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Letter to the editor

Further thoughts on: Julie's museum: the evolution of thinking, dreaming and historicization in the treatment of traumatized patients

Robert Withers

School of Integrated Health, University of Westminster

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Dear Editors,

Further thoughts on: Julie's museum: The evolution of thinking, dreaming and historicization in the treatment of traumatized patients

I would like to comment on an assumption in Michael Good's (2007) recent letter on Julie's museum, one that with certain notable exceptions (e.g. Bohleber 2007) has remained largely unchallenged during the *IJP*'s ongoing debate about the role of recovered memory in analysis (Fonagy, 1999, etc.). That assumption concerns the central importance to analysis of working in the transference/countertransference.

'Screening', writes Good, 'can seductively divert the psychoanalytic endeavour from what is happening in the immediacy of the transference-countertransference and thereby constitute a defensive enactment, particularly when a particular reconstructive screen involving trauma is convincing to both patient and analyst'.

Leaving aside his conflation of Bion's beta screen with Freud's screen memory—which Lawrence Brown gently points out in his reply—what is Good actually saying here? Traumatic material arising in the course of an analysis, he seems to imply, should be distrusted as potentially seductive; while the sure ground of the transference/countertransference can be relied on. He goes on to reinforce this impression by suggesting that a diminishing emphasis on memory in an analysis may be an indicator of therapeutic progress.

Of course, it is possible to use memory defensively to evade uncomfortable feelings in the transference. But consider things for a moment from the perspective of a patient who is in the process of recovering a genuine traumatic memory. That memory might emerge first through a flash back, bodily symptom or post traumatic nightmare in the form of β -elements that initially make little or no sense to either patient or analyst. Now if the analyst comments on the transference significance of these, in order to avoid being seduced by a screen, isn't the patient likely to conclude that this is because they are evoking unbearable feelings? In effect, the analyst is heard saying, 'Let's not talk about your father raping you—let's talk about us'. The transference interpretation has now become a defensive enactment in the service of the resistance. This is likely to reinforce both the patient's dissociation and beta screen and may itself be a repetition of a denial of the original abuse. Even this repetition cannot be used therapeutically, however, because the emerging memory has been evaded and so remains in the form of unmetabolized β -elements.

There is no doubt that at times the transference/countertransference can be a wonderful therapeutic tool. But we do our patients a disservice if we forget Freud's original insight that it can also be used by the resistance—especially in the face of emerging traumatic material.

ROBERT WITHERS

The Rock Clinic, 270 Eastern Rd., Brighton, BN2 5TA — bob.withers@ntlworld.com
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