images or of plot lines that may or may not be visual, such recall is often triggered by the similarity of a past event to a current perception or event.

However, we do not remember everything, sometimes losing recall of important events. It was in thinking about memory that Freud introduced a brilliant insight with which to account for some of what we forget, in his discovery that we often repress irreconcilable wishes. Freud's insight into understanding the nature of forgetting was original because he saw that it could be the product of suppression or repression, that is, that forgetting might come about for

psychological reasons. (I leave aside here any discussion of the organic sources of loss of memory.)

Memory is central to our lives. Loewald suggested that, “without the mind’s activity of holding and rebuilding its impressions and its own acts, affects, perceptions, ideas, images, and fantasies, an activity in which present reality is organized by matching and comparing it with what has been and what, in anticipation, might be – without all this there would be for us neither past nor present nor future....Memory, in this broadest sense, is the activity by which above all, some sort of order and organization and some sense of permanence, as well as of movement and change, come into our world” (Loewald, 1980[1976], p.149). For Loewald, “memory [is] virtually synonymous with mind itself” (p. 149).

We now know is that memory exists in two forms: *autobiographical memory* and *procedural memory*. Fonagy *et al* described these two systems as based on two relatively independent, neurologically and psychologically homogeneous systems.

Antonio Damasio has written an excellent account of the consolidation of autobiographical memory: “In complex organisms such as ours, equipped with vast memory capacities, the fleeting moments of knowledge in which we discover our existence are facts that can be committed to memory, be properly categorized, and be related to other memories that pertain both to the past and the anticipated future”(1999, pp.172-173). The result of this complex learning operation is the development of autobiographical memory, which encompasses not only the lived past but also encodes something of the trajectory of our hopes and dreams. Without autobiographical memory, we would lack any deep feelings of self-identity. We would be unable to construct the trajectory of our lives and would therefore not be able to own our

histories, or, at the extreme, not be able to codify our self-identity. This is why the loss of memory is so tragic.

What many of us do not know is that the capacity for consolidating declarative/ autobiographical memory is seldom laid down before the age of two. Howe and Courage emphasize the fact that the consolidation of one's self concept, which emerges at around the age of two, is a prerequisite to autobiographical memory (1993, 1997). The infantile amnesia of the first two years of life is a default position caused by the absence of a fully conceptualized cognitive self concept during those first years.

It is perhaps for this reason that early psychoanalytic theory focused so much on the Oedipal complex, the derivative memories of which emerge in different guises in psychoanalytic therapy, as opposed to the long standing lack of attention to the mother/child bond in the earliest years of life. The emphasis on the Oedipus complex should come as no surprise insofar as the earliest of our formative years are not consciously remembered by the child and cannot, therefore, be easily brought into the psychoanalytic dialogue. Those earliest years have come into scrutiny in tandem with our field's growing attention to mother/infant studies. (This shift moved psychoanalysis from a predominantly one person stance to a major emphasis on the interpersonal world and ultimately to a focus on procedural memory in addition to autobiographical memory .)

Autobiographical or declarative memory is that which distinguishes us from other animals.<sup>1</sup> In addition to providing a life story for one's self, those memories we share with others

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<sup>1</sup>However, some animals appear to participate in some small aspects of autobiographical memory, witness the famous case of the dog who every day visited the grave of his master.

become strong bonds both in retaining our memories and in cementing relationships. Shared memories, whether jointly lived, or verbally exchanged, inevitably deepen the way in which we know each other. My focus here, however, is not on the role of shared memory, but on the overarching role of memory in our psychic lives.

While certain memories leave an ineffable impact on us, few memories persist unchanged over time. Although memory functions as a psychic structure, it is a structure in process, one in which editing, new feelings related to old events, new knowledge, and new interpretations of events play an ongoing role. It is this malleability that allows for change. As Neubauer described, "...insight during psychoanalysis comprises the expansion of the ego by self-observation, memory recovery, cognitive participation and reconstruction in the context of affective reliving" (1979, p.29). Schacter points out that in the recall of a memory "the way you remember depends on the purposes and goals at the time you attempt to recall it" (1995, p.23). That is, memories are seldom static. In therapy, revised interpretations of long-standing memories often lead to changed perceptions both of one's self and of the surrounding world, for example, when a patient comes to understand the strictures under which a parent struggled, and, as a consequence, feels more empathy and forgiveness for the parent's limitations.

One woman described the turning point in her treatment as her analyst's comment that her mother appeared to have suffered from a psychotic depression. This observation permitted her to re-think her early life in a new way. Rather than viewing herself as the cause of her mother's breakdown, she gradually shed her guilt and began to see the cumulative negative impact of her mother's depression on her. She had previously positioned herself as the cause of her mother's depression, denying her mother's condition, so as to keep alive her hope of having a more

functional and nurturing mother.

A reinterpretation or revision of a key memory often marks a turning point in one's sense of one's self. Such a turning point is a subjective sense of a moment in time when one's revised understanding of one's self, one's relationships, or the world feels significantly altered by virtue of a change in perception, cognition, emotional set, or the sense of one's self in-the-world. Such moments of re-visioning alter one's perceptions of external reality, of one's authorship in shaping one's own fate, and of the relationship of the self to others, past or present. New insights such as these may be experienced as positive or negative, heralding the sudden beginning or end of a relationship or a shift in one's focus or goals. Thomas Böhm analogized a "turning point" to a "metaphorical new door to a new unexpected room" (p. 275).

For a patient, such emotional/cognitive reconfigurations are experienced as spontaneous and discontinuous, opening up new ways of understanding his or her life story. They trigger both major and minor reorganizations of interpretations of current life events and significant past relationships, often making use of present-day insights to better understand one's childhood self. While a turning point or change moment is experienced as emergent, it has generally been prepared for by a long pre-history, in a process similar to that by which a creative insight appears as a sudden gift, even though it is the end product of the preconscious process of working through an idea or a hunch (Cannon, 1976, p. 63-69).

Cognitive reconfigurations often rely on new *self*-knowledge, separate from relational distortions. In therapy, such an insight often takes the form of a sudden, almost blinding realization. A young graduate student of history, purportedly in treatment with me for depression, had a far deeper problem involving masochistic and, occasionally, paranoid traits.

He complained incessantly about his difficulty in getting to my office by subway, resisting any suggestion that his complaints were motivated by something other than real-life difficulties.

After some months, and probably with some exasperation, I suggested that his complaints had to be motivated by resistance because no other patient traveling the same route had so persistently expressed annoyance, and he knew I was treating a number of people from the same university.

This simple observation facilitated his willingness to consider the possibility that his feelings of being burdened were self-induced and served a central function in his psychic life. (In part, it had served as his way of blaming his parents.) Ultimately, his analysis proved successful. Years later, he came to a lecture I was giving, and he told me that he vividly remembered the subway session as the turning point in his analysis. Considering the many insights he had processed along the way, what was surprising was that a simple interchange had retained so much significance. I believe it did so because it opened his eyes to his self-pitying, masochistic stance and marked a dramatically new way of looking at, processing, and encoding his experiences.

Change in self-perceptions and re-interpretations of past events are a staple of psychotherapy and psychoanalysis. Such changes demonstrate that self-perceptions are shaped and reshaped by one's concurrent feelings, and therefore, that memory can never be entirely objective. While memory is essential to bridge connections between the past and the present, it is inevitably infused by one's emotions, particularly by longings, fears, or denial. Put another way, what happens in a successful treatment is not so much that the bare bones of memory are restructured, but, rather, that one's interpretation of key memories shift, usually in tandem with the affects connected to them. Yet nothing, it seems, is for free. As Daniel Jacobs so poignantly remarks "there is for all of us that double vision that memory imparts, one that at once has the

capacity to help and to hurt.” While memory “provides coherence and direction to our lives, [it] also reminds us that our path inevitably leads to disintegration and death” (2002, p. 1263).

*Procedural Memory:* Alongside autobiographical memory, which is accessible to awareness, there is another memory system that is implicit, essentially cut off from conscious awareness. While we have little or no conscious memory of the first two years of life, procedural memory is nonetheless in play from earliest life. Procedural memory appears to be encoded in body memories or affective emotional states rather than in verbal memories or memories based on visualization. Fonagy *et al* describes procedural memory as “principally perceptual, non-declarative, and non-reflective” (p. 41). However, the procedural memories of the first few years of life play a key role in our emotional and imaginative lives, though indirectly and not at the conscious level – something we have learned by virtue of our field’s growing interest in infant studies. In essence, the body remembers what the mind is not yet sufficiently developed to retain in consciousness. But it is in earliest life that the capacities for connectedness and closeness to another human being are established through procedural memory. In a good enough environment, body memories appear to be incorporated into the capacity for non-verbal affectionate bonding.

For a long time, however, analysts thought of therapy largely in terms of conflict resolution, and there was relatively little attention paid to the nature of the very young child’s experiences, the parent/child bond in earliest life, or the impact of early life trauma. Only recently has there been a full elucidation of how patterns of attachment in infancy get consolidated into procedural memory. In the best situation, the infant internalizes a sense of connection and of safety. But early life trauma can negatively impact on a young the child’s

capacity for bonding or on the acquisition of a feeling of safety. The study of early life trauma, in conjunction with what we now know about mother/infant interaction, gives us the opening to deal more effectively with addressing early life feeling states as they impact the present.

Although necessarily speculative, such interpretations may be helpful in reconstructing an unremembered past, a process quite different from accessing previously suppressed memories.<sup>2</sup>

In any disruption of early life, whether interpersonal or traumatic, a tendency to fearfulness or a diminution of optimism or independence may be evident only years later. The importance of such early life traumas often escapes the analyst/therapist's attention because any

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<sup>2</sup>Stern *et al* present examples of parents' impact on very young children: "If in the course of playing, a mother and infant unexpectedly achieve a new and higher level of activation and intensity of joy, the infant's capacity to tolerate higher levels of mutually created positive excitement has been expanded for future interactions. Once an expansion of the range has occurred, and there is mutual recognition that the two partners have successfully interacted together in a higher orbit of joy, their subsequent interactions will be conducted within this altered intersubjective environment" (p. 9). For the very young child, this means that the domain of implicit relational knowing has been impacted.

such traumas occurring under the age of two cannot be consciously remembered by the patient. If addressed in treatment, it is presented as an event that was told to the child in later years, not one that had an independent existence in the child's remembered experience. But the knowledge of early life trauma, even by proxy, that is, by information accrued from the family, can be of value.

I had a new insight into my own early life only after watching endless news accounts of the flooding of New Orleans in the wake of hurricane Katrina. I had been in just such a flood in Louisville, Kentucky when I was just two, a flood which was designated at that time as the worst natural catastrophe in US history. I was separated from my parents, rescued by boat, taken to a hospital where it was soon discovered I had pneumonia, immediately hospitalized and simultaneously weaned, a process my over-indulgent mother had thus far avoided. The similarity of the New Orleans flood to "my" flood did not unlock any new memories, nor could it. But making the connection helped me to understand something about myself, particularly, about some fears I had previously automatically experienced in response to rocking motions in airplanes and boats. I had overcome those fears through a kind of de-conditioning, but had done so without the knowledge of the source of my fears and no possibility of memory retrieval of the event. Nonetheless, making the connection was meaningful to me, explaining the source of a fear that had always seemed inexplicable.

*Imagination/Fantasy:* Imagination inevitably impacts the way we look at our past and present lives and the way we project our future. It enlivens us with fantasies that may or may not be destined to become realities. When we patch together stories, wishes, fantasies, and dreams to fashion the future, we almost always draw on preexisting models. Hume pointed out that each one of us can imaginatively combine a familiar color with a shape that is non-existent in the

natural world. But he argued that, “this creative power of the mind amounts to no more than the faculty of compounding, transposing, augmenting, or diminishing the materials afforded us by the senses and experience” (1952, p.456). Nonetheless, it is this creative power, derivative though it may be, that we tap into in our enhancement of future possibilities.

Without imaginative elaboration, the images or stories that get integrated into memory would have a much more circumscribed impact on us. Imagination takes us out of the realm of literal remembering, allowing us to re-frame the past, to plot the future, and to tinker with what was and what may still come to be. The ability to fulfill some of our desires produces psychological change moments and a sense of personal power. Insofar as we can transform our imaginative wishes and dreams into reality, imagination promotes change and self-confidence.

Although analysts often privilege dreams and the reconstruction of unconscious fantasy over conscious fantasy, one of the primary modes of imagining is through fantasy in the form of daydreams. While fantasies are sometimes hard for people to access, nonetheless, most of us - about 96% according to a number of different researchers in the United States - report having had daydreams or reveries at one time or another.

Laplanche and Pontalis propose that fantasy functions by providing a setting for desire (1973, p.11). Desire motivates us to propel ourselves into new relationships and arenas. Acquiring the capacity to fantasize (or to tap into the fantasy inherent in novels, movies, and other cultural material) is a developmental achievement without which our lives may lack hope and forward momentum. Ideally the lived life is richly invested with both memory and imagination, even when we are unaware of the fantasy activity taking place just below the surface of consciousness. Insofar as our fantasy investment is meager, life often feels thin, mechanistic, detached. The inability to re-imagine or to fantasize is just as pathological as an

excessive immersion in fantasy.

Imagination, which depends on an ability to create and manipulate symbols and scenarios, is the mental capacity to think of possibilities beyond the evidence of our immediate sense perceptions and our current life situations. Fantasy, as already suggested, is situated within the context of imagination. While some fantasies and day-dreams are restricted to imaginary wish fulfillment, others look to the future. Through fantasy, we are empowered to imaginatively play with alternatives to the real world of people, places, and things, and to the time-bound events of past and present.

To some degree, the future is necessarily an imaginative construct. But without the gift of imagination, the content of our minds would be locked into the sensory present or the remembered past, denied the contemplation of infinite alternatives and possibilities, relegating us to an animal-like existence. This is why the imagination is understood to be a uniquely human gift, one that sets us apart from other species. While most species are programmed for pre-adaptation to their environment, it is because humans are specifically *not* adapted to any one environment that we are capable of adapting to many different environments and situations. As Anthony Storr observed, our most ambitious pursuits almost always encompass, “an element of fantasy, unrelated to actual achievement” (Storr, 1988, p.26).

Imagination is one of our major adaptive tools. Without it, we would be unable to access mental alternatives to any current distress or deprivation, and unable to plan a future course of action. We could invoke no creative rethinking of the past to make it pertinent to the present or future. Using our imagination to scan trial actions and conjure up a range of responses, and thus to predict the immediate and long-term future, is essential to our everyday decisions as well as to both scientific thinking and fantasy thinking, and one of their common characteristics (Person,

1995, Chap. 2).

Still, there are significant differences between fantasy and imagination. While imaginative thinking is often dispassionate, allowing the thinker to scan a number of alternatives in which he or she may have little personal investment, the imaginative script we create in fantasy is personally charged. Fantasizing is generally, but not always, associated with the pleasure of a hope or wish being fulfilled. But fantasy may also act to contain fear or to mitigate against some other uncomfortably strong emotion. Many of us, less imaginative than the gifted few, borrow our fantasies from outside sources, drawing on what we admire in our peers or discover in movies, television, and books (Person, 2004, p.82). This is why we often observe similar fantasies among groups of people who inhabit the same cultural milieu.

Freud described fantasizing as a mental process which the fantasizer understands to be an act of the imagination. In the process of generating fantasy and manipulating it, the fantasizer is almost always aware of creating and directing the script and is able to distinguish fantasy from reality, just as a child distinguishes make-believe play from reality. In contrast, the imaginary material of waking life, which an individual does not recognize as imaginary, is no longer a fantasy but has morphed into illusion, delusion, and hallucination.

Freud not only described the mode of thought involved in fantasizing, but he also analyzed the motives that cause a fantasy to surface. In *Creative Writers and Day-dreaming*, he wrote, "We may lay it down that a happy person never phantasies, only an unsatisfied one. The motive forces of phantasies are unsatisfied wishes, and every single phantasy is the fulfillment of a wish, a correction of unsatisfying reality"(1908[1907], p.146). In this early formulation, Freud postulated that frustration with the external world triggered the process of fantasizing.

Over time, the range of the different kinds of wishes fueling fantasy have been re-

conceptualized so as to embrace scripts that go beyond the gratification of erotic and aggressive impulses. Fantasies may be motivated by the desire to maintain self-esteem at an optimal level, in the service of what is called narcissistic regulation, or to maintain a sense of safety. Some fantasies serve to contain fear, to deny unpleasant realities, to regulate emotion, to undo trauma, and sometimes, paradoxically, to punish the self.

Despite its wishful imaginative core, fantasy dictates some reality oriented roles, signaling us as to the nature of our desires and premiering alternative scripts for our future lives. Fantasy provides substitute gratification for what we find is lacking in life and may be invoked to relieve tension or dispel frustration. Fantasizing may also serve as a signal that something is amiss, revealing an emotional reality previously denied. Fantasizing is often the route through which we reveal to ourselves our most profound longings and fears. Thus, fantasy is a way of accessing both our inner emotional reality and an appraisal of our current lived reality, sometimes leading us to make profound changes. Much of our strength comes through those fantasies that are allied with hope and promise, allowing us to frame the future and to do what is necessary to command the future to some degree.

Loewald made a major contribution to our ideas about fantasy in emphasizing its role in relationships. He pointed out that children and parents “can be said to have fantasies - some would say illusions - about the other’s state of perfection and wholeness, or at least about the other’s perfectability” (Loewald, 1980, p269). Here, Loewald introduces the notion of how parent and child internalize one another’s sense of future possibilities and sometimes of one another’s limitations. Such mutual fantasies shape the future, though, of course, they are tempered by the unfolding realities of ongoing life. Fantasy may also serve as a deeply healing function, offering alternatives to past wounds and undoing internal psychological conflict. For

the psychoanalyst Stoller, “The function of daydreams is to state a problem that has been disguised and then to solve it, the problem and the solution being the poles between which excitement flows” (1979. p.xi).

Imagination and fantasy, then, are not merely compensations or palliatives for a current unhappiness or fear or disguised expressions of forbidden wishes or narcissistic restitution; they are major modes of adaptation which structure relationships and play with alternative futures, drawing on a combination of desire and possibility. In addition to creating a general ambiance of hope, imagination and fantasy sometimes lay a practical foundation for it, providing scripts for change. Consequently, imagination and fantasy rank high as potential change agents, providing as wide a door to the unconscious as do dreams, and, I would argue, an even wider door as the prologue to our future quests.

*Fantasy, Memory, and Therapy:* While I have written as though memory and imagination (encompassing fantasy) could be distinguished one from the other, and this is by and large the case in adulthood, nonetheless, memory and imagination get intertwined in childhood, as is evident in our understanding of screen memories. One catches the intermix most readily in those screen memories that persist even after having been fully analyzed. While someone may come to recognize a distortion in a specific memory, he or she may never fully relinquish its imaginative pull. When a fantasy has remained compelling for a number of years, it almost inevitably impacts the present.

Adults may retain fantasies from childhood that were experienced as realities at the time. For example, some women report a memory in which they remember (or believe) that they had sexual encounters with brothers or fathers. In such instances, it is extremely difficult to distinguish between fantasies and real life events. Sometimes the truth may fall on the dividing

line; that is, that while nothing sexual took place, sexual nuances may nonetheless have been in the air. Men, too, may remember being sexually abused by a father or mother with no real evidence as to whether this is a true memory or a fantasy. Put simply, it is often difficult, if not impossible, to make reliable distinctions between preconscious or conscious fantasies and repressed memories.

Interest in the distinction between fantasy and repressed memory was galvanized in rethinking the role of trauma in our theories, especially the complex ways trauma and fantasy sometimes appear to be entwined, and the diverse ways in which trauma gets encoded and expressed, even though no conscious knowledge of the trauma remains. Thus a real trauma may often be “forgotten” or denied even though it leaves behind a mark (Person and Klar, 1994, p.1065). Paradoxically, one may retain a “false” memory. However, even when a memory is, in fact, no more than the memory of a fantasy, that fantasy may well have been stimulated by a preconscious intuition of a parent’s or sibling’s desire or as a product of the fantasist’s own desire.

How do fantasy and memory coalesce in the therapy situation to promote insight and awaken patients to new possibilities? Loewald entitled one of his papers “Psychoanalysis as an Art and the Fantasy Character of the Psychoanalytic Situation.” What he suggested was that “because of significant shifts and changes in modern understanding of what constitutes truth, in our insight into the relations between reality and fantasy or imagination and between objectivity and subjectivity, we begin to recognize that science and art are not as far apart from one another as Freud and his scientific age liked to assume. Science’s dignity is not so readily offended today by the suggestion that both art and science make use of creative imagination....” Loewald goes on to say that “speaking today of psychoanalysis as an art, I neither speak in an anti-scientific

spirit, nor do I see art as being in opposition to science. Nevertheless, while I see them as closely related, we do distinguish between them. The two words refer to different facets of the human mind's activity" (Loewald, 1980[1974], p. 353). It is the imaginative component of the transference that is so often productive in psychoanalytic therapies. And it is in the play of two minds that new insights and truths are often revealed.

Closely related to insights about the self in the analytic relationship are those seminal moments in which the patient perceives the therapist, as well as the self, in a new light. Such openings ensure that both patient and therapist experience their work as a joint project based not only on uncovering the patient's unconscious but also on the exchanges that reverberate between them.

Retrospectively, memories of such moments constitute the thread along which the narrative of the therapy is strung. This is important because patients, even those with extremely good therapeutic outcomes, remember much of analysis as a blur, without clearly demarcated phases or any overarching, organizing insight, and there is considerable variability in the degree to which interpretations are retained in memory. What patients seem to remember relates more to emotional interactions or resonance than to interpretations, though some key insights and interpretations may be retained. Put another way, the connections made in the process of therapy allow an interdigitation between memory and fantasy that can create change even after the key insight or interpretation has been long forgotten.

Kris observed that: "In some individuals the result of analysis seems to be connected with a lasting awareness of their own problems, a higher degree of ability to view themselves: in others, this is not so - and yet the two groups of patients cannot be distinguished according to the range of therapeutic effect. This probably finds a parallel in the study of what patients retain in

memory in the course of analysis.... It seems that insight in some individuals remains only a transient experience, one to be obliterated again in the course of life by one of the defenses they are wont to use. And it is not my impression that these individuals are more predisposed to future illness than others” (Kris, 1956, p.269).

Neubauer makes a similar point, noting that “it is striking that after analysis, insight may not be maintained, particularly if we mean by it memories of conscious retention of events, ideas and affects which entered awareness during the course of the analysis. It is not what has been recovered that is retained, but rather new structure and function....” (Neubauer, 1979, p.34). We learn new patterns of perceiving or interacting, which persist irrespective of the loss of the conscious insight that triggered change.

Blurring and forgetting of treatment are so common that I often refer to it as treatment amnesia. The analogy between treatment amnesia and childhood amnesia may be more than a formal one. Forgetting may be due to re-repression, or the memory of analytic insight may be lost precisely because the locus of change is not primarily cognitive. As Neubauer put it, the major goal of insight is change, not knowledge. It appears that in a successful treatment, recovered or re-worked memories, whether or not they remain conscious, are internalized and that fantasies, in the form of new imaginative possibilities, act to help us plot a new course or, at least, circumvent a course that had previously been self-destructive.

However, some patients are able to identify what they experienced as turning points in their treatment. Such moments stand out from a background which blurs into more or less sameness. That which is experienced as a discontinuity in feeling or a break-through of insight will almost always persist in memory longer than change that proceeds more gradually. Such turning points often provide the skeleton around which we structure our memories of an analysis.

The resulting narrative may itself play an ongoing role in our psychic equilibrium, serving as a shorthand with which to keep alive the emotional significance of the therapeutic encounter and reinforce those “structural” changes that have taken place. Patients often remember a few key moments in their analysis, as in the case of my patient who remembered the subway session as a turning point. While key interchanges may sometimes be significant enough to remain entrenched in memory, fantasy necessarily impacts those memories connected to the treatment situation just as it impacts the memories of everyday life.

Loewald, in his paper “Psychoanalysis as an Art and the Fantasy Character of Psychoanalytic Situation,” pointed out that , “in one sense of art, psychoanalytic *technique* may be called the art of applying psychoanalytic knowledge and the psychoanalytic method to a particular clinical case.

“Considered as a process in which patient and analyst are engaged with each other, psychoanalysis may be seen as art in another sense: the psychoanalytic situation and process involves a re-enactment, a dramatization of aspects of the patient’s psychic life history, created and staged in conjunction with, and directed by, the analyst.....

“Viewed as a dramatic play, transference neurosis is a fantasy creation woven from memories and imaginative elaborations of present actuality, the present actuality being the psychoanalytic situation, the relationship of patient and analyst....The fantasy character of the transference neurosis has been referred to as the make-believe aspect of the psychoanalytic situation” (Loewald, *Papers on Psychoanalysis*, 1980, pp 353-354).

In Loewald’s brilliant description of psychoanalytic therapy as an art, and an interactive one, he provides a compelling description of the way memory and fantasy enter into the treatment situation in a positive way, whether in the often “make-believe” aspect of the

psychoanalytic situation or in encompassing and realizing the dream of what may come to be.

I include as major change agents both the ability to reinterpret/re-conceptualize certain memories and the ability to dream new dreams, that is, to unlock the range of one's imaginative possibilities. Remembering, fantasizing, re-thinking, and reconstructing our life stories are part of the work of our everyday mental lives. Revision of our life stories is intensified in psychoanalytic therapy in an interactive exchange, but the process of reevaluating past and current events is an ongoing process. As people age, they may come to privilege memory over fantasy, but access to and exploration of both are prerequisite to promote flexibility, delineate our authentic desires, and vitalize our ability for creating new horizons.

We have all observed how our patients, sometimes sporadically, sometimes systematically, come to reconstruct their life stories, in part through the resurrection of feelings that are linked to previously suppressed memories. However, remembering one's life's story is never a finished project. We may lose, revise, or replace certain memories, but at the very least, the color palette and tenor of our remembered lives changes with our life's situation. But however great the changes we achieve, our fundamental personae remain grounded in that magical brew of memory and imagination that infuses both our waking and sleeping lives.

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