

is always being shattered. It was part of the appeal of object-relations, I think, to assume that Freud's dual-instinct theories were merely a modern redescription of the Christian allegory. For the baby, Winnicott writes, 'ill-health is identical with doubt about oneself . . . it is a matter of the balance of forces of "good" and "evil" within, and this is true for the infant and for the psychosomatic sufferer, and for the more sophisticated philosophical doubter'. Winnicott is good at reminding us that philosophers were babies; but evil, in this account, is whatever in the infant has the potential to destroy the nurturing link with the mother. Goodness is that which sustains life, and life is in the balance between the forces of light and the forces of darkness.

With the theoretical icon of the mother and child Winnicott sometimes uses psychoanalysis to redescribe a traditional theology which can include the notions of good and evil. Freud's dualisms, however, elude the Christian paradigm of conflict (compromise is not redemption). How could the struggle between Eros and Thanatos be a version of good versus evil when, as Freud wrote, it was the function of the component instincts 'to assure that the organism shall follow its own path to death, and to ward off any possible ways of returning to inorganic existence other than those which are immanent in the organism itself . . . What we are left with is the fact that the organism wishes to die only in its own fashion'? Death, the obsessional thinks, is the exemplary decision. But the paradox of Freud's belief here reveals the obsessionalism, the either/or nature of our traditional moral orientation. The categories of good and evil are no longer viable objects of thought. What would it be to live a life without – not in defiance of – these categories?

We are left, in fact, not with Nietzsche's prospective question: what is beyond good and evil? but with a retrospective – that is, a psychoanalytic – question: what have we used the conflict between good and evil – even in our so-called reconstructions of primitive mental states – to stop ourselves thinking? Freud, of course, did not answer this question; he merely posed it by way of a possible answer.

## 6

*The Telling of Selves**Notes on Psychoanalysis and Autobiography*

## I

*Whenever I read an autobiography I tend to start halfway through, when the chap's grown up and it becomes interesting.*

Philip Larkin, in an interview with John Haffenden

'The patient is not cured because he remembers,' Lacan writes in his *Écrits*, 'he remembers because he is cured.' A successful psychoanalysis, that is to say, makes memory possible, but with a specific end in view – the patient's recovery. The analyst analyses the obstacles to memory – the defences – and one of the obstacles to memory, from a psychoanalytic point of view, is memory itself. 'The falsified memory,' Freud writes in his 1899 paper 'Screen-Memory', 'is the first that we become aware of.' What might once have been thought of as a memory – an internal picture or story of the past – is not actually a memory, in his view, until it has been interpreted; until it has been interpreted it can be what he calls a screen-memory, a waking dream of the past.

Exploring the question of why so many childhood memories are merely banal, Freud suggests that the experiences of childhood, the significant experiences, 'are omitted rather than forgotten'; 'the essential elements of an experience,' he writes, 'are represented in memory by the inessential elements of the same experience'. The banal is a cover story. By imaginative acts of substitution we repress and replace whatever has been unacceptable. As a consequence of this, he writes, 'the impressions which are of most significance for our whole future usually leave no mnemonic images behind them'. These apparently trivial or uninteresting screen-memories are comparable, Freud goes on, to hysterical symptoms and to dreams

because they use the process of displacement as disguise; and like symptoms and dreams they disclose through concealment. 'Not only some but all of what is essential from childhood,' he writes in 'Remembering, Repeating and Working Through', 'has been retained in these memories. It is simply a question of knowing how to extract it out of them by analysis. They represent the forgotten years of childhood as adequately as the manifest content of a dream represents the dream-thoughts.'

Of course, 'all of what is essential from childhood' is predetermined by how one constructs childhood; in psychoanalysis the desires of childhood are the target of interpretation. More like a dream than a piece of documentary evidence, the screen-memory is a disguised representation of unconscious desire. And because, in this account, memory is of desire, and desire is forbidden, the most vivid element in an ordinary memory may be the least revealing. By the unconscious logic of what Freud calls the primary process there are continual shifts and reversals of emphasis going on. Once he had made the dream the model for memory he could then question whether, as he put it in 'Screen-Memory', 'we have any memories at all from our childhood; memories relating to our childhood may be all that we possess'. With the advent of psychoanalysis it was memory as much as childhood that lost its innocence.

Freud's account of screen-memories – and memory as dream and symptom, as construction – presents a paradox for the modern autobiographer: the memories least likely to be recorded are the most significant ones, and they are significant *because* they are the least interesting; but for their significance to be revealed requires a psychoanalyst. So the autobiographer is doubly disabled. Without psychoanalytic interpretation there is no personal history, only its concealment. According to this view, those who want to continue misleading themselves about the past write autobiographies; those who want to know themselves and their history have psychoanalysis. It seems rather unlikely, though, that pre-Freudian autobiographies are really dream-books, and that post-Freudian autobiography is impossible. There is, of course, no progress here but rather histories of constituting genres of self-telling, and the

kinds of selves implied by such projects. All psychoanalysis can produce is the life-stories told and constructed in psychoanalysis. Psychoanalysis, as theory and therapy, can never be useful – despite Freud's commitment to the progressivism of Science – as a way of putting us closer to the Truth. But it can be useful in the way it adds to our repertoire of ways of thinking about the past (in Freud's work thinking *is* the processing of the past). With concepts like deferred action, the notion of screen-memories – and memory as dream – Freud multiplied our ways of remembering; and he made one kind of memory – the psychoanalytically legitimated one – dependent upon a certain kind of interpretation. This, perhaps inevitably, has interesting consequences for the connections between psychoanalysis and autobiography.

The material that makes psychoanalytic interpretation possible – the stuff from which analyst and patient reconstruct the past – is free-association. Lacan's telling formulation, 'the patient is not cured because he remembers, he remembers because he is cured', is, in fact, an echo of an earlier remark by Sandor Ferenczi: 'The patient is not cured by free-associating, he is cured when he can free-associate.' Free-association is memory in its most incoherent and therefore fluent form; because of repression, the past can only return as disarray in de-narrativized fragments. And the analysis reveals the patient's unofficial repertoire of incoherence. Free-association, in a psychoanalytic context, is integral to the process of remembering because, Freud writes in *The Interpretation of Dreams*, 'when conscious purposive ideas are abandoned, concealed purposive ideas assume control of the current of ideas'. Our unspoken lives press for recognition in fragments, in our pauses, our errors and our puns. It is the continuity of our life-stories that we use to conceal the past; through free-association the patient's story loses its composition and becomes more like a collage in which our favourite words unwittingly find alternative contexts. The radical nature of Freud's project is clear if one imagines what it would be like to live in a world in which everyone was able – had the capacity – to free-associate, to say whatever happened to come into their mind at any given moment.

Once the patient has agreed to what Freud called the 'golden rule'



of analysis – that he will say, in spite of himself, whatever comes into his mind – he is participating in a ritual for reconstructing the past (but the past, that is, as psychoanalysis constructs it), out of disparate pieces. In psychoanalysis life-stories fragment in the telling; in order to be read, interpreted, they have to be unreadable. The patient has to refuse himself the conventional satisfactions of narrative. Abrogating his need for beginnings, middles and ends, he often has to become a very bad story-teller and make a nonsense of his life. Giving himself up to another person's punctuation, the patient recreates something of the process of being parented.

And this raises the question of whether psychoanalysis enables the patient to tolerate anti-narrative – the kind of apparently random material that might make a written autobiography unreadable – or simply exchanges one story for another that is, at least provisionally, better. The patient presents a dream or a memory and the analyst invites him to associate to particular details; and then at some point in all this licensed digression the analyst will punctuate the patient's story with a comment (psychoanalysis is essentially a theory of interruption). In the double act of a psychoanalysis the analyst and the patient's observing ego, in relationship to a third object called the patient's speech, confer a different version of intelligibility on the patient's story (the editor of an autobiography is doing something quite different). The fragmentariness of his or her associations entails the making of links; a psychoanalysis is as much about the making of gaps as about the making of links. Each retelling excludes in a different way. By filling in the newly made gaps with informed guesswork, they reconstruct the patient's past (it can be like trying to reconstruct a football match from the result). The patient can remember only when he or she can free-associate; and free-association, at least initially, makes sense only as part of a dialogue. Just as, at the beginning, one's life was made viable, was given a certain continuity, by the responsive presence of at least one other person, so in psychoanalytic treatment it takes two to make a life-story.

## II

*And yet the ways we miss our lives are life.*

Randall Jarrell, 'A Girl in a Library'

The quotations from Freud, Ferenczi and Lacan articulate the necessary connection, from a psychoanalytic point of view, between free-association, the constructions of memory, and the notion of cure. Despite the new kind of resolute suspicion that Freud's work creates about autobiographical narrative – the suggestion that we trust the untold tale, not the teller – psychoanalysis is clearly akin to autobiography in the sense that it involves a self-telling, and the belief that there is nowhere else to go but the past for the story of our lives. Every analysis, in a sense, is about the obstacles to memory: people come for psychoanalysis because the way they are remembering their lives has become too painful; the stories they are telling themselves have become too coercive and restrictive. In so far as they have a dominant story about who they are, they have a repetitive story. And repetition, for Freud, is forgetting in its most spellbinding form. 'The patient,' he writes in 'Remembering, Repeating and Working Through', 'does not remember anything of what he has forgotten and repressed', but acts it out. He reproduces it not as a memory but as an action; he repeats it, without, of course, knowing that he is repeating it.' This might make us wonder what the completely remembered life would look like. And it makes one of the aims of psychoanalysis to produce a story of the past – a reconstructed life-history – that makes the past available, as a resource to be thought about rather than a persecution to be endlessly re-enacted. There is, as it were, no future in repetition. The aim of analysis is not to recover the past, but to make recovery of the past possible, the past that is frozen in repetition; and in this sense psychoanalysis might be more of a prelude to autobiography. A way of creating the internal conditions that would make it possible. It is worth wondering, at any given moment, what kind of object the past is for us – what kind of resistance it requires – and so what kind of relationship we can have with it. The past that repeats

itself was unique in every instant, and yet memories like resistances, as Freud wrote in the case of Little Hans 'are sometimes in the nature of stereotyped motifs'. Psychoanalysis itself of course is not exempt from such stereotyped motifs; a case history is often identifiable by its use of them.

But as I have been suggesting, psychoanalysis differentiates itself from the writing that is autobiography in three obvious ways. Firstly, psychoanalysis is, at least explicitly, a deliberate attempt at a cure which can be, but need not be, an ingredient in the writing of an autobiography. Memory is assumed to have a function, in fact a purpose: that is, to release futures – the possible futures that are wishes and desires. Telling one's life-story in the context of psychoanalytic treatment is a means to a particular kind of end, even if the end is both unconscious and unknowable, and changes, as it usually does, in the course of the treatment. Once you have the notion of cure in the picture you have to have a world in which there can be something wrong with people. So some psychoanalysts use normative developmental stories so that they can find things wrong with people. The life-story the patient tells is matched against a kind of master-plot of human development; and here the risks, clearly, are of pathologizing in order to limit variety (after all, any person might be a new kind of person). So the question is: given his or her training – whatever its theoretical allegiances – what is the repertoire of life-stories the analyst can allow, or allow himself to hear, and consider plausible? What are the acceptable shapes of a life that the analyst, by virtue of his profession and of his conscious and unconscious aesthetic preferences, finds himself promoting? At what point, in listening to a life-story, does he call the police? Everybody sets a limit to the stories they can be told; and in that sense there is a repertoire of the stories one is likely to hear.

It is always worth asking of any psychoanalytic writer: if the world he or she values came into being, what would it feel like to live in it? (If Lacan, for example, had cured us all, what kind of world would we be living in?) Each psychoanalytic theorist is telling us, implicitly and explicitly, his or her version of what a good life-story is; so, for example, a Kleinian good life-story would not be one inspired and

gratified by revenge; a Winnicottian good life-story would not be defined by its states of conviction but by the quality of its transitions; and so on. In choosing a psychoanalyst of one persuasion or another, one is choosing the kind of life one wants to end up speaking. By defining itself as a form of cure, psychoanalysis, even in its least essentialist versions, cannot help sponsoring very specific ways of describing and redescribing a life-story. Despite the fact that the unconscious is a way of representing a part of the self that is always revising our life-stories, psychoanalysis as a theory and a therapy unavoidably promotes and institutionalizes the idea of the exemplary life (the modern autobiographer assumes his life is interesting, but not usually exemplary). 'The important question,' as the philosopher Donald Davidson has remarked, 'becomes: whom, if anybody, does this theory interpret?' As a professionalized genre of self-telling – autobiography, unlike psychoanalysis, could never be a profession – psychoanalysis cannot, of course, get outside the conventions of its genre. It has to go to autobiographies, biographies and novels to find other ways of plotting lives. Psychoanalysis is autobiography by other means. A psychoanalytic autobiography, like a Freudian poem, should be a contradiction in terms.

This sense of the constraints imposed by the genre leads inevitably to the second significant difference between autobiography and psychoanalysis: psychoanalysis is self-telling to, and in the presence of, a particular other person, the analyst. The analyst's reticence invites the patient to recreate him or her from the significant figures in the patient's past. Transference – this unwitting repetition of early relationships – reveals the way one is continually inventing and reinventing the people one is talking to (in Paul Van Heeswyk's phrase, transference is 'an outrageous misunderstanding'). The patient, that is to say, not only does the talking but thinks he has made the listener. Interpreting the patient's life-story means, among other things, revealing the implied listeners to it. (And it might be an interesting question to ask of an autobiography: who is its implied ideal reader, and what is the catastrophic reading it is trying to avert?) Psychoanalysts of most persuasions would, I think, share the assumption that when a person speaks someone is always being



talked to, and that there is a demand in the communication. In a psychoanalysis the patient recapitulates, in disguised form, a history of demands, and the relationships in which these demands were made and modified. By having a recipient present the patient, unlike the autobiographer, is in a position to go on talking to someone about this simple fact, integral to what they are saying: that a life-story is wishful and so is always a demand. The patient, like the autobiographer, wants something, but he does his wanting in a very different context. The autobiographer spreads out his audience, most of whom are anonymous.

The psychoanalytic question, at any given moment in the story, is: what is the unconscious nature of this demand and who is it addressed to? And these questions – though they could never be posed as such – bring in their wake other, related questions: what kind of person do you unconsciously believe you will turn the analyst into by telling him or her *this* version of yourself? What is the version of yourself that you present organized to stop people thinking about you? What are the catastrophes associated with your repressed repertoire of life-stories?

The material associated with these questions constitutes the psychoanalytic conversation. Whereas the dialogues that may have informed the writing of an autobiography are inaudible, the dialogues that have informed the patient's life-story are repeated in a new and continuing dialogue. There is an immediacy in the exchange that can, for example, show the patient that he is always answering the questions he wants to be asked; or that, unconsciously, he is always speaking to the same three people. But this very immediacy of the dialogue – or at least, the possibility of dialogue – only produces that particular life-story told in the actual, rather than the imaginary, presence of another person. And however supposedly anonymous the analyst's psychoanalytic technique encourages him to be, the life-story told is, in a sense, specific to the particular relationship. With a different analyst one would speak different life-stories.

The life-stories told in analysis are occasional – as is any piece of writing, but in a different sense – and made in the circumstances of a

special relationship. 'One shouldn't write one autobiography,' the French psychoanalyst J.-B. Pontalis wrote, 'but ten of them, or a hundred because, while we have only one life we have innumerable ways of recounting that life to ourselves.' Perhaps we have even more innumerable ways, so to speak, of recounting our lives to people other than ourselves? It is of interest that while people tell their life-stories to other people, or write them by themselves, there is no familiar genre of speaking one's life-story to oneself. Dreaming may be our only truly solitary form of autobiography.

Even if, as Freud suggests, memories are akin to dreams, we don't find ourselves asking: did I dream that right? Whereas memories often make us wonder about distortion. Once Freud had promised himself psychoanalysis as a new 'science', it was interrogated – and it interrogated itself, for the kind of truth-claims it could make on behalf of its method. But towards the end of his life, sounding, for once, more like the American poet Wallace Stevens, Freud was making very unscientific statements about the kinds of reconstructions of the past that worked in analysis. 'Constructions in analysis,' he wrote in the paper of that title, making a significant concession to the fictive nature of the project, 'can be inaccurate but sufficient.' Constructions in autobiography can be inaccurate but sufficient. The difference, of course, is that the inaccuracy and the sufficiency are subject only to one person's criteria, however unconscious. In writing an autobiography there can be no comparable co-evolving of this sense of sufficiency. One may be as much beholden to the genre and its tradition – to the previous autobiographies one has read – as to the putative truth of the recovered, or rather written, past. Indeed one's sense of truth, of accuracy, is at least partly constituted by the genre. Both written autobiography and psychoanalysis are genres of self-telling, but the constraints of the psychoanalytic genre are more defined because it is a professionalized social practice.

And this brings us to one element of perhaps the most obvious difference between psychoanalysis and autobiography. In psychoanalysis one arranges, and pays, to co-construct one's life-stories by engaging in a nominally therapeutic conversation. Autobiographies are written, and only when they are ghost-written do they in any

sense begin to bridge this significant gap between the written and the spoken in the telling of lives. The fact that autobiographies *are* written makes them accessible as a genre (and in oral cultures the public telling of lives also makes them available but to a more circumscribed group); it is difficult to imagine someone writing an autobiography without having read one.

But you cannot, and never will be able to, read or witness a psychoanalysis; you can only read or hear about one. You become an autobiographer by having lived enough of a life, by having read some autobiographies, and by happening to live in a culture that has a kind of book called an autobiography. Traditionally – along similar lines – you become an analyst by having been a patient; but how do you become a patient? How do you know if you are doing it properly? (In what sense, if any, is finishing an analysis comparable to finishing an autobiography?) The analyst has privileged access to the rules of the genre – and to the kinds of process it involves – and initiates the patient into a very specific way of talking and of being responded to. And even if the analyst and the patient keep notes, there is a strong sense in which a psychoanalysis leaves no evidence. The patient and the analyst, as people living their lives, are subject to public evaluation; but the analysis, unlike a written autobiography, is not. It is, by definition, a self-telling in private (despite the fact that the idea of the unconscious makes guaranteed confidentiality impossible). The analyst may write a case-history and the patient may write his account of the treatment – as Freud and the Wolfman did – but these will be different from a biography and an autobiography because, among other things, the analyst and the patient are writing up a conversation: and this is true even if, as is mostly the case, there is very little actual dialogue in the account. By being spoken and being private, a psychoanalysis exempts itself from certain kinds of evaluation; it can never be read, it can only be gossiped about. Psychoanalytic practice is always hearsay.

So if we ask: what kind of autobiographical performance is an analysis? we can say – once we have said that every analysis is different though some are more different than others – that it is one performed in the presence of, and in cooperation with, another

person, nominally skilled in a certain genre of self-telling; with no necessary recourse to, or inclusion of, third parties; the conscious aim not being the production of a text for circulation (and what the analysis wants to give to, or exchange with, the world in which it is taking place is often not articulated). And the autobiographer, unlike the patient, may be paid for telling his story.

Psychoanalysis adds to the stock of available life-stories mostly through theories about life-stories; there are surprisingly few case-histories or fully fledged autobiographies by patients or analysts (It is of interest how impersonal Freud's *An Autobiographical Study* is). And as an autobiographical performance, psychoanalysis is inevitably – indeed, formally – selective in its attentions: childhood memories, dreams, mistakes, the vagaries of erotic life; where there is conflict, wherever continuity is disturbed or composure undermined, our other lives are in the making. And from a psychoanalytic point of view our lives are always other lives (and always in the making). The psychoanalyst, in other words, like the patient and the autobiographer, is always having to manage the fact that too many autobiographies make a life; that one's autobiography might be different at every moment. Perhaps it is not surprising how few autobiographies individual people write, given how many they speak. There is no cure for multiple plots.

There are surprisingly few occasions – or rituals – in which people are expected or invited to tell the story of their lives from wherever they think the beginning is; or to tell the even odder story that is their dream. And the difference between living a life and telling it can feel like the difference between a dream and its account. The autobiographical narrative and the psychoanalytic dialogue both confront us with a simple puzzling question: in what sense is living a life like telling a story? The dream, we should remember, is addressed to oneself; there is no one else who can tell it.