

FRED'S PSYCHOANALYSIS AND TRAUMA

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Abstract:

In modern clinical theory of psychoanalysis, remembering life-historical events and reconstructing the past have lost the central therapeutic function that they had for Freud. This paper describes and demonstrates the way in which trauma and its remembrance resist it. They focus the problem of the truth status of memories. Traumatic memories are not subject to transformation by the present when they are retrieved. They constitute a kind of foreign body in the psychic-associative network, but rather than forming an exact replica of the traumatic experience they undergo specific remodeling. The author describes some of the psychic processes in this encapsulated realm. Resolving its predominant dynamics and extricating phantasm from traumatic reality require a remembrance and reconstruction of the traumatic events in the analytic treatment. The author goes on to describe the vital importance of social discourse concerning historical truth for both the individual concerned and society in connection with disasters defined as man-made. This paper describes both these dynamics and their transgenerational effects on post-war German society. He concludes that, in order to confront the problems posed by a multifaceted traumatic reality, it is also necessary to battle to restore memory to an appropriate place in psychoanalysis.

Keywords: Psychoanalysis, Trauma, Traumatic Reality, Psychic-Associative Network

INTRODUCTION

Freud had two conflicting, perhaps contradictory, views of the analytic enterprise. From his first analytic publications, using data gleaned only from patient experience, he showed that symptoms could be understood and removed through understanding their unconscious origin (Breuer & Freud, 1895). The subject of analysis here was the experiencing subject, which was both source and arbiter of analytic inquiry. Freud's (1912) open-ended listening approach was in essence a hermeneutic method. Such an analytic stance would appear to make the field a specialized process of inquiry, rather than a particular form of knowledge. Nonetheless, in the same year as the publication of his volume of case studies, *Studies on Hysteria* (Freud & Breuer, 1895a), Freud (1895b) wrote *The Project for a Scientific Psychology* in which the subject disappears, and this theme continued throughout his career with his belief that the somatic nature of the psyche made psychoanalysis -a science like any other (Freud, 1938). Equating science with somatic processes, this-biological Freud regarded biological phenomena, such as energy discharge and instinctual forces, as the essence of the psyche. Psychoanalysis

began as a theory of trauma. When hysterics suffer from reminiscences-to cite Freud's famous dictum-it is memory that possesses a pathogenic quality. After Freud abandoned the quest for traumatizing infantile sexual scenes along with the seduction theory, psychoanalysis began to undertake a broader exploration of psychic reality. With the concept of transference, Freud discovered a new dimension of memory, namely its repetition in behavior. Although he constantly regarded it as the goal of the treatment to bring repressed. The catastrophes and extreme experiences that people underwent and suffered in the 20th century turned trauma into its hallmark.

There was a growing need for investigation and understanding not only in psychoanalysis but also in the other human memories to consciousness, psychoanalytic clinical theory subsequently steered a different course because the transference concept contained a specific dynamic of its own. The prevailing therapeutic relationship increasingly merged with the transference concept and, with the recognition of the counter transference, took a further specific step away from the past and towards the here and-now of the analytic relationship. Remembering individual life-history thereby lost its central therapeutic importance. However, there was one domain in which it retained an incontestable claim as the problem to be surmounted: with people who had been traumatized. Freud was certainly constantly concerned with trauma, which the catastrophe of World War I and the approaching barbarism of National Socialism turned into a special requirement. However, he never systematized his theory of trauma. He also designated specific problems such as post-traumatic dreams and traumatic neurosis as a dark domain that he did not wish to pursue further. Thus, the trauma theory long remained a desideratum of analytic research and the concern with political and social violence, as well as with their consequences, did not have the status in psychoanalysis that it should in fact have commanded. One key reason for this lay in the position that psychic and external realities had become more or less separated. Most analysts directed their attention more or less exclusively to the inner world and to the question of the influence of unconscious phantasies on perceptions and the shaping of internal object relationships. Incorporating external reality would have been widely interpreted as an attack on psychic reality and the importance of the unconscious. Paper discussed on concludes with a discussion of the dynamics of trauma and remembrance in relation to collective memory.

FREUD'S THEORY OF MEMORY AND ITS THERAPEUTIC FUNCTION

Freud constantly regarded it as the goal of the analytic treatment to bring repressed memories of early psychic life to consciousness. One reason for this is to be found in his theory of memory. According to Freud, perceptions are stored in the memory as memory-traces. They are certainly copies of the original impression, but they are not preserved as isolated elements as they would be in a primitive engramme theory. In Freud's view, there are several superimposed systems of memory that order the same memory-trace, which is stored several times in duplicate according to specific principles. The first memory system associates the elements using the principle of simultaneity in time; subordinate systems represent them according to other forms of concurrence, such as relationships of similarity (1900) or something associated by contiguity. Memories of past impressions and experiences can, in principle, be retrieved intact. This is not, in fact, generally the case because of unconscious wishes connected with elements of memory,

which lead to its displacements and repressions. The re-emergence of memories is then connected with the destiny of the drivewishes.

The authenticity of the childhood scene and its reconstruction is significant for Freud in so far as only the analysis of the processes that distort them brings to light the unconscious wish. In 'Remembering, repeating and working-through', Freud describes 'filling in gaps in memory' (1914) by overcoming the resistances to repression as the goal of the analytic treatment. The patient has to remember specific experiences and the affective impulses that they evoke because it is only in this way that he is to be convinced that what appears to be reality is, in fact, 'a reflection of a forgotten past' (1920). It is not the events or facts in themselves that are remembered, but their psychic processing. Freud refers very generally to 'psychic events', such as the patient's childhood defiance towards his parents' authority. For him, the historical truth of memories also consists precisely in this, rather than only in an accurate reproduction of objective facts. Freud celebrates it 'as a triumph for the treatment if he can bring it about that something that the patient wishes to discharge in action is disposed of through the work of remembering' (1914).

This does not always succeed because forgotten and repressed material is frequently repeated as an act rather than being reproduced as a memory. Freud never unified his theory of memory. In addition to this predominant conception, there are some alternative concepts and models that paved the way for some later developments:

- 1) This premise of a retroactive remodeling of memories is related to Freud's concept of deferred action. Through a frightening or confusing event after the period of sexual maturation, an earlier childhood scene with a sexual content that could not originally be integrated into a meaningful context retroactively accrues a traumatic effect. Impressions from the pre-sexual period then attain 'traumatic power at a later date as memories' (Breuer and Freud, 1895).
- 2) If a memory is reproduced as an act through repetition, it is integrated into a behavioral context with its own meaning in the present. The present therefore not only has the function of awakening the memory and thus the forgotten past material but it also forces the past psychic occurrence into the present structure of events, shapes it and thereby transforms its meaning. The past experience is actively incorporated into the context of the current life experience. Freud therefore also refers on occasion to a remodeling process that applies to memories.

MEMORIES BETWEEN PAST & PRESENT STUDIES IN COGNITIVE SCIENCE

There have been groundbreaking discoveries in the cognitive sciences and neurosciences in the last few decades that have vastly expanded, if not revolutionized, our knowledge of the brain's functioning. The topological storage models have been replaced by a much more dynamic and flexible view of remembrance and memory. Today, we no longer regard memories as being stored like an impression or a trace in the memory in order then to be reawakened by recall and to return into consciousness. The remembrance process involves a more complex interaction of present life circumstances, that which we expect to remember, and material that

we have retained from the past. Cognitive researcher Schechter writes: Memories work differently we extract key elements from our experiences and store them. We then recreate or reconstruct our experiences rather than retrieve copies of them. Sometimes, in the process of reconstructing we add on feelings, beliefs, or even knowledge we obtained after the experience. In other words, we bias our memories of the past by attributing to them emotions or knowledge we acquired after the event. Some now draw the conclusion from the neuroscientific data concerning the construction of memories that the truth question, in the sense of the correspondence between memories and past events, has become obsolete. Memories are conceived as narrative constructions with gaps that have arisen from forgetting, which are then filled by narrative to produce a meaning that corresponds to the ego's present situation (according to Welzer, 2002). In this view, too, there is a danger that the difference between remembrance and interpretation is almost completely eliminated. Moreover, no distinction is apparently made here between genesis and validity. Even if the brain constructs memories, a distinction should nevertheless be maintained between the process of emergence and the result; otherwise, we are subscribing to a genetic fallacy. Empirical studies provide no direct answer to the question of the precision and reliability of autobiographical memories. This controversy erupted particularly violently during the scientific and social debate concerning memories of experiences of sexual abuse. The work of Loftus and Ketchum (1994) demonstrated that suggested misinformation can have a long-term influence on memories. Other studies on suggestibility, however, have provided strong evidence that memories of real events are characterized by more varied and detailed representational images than those that are merely suggested (Schacter, 2001). Shevrin (2002) emphasizes that misinformation certainly influences the reporting of memories but does not necessarily change the memory-trace itself. Experiments have shown that genuine memories leave behind a 'sensory signature' that is absent from so-called false memories.

PSYCHOANALYTIC THEORIES OF TRAUMATIC MEMORY

The above-described findings from cognitive and neurobiological studies suggest that in principle a different form of processing in traumatic experiences from that in non-traumatic experiences certainly cannot be assumed, but nevertheless some deviations in the registration must be expected, as well as an obstruction of the normal course of psychic processes. When traumatic events are retained consistently, in detail and relatively precisely in the memory, it is primarily a case of facts that are remembered initially rather than a description of the psychic reality of traumatic experiences. How is the inner experiential core of these experiences of horror, pain, loss and mortal fear that upset the psychic equilibrium to be described in psychoanalytic terms? What is the role of the affects, defensive maneuvers and unconscious phantasies that come into play? Before discussing this in further detail, I briefly introduce the two main models of trauma that are encountered in psychoanalytic theory, which form the basis of the following discussion.

SIGMUND FREUD'S PSYCHO-ECONOMIC MODEL OF TRAUMA

Breuer and Freud (1895) conceived of the traumatic memory as a foreign body in the psychic tissue that unfolds its effect there until it loses its foreign-body structure through an affective remembrance and abreaction of the trapped affect. Freud developed this model further in *beyond the pleasure principle* (1920) from psycho-economic points of view. Now the foreign body concept appears as a quantum of excitation that cannot be psychically bound and overwhelms the ego, breaking through the protective shield. The force of surging quantities of excitation is too great to be mastered and psychically bound. Therefore, in order to accomplish the task of psychic binding, the psychic apparatus regresses to more primitive modes of response. Freud introduces the concept of the repetition compulsion in order to describe the special nature of this experience beyond the dynamics of the pleasure-unpleasure principle. Through the repetition compulsion, the traumatic experience is actualized in the hope of thereby psychically binding the excitation and setting the pleasure principle back in motion, as well as its associated forms of psychic response. Trauma not only disturbs the libidinal economy; it also threatens the subject's integrity in a more radical way (Laplanche and Pontalis, 1973).

In *Inhibitions, symptoms and anxiety*, Freud (1926) falls back on the concept of automatic anxiety that he developed for the actual neuroses. The excessive quantity of excitation in the traumatic situation gives rise to a massive anxiety. It floods the ego, which is defenseless against this onslaught, and renders it absolutely helpless. Automatic anxiety has an indefinite quality and lacks an object. In a first attempt at mastery, the ego attempts to convert the automatic anxiety into signal anxiety, which makes it possible for the absolute helplessness to be transformed into an expectation. The ego thereby develops an inner activity and 'repeats it [the trauma] actively in a weakened version, in the hope of being able itself to direct its course' (p. 167). The situation of external dangers is thereby internalized and acquires significance for the ego. The anxiety is symbolized and no longer remains indefinite and objectless. The trauma thus acquires a hermeneutic structure and becomes possible to overcome. Baranger et al. (1988) have rightly emphasized this economic aspect of automatic anxiety as a key element of the traumatic experience. The authors indicate the paradox that the trauma is actually intrusive and alien, but as long as it remains alien it is revived and falls into repetitions without becoming comprehensible. Since human beings generally cannot live without explanations, they attempt to give the trauma an individual meaning and to historicize it. Freud (1926) repeatedly describes the helplessness experienced by the ego as the consequence of an object loss. If the mother is missed, the infantile ego is no longer entirely helpless but able to catch the mother's image. In the actual traumatic situation, there is no object available to be missed.

AN INTRACTABILITY OF TRAUMATIC MEMORIES

This Paper have concluded from cognitive psychological studies that, compared with non-traumatic material, traumatic material is certainly modified, but it is neither encoded nor retrieved in a completely different way. Before further examining these facts psychoanalytically, I describe a conception of trauma in which traumatic experiences on account of the surplus of an excessive excitation are stored in a different way. On the basis of their research, van derKolk et al. (1996) hypothesize a specific trauma memory in which traumatic memories are preserved differently from in explicit autobiographical memory. The intense excitation splits the memory into various isolated, somatic sensory elements, into images, affective states and somatic sensations, as well as smells and sounds. Van der Kolk et al. consider that these implicit memories accord with actual experience but they cannot initially be integrated into a narrative memory in this form. This results in a non-symbolic, inflexible and inalterable content to traumatic memories because the self is disengaged as the author of experience during the traumatic event. The essence of this view is that trauma is effectively characterized by a temporal and simultaneously literal precision in the memory.

CONCLUSION

The development of analytic technique moved the analysis of the here-and-now of the therapeutic relationship increasingly to the fore. Bringing memories to consciousness and life-historical reconstruction shifted to the margins. In the burning mirror of an analytic process understood the variety, complexity and intractability of a real history evaporate into a relational thinking in which history is forgotten. The power of the past, the repetition compulsion and the return of the repressed are themes of psychoanalytic thought that have more or less disappeared from the clinical debate. Trauma, with its long-term consequences and its remembrance, is opposed to this development in clinical theory. It forms a kind of dissociated foreign body in the psychic- associative network. In this split-off domain of the self prevails a specific dynamic that constantly confronts the self with the experience of entrapment in the force of the repetition compulsion? In order to be able to integrate this domain and resolve this dynamic, it is necessary to remember and reconstruct the traumatic events in the analytic treatment. The returning power of the same is thereby historicized, inner and outer acquire another context of understanding and the self regains a sense of psychic agency. However, traumatic reality not only brings theoretical convictions into question but also confronts us with the horror, cruelty and mortal fear that must come up for discussion.

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