

NO STORY, NO ANALYSIS?

The role of narrative in interpretation

COLINE COVINGTON, *London*

Abstract: The construction of narrative is closely linked to identity formation, or the establishment of a sense of self, with its attendant notions of history and continuity and lineal development. Story-making within analysis is seen as being at the heart of symbolic process and of psychic change. The story serves as a form of transitional object combining factual with imaginal, internal and external realities, and reflects our desire to internalize one another. With regard to clinical work, this paper explores the following ideas specifically: the apparent absence of narrative in the analysis of some patients; the use of story as a defence in the service of a false self; how we differentiate 'true' and 'false' stories; and, lastly, the therapeutic value of reconstruction as a form of story making.

Key words: History, identity, interpretation, reconstruction, story, symbolization

Our establishment of identity is based on historical construction – our 'being-in-time'. How this is arrived at may be different for different cultures. Within Western culture it is embedded in historical narrative, by which I mean the notion of narrative as consisting of time sequences with a beginning, middle, and end, reflecting our conception of the human lifespan. For other cultures with different world views, narratives will be structured differently. For example, according to Lee's account of the Trobriand Islanders, narratives are not based on sequential premises. 'There is no developmental arrangement, no building up of emotional tone . . . stories have no plot, no lineal development, no climax' (Freeman 1993, p. 28). While reflecting a fundamentally different world view, what this also tells us is that there is a human need to create stories, no matter how we structure them. Stories are not only phenomenological interpretations or theories of who we are; they also constitute a primary means of communication and exchange.

Our need to create stories is, of course, linked to our need and capacity to symbolize. Story-making is not only an interpretative act, it is also a symbolic process and, as such, carries within it the seeds for change. However, stories are only as convincing (and therefore capable of working symbolically) as they are true. This raises questions of what kinds of truths stories convey and how we recognize a 'true' story.

Peter Ackroyd, the biographer, writes: 'The difference between a novel and a biography, after all, is this: in a novel one is bound to tell the truth, whereas in a biography one can make things up, by which I mean that the biographer is obliged to impose a pattern upon the narrative of a life in order to establish its meaning' (Ackroyd 1993). Ackroyd turns truth and fiction on their heads; truth becomes the creative expression or synthesis of inner and outer realities, and therefore the fictional narrative has the edge so far as truthfulness is concerned. The narrative process combines the imaginal and the so-called factual; no distinction or separation is made between internal and external – the two serve instead as mirrors or metaphors for each other, from which an authentic account can emerge. Biography, on the other hand, as Ackroyd implies, has to do with imposing patterns 'in order to establish meaning', and this can cheat the imaginal dimension, reducing overall truthfulness. Most contemporary literary theorists would agree with Ackroyd that ultimately biography is fiction. But Ackroyd, in my view, is still upholding a distinction between truth and fiction which I would like to argue is in the end erroneous, at least within the context of the novel and the biography, and for that matter within the context of the consulting room and our stories about what happens within that space. It is now a post-structuralist commonplace to recognize that the language we use to describe an event or series of events determines how we think about it and presents us with a particular construction of reality. We can therefore look at all texts as fictions, some more useful than others, whether or not they are acknowledged as such.

In his recent excellent biography of Dr Johnson and Mr Savage, Richard Holmes begins with Richard Savage's death in 1743, which he describes as 'one of the few facts that can be stated without contradiction' (Holmes 1993, pp 4–5). The point Holmes makes is that the nature of biography – just as with the novel – is that it is a version. As he puts it, biography 'tells the story of another's life, and thereby makes it both his own (like a friendship) and the public's (like a betrayal). It asks what we can know, and what we can believe, and finally what we can love' (Holmes 1993).

STORY-MAKING IN ANALYSIS

The narrative form gives meaning and coherence to our experience: we rely on it for our day-to-day discourse to shape and indeed to construct our identities. Much of the work of analysis is to do with seeking, constructing, and deconstructing the individual's life story, by means of the tools of transference and countertransference. In this respect, analysis is not the creation of an autobiography – it is essentially a biographical process involving two people creating a history together. As in the case of biography, analyst and patient must also ask, 'What can we know, what can we believe, and finally what can we love?'

In looking at story-making within analysis, I will be exploring the following ideas specifically:

- the apparent absence of narrative in the analysis of some patients,
- the use of story as a defence in the service of a false self,
- how we differentiate 'true' and 'false' stories, and
- the therapeutic value of reconstruction as a form of story-making.

When I began my practice, I was struck by a number of patients who were simply unable to remember much of their lives; there was one patient in particular who could barely remember to come to his sessions, much less what had happened in the intervening time. These patients appeared to have no story; the story as such that emerged was, if anything, a no-story, principally the experience of being broken up into bits so that no one moment could be connected to another; no continuity and no meaning could be established. From my point of view, it felt like being one of Penelope's suitors, looking on as Penelope spent each day weaving, only to unravel her work each night, waiting for Odysseus' return. This fact helped me to understand what my patient and I were doing in the analytic relationship, for in just this way Penelope managed to freeze time until she could be reunited with Odysseus, who at the same time was heroically struggling to maintain his identity against all the odds. What was being enacted between us can be likened to two aspects of the self working together – what Winnicott would refer to as the false self and the true self, in this case the hidden self. I think that it is the false self which is linked with anti-narrative and which effectively blocks off life in time, albeit with the intention of protecting the true self which is in turn struggling to survive, but whose story cannot be told first-hand.

Analysis begins with the 'case history', which in itself is the telling of a story. Ricoeur points to the active role of remembering in this process. For him, to remember is not only to recall past events but to be able to form connections between them. 'In short,' he writes, 'it is to be able to constitute one's own existence in the form of a story where memory

as such is only a fragment of the story. It is the narrative structure of such life stories that makes a case a case history' (Ricoeur 1977). Without memory, that is, without an awareness of time and sequence, inner life can neither be experienced nor communicated.

Oliver Sacks describes this vividly in the case of a brain-damaged young man whose memory was confined 'to a single moment – "the present" – uninformed by any sense of a past (or a future). Given this radical lack of connection and continuity in his inner life,' Sacks writes, 'I got the feeling, indeed, that he might not have "an inner life" to speak of, that he lacked the constant dialogue of past and present, of experience and meaning, which constitutes consciousness and inner life for the rest of us. He seemed to have no sense of "next", and to lack that eager and anxious anticipation, of intention, that drives us through life' (Sacks 1992). The vital link between memory and temporal experience in establishing a sense of self is also painfully described in Michael Ignatieff's novel, *Scar Tissue*, in which the narrator's mother is suffering from symptoms of senile dementia. He writes, 'It is not that she was forgetting discrete events; she was unable to place herself in a meaningful sequence of those events. She knew who she once had been, but not who she had become' (Ignatieff 1993).

THE ABSENT STORY

I want to describe briefly one patient who struggled with remembering and forming connections with her memory. This woman recounted memories of her childhood as if she had always been watching herself in different roles unable to find a continuity between past and present, so that the present could never be fully experienced. Her experience was of always being self-conscious without ever being herself. Her thinking had been severed from her feelings. She could neither discriminate nor evaluate her affective states. She said of herself, 'I don't know what is real and what is the truth – whether, for instance, my feelings are real – whether the patterns in my life have been caused by me, or whether they're just part of my life. I can hear myself talking but it isn't coming from my brain. I don't really know what I feel. Or what I want – whether I want to be a big career woman or whether I want to live alone in the country with my dog. Both are romantic constructions. But I don't know which I am.' She continued,

I know I'm greedy and have cravings for things. I adore apricots and when they're in season I have to eat them. After I eat one, I tell myself that I've now tasted the apricot and know what it tastes like and am not hungry so there's no reason to eat any more. But I go on eating them. And I don't know what the desire is for. When I was travelling last year I was amazed when, after climbing, I could feel my heart

beat and my throat was dry and closing up. I felt like everyone else then. I was amazed that my body was doing what the text books said it would. Like when I lost a lot of weight at school – I was surprised I could do that by not eating, that it was true. I need to possess things. I have to eat all the apricots before they'll all gone. Unless I possess it, I don't have anything to bounce off – I don't know where I am.

In this woman's case, her severed memory effected a curious sense of disembodiment, in which physical pain and physical incorporation (as with the apricots) are welcomed as a means of establishing a sense of self or I-ness and of achieving recognition of her I-ness in relation to others. Because she could not think about her feelings, it is the physical pain itself which delineates inside and outside and reminds her of her body as a container. The experience of physical pain seems to verify the existence of an inner world that is not empty but has content, but it also obscures feeling, which would create history. This state is eloquently described in the following lines by Emily Dickinson (Dickinson, 1951):

Pain – has an Element of Blank –
It cannot recollect
When it begun – or if there were
A time when it was not –

It has no Future – but itself –

Patients who live for their pain have difficulty in separating what is happening to them from what they make happen. They have no sense of themselves as agents of their own actions. This difficulty is most apparent in the problem of narrative and story-making in analysis. To be able to narrate a story involves the relating of past experience and signifies an acknowledgement of separation in time. But for these patients this separation can be denied by the failure to narrate: there is no story to tell, no beginnings and no ends. The story then becomes the repetition lived in analysis, a kind of anti-narrative that takes place in the immediate moment within the session or that moment between sessions, each constituting its own discrete time frame. In cases like this, the story cannot be told because there is no memory, or, to be more precise, some things can be remembered but not others, and no memory that is recalled seems to 'fit'. In this woman's case, it was the memory segments themselves that did not seem to 'fit' together, so she could never arrive in the present. The 'gaps' are then perceived as providing the 'missing links'. And it is in the gap, where thinking cannot enter, that the illusion of a self unchanged in time and therefore continuous can reside. The sense of self is therefore constructed on the basis of maintaining an inner world devoid of meaning, essentially empty and without feeling.

In a case of what I call the 'absent story', or 'no-story', what is manifest is the repeated attack and destruction of relationship, or of

ongoing internal objects, what we know of as object constancy. Mental processes become dissociated from bodily experience because the image of a coherent body cannot be internalized with any continuity; only body parts can be retained, as unrelated images within the inner world. Yet the dissociation itself can be seen to encapsulate its own story or history, of the self treated as object. Although the individual scenarios differ, what is always apparent in the absent story is the failure at some level for the patient to be able to establish a presence as an active figure within a live drama, or, in other words, to function as subject. Instead, repetition stands in for life, and perverse scenarios are created in a kind of timeless vacuum. As Roland Barthes comments in his after-word to the pornographic *Story of the Eye*, it 'is really the story of an object'. He rightly goes on to ask, 'How can an object have a story?' (Bataille 1979, p. 119). Indeed, a characteristic of pornographic literature is that it lacks a middle and an end; it rests firmly in the anti-narrative tradition. The self is only object, not subject.

NARRATIVE TRUTH IN ANALYSIS

Freud described the aim of analysis as the making of an 'intelligible, consistent and unbroken' life story (Freud 1905). I would like to make the distinction between historical reconstruction within the transference and the establishment of history within the analytic frame itself. The historical concept of the transference refers to the reconstruction in the present of past relationships, by which means the truth can be revealed and understood. The modernist concept regards the transference as a new experience, the experience of the 'here-and-now', in which the present takes centre stage while at the same time remaining influenced by the past. From the modernist's perspective, the purpose of interpretation is not to create or re-create a 'true' historical account of the patient's life, but rather to enable the patient 'to understand the needs that are dictating his construction of past and present' (Tuckett 1993).

Another way of viewing this shift from the historical to the modernist concept of transference is to see it as a change from the notion of the blank-screen analyst towards a recognition of the effect of the analytic relationship as not simply a tool by which historical material can be unveiled but as actually creating history and its interpretation within the present and the future. This is the premise of the 'relational' school of psychoanalysis, and it has analogues in the Jungian concept of archetypal transference, which implies a transference in which the future self of the patient emerges.

ARCHETYPAL FEATURES OF ANALYTIC NARRATIVES

Jung points to the archetypal foundation or origin of myth, as a form of story, implying that the narrative process is fundamentally archetypal. Jung makes the distinction with regard to myth that mythological motifs were not invented in the sense of having been created or made, but were pre-existing ideas waiting to be found or revealed. He refers to the Latin derivation of invent, *invenire*, meaning, 'in the first place, to "come upon" or "to find" something and, in the second, to find something by seeking for it. In the latter case, it is not a matter of finding or coming upon something by mere chance, for there is a sort of foreknowledge or a faint inkling of the thing you are going to find' (Jung 1977, para. 549). If we accept that what is going on in analysis is a process of inventing or discovering a story, or a series or inter-related stories, by which means a sense of self as agent can be found and established, we must ask not only how the story comes into being in the first place but also why it is that some stories (i.e. interpretations) appear to have a transmutative effect while others do not. Although we can see the destructive processes that are at work in the absent story, it is important to stress that the presence or creation of story does not in itself lead either to what Kohut refers to as 'continuity of self' or to psychic change.

There is an inbuilt tendency – indeed necessity – within analysis to describe and conceptualize the process as a narrative. The danger attached to this is that inconsistencies are smoothed over for the sake of maintaining the narrative form, that is, one narrative may take precedence over others and become central, thus distorting or inhibiting the emergence of what may turn out to be a 'truer' story. For this reason I think it is only possible to talk about degrees of truth in relation to story. In questioning the truth value of story, in his book, *Rewriting the Self*, Freeman points out that the assumption of what is 'true' does not necessarily entail correspondence with a former reality. He goes on to deal with the question of how we can then differentiate between so-called true and so-called false stories. Again truth is conceived other than in terms of correspondence (i.e. to the past). Consistently with the modernist concept of transference, he understands that the aesthetic impact of a given interpretation of reality within a narrative whole constitutes its own truth value. In my view, this is determined in the analytic relationship by the empathic capacity and expression of the analyst.

RECONSTRUCTION AND FALSE SELF

What is essentially at issue for analysts is the reading or misreading of the transference and countertransference, how this is interpreted, and

then how it forms part of an overall story-line, that is, the narrative of the treatment. Certainly the seductiveness of creating a smooth story-line runs the risk of imposing pre-set theoretical formulations over actual experience. Then, rather than formulating a reconstruction which has a positive therapeutic effect, the reconstruction may serve instead to support a false self whose compliance is mistaken for change. In such a circumstance interpretations will be used by the patient (and may even be given by the analyst) in collusion with this defensive structure.

This state of affairs is sometimes made apparent when patients return to analysis after a previous period of treatment. What can finally emerge is a whole area of truth which has been carefully kept secret (on an unconscious level) throughout the previous treatment. For instance, one man, after some weeks of analysis, disclosed that he was spending a great deal of money on enacting a particular sexual fantasy. He also admitted that this was something he had never spoken about in his previous analysis. As our work progressed, this secret area was increasingly exposed and consequently necessitated a different reconstruction – one which, I would argue, was truer to his own experience. But it also entailed a period of deconstruction and confusion during which *no* story could be found, a period in which what was essentially his false self was being disassembled. This man had been able to use his previous treatment to strengthen a false and imitative persona. With the help of his previous analyst, a narrative had been constructed which was plausible enough to support and enhance a false self which now, however, was being deconstructed. Indeed what was striking was that it had been the very construction of a narrative which seemed to have given this man some means of going on being. For him, the process of reconstruction had not had a transmutative effect. Reconstructions had not served a symbolic function, and they had not led towards further insight and development. They could never be internalized adequately because they had not touched on his 'secret' internal world. Instead, he had clung to his narrative as a kind of symbolic equation, or as an attempt to create a self object which would serve as an external container of sorts. Of course, while this narrative had helped my patient to function better in the external world in many respects, his inner world remained depleted and his compulsion to act out his fantasies not only continued but escalated to a dangerous degree. It gradually became clear to both of us that the previous treatment had evolved into a re-enactment of his early relationship with his mother in which he had had to work out a *modus vivendi* to fit in with her and which he had become very skilled at doing.

SOMATIC MEMORY AS NARRATIVE

I would now like to look at how this hidden (or true) self is forgotten or severed from memory and becomes somatized. When this occurs the somatic symptom operates as a defence but also contains and expresses that hidden aspect of the person's emotional history. A female patient demonstrated a hysterical symptom of persistent and debilitating stomach aches. She explained that as a newborn she had had feeding problems and had failed to thrive. Her mother had been unable to produce enough milk and she had been bottle fed from birth. She attributed her failure to thrive to her frequent bouts of colic, which were often accompanied by vomiting. Her mother tried to feed her various formulae, which would initially have some beneficial effect, but she would then begin to vomit up each in turn. She was able nevertheless to take in enough food to survive physically, and her colic gradually disappeared. It was only later, when she was a young woman, following the death of her childhood nanny, that her stomach aches recurred and became persistent. At the beginning of her analysis, she would lie on the couch clutching her stomach and moaning softly, unable to speak for long periods of time. Whatever was said in the sessions, she wrote down meticulously afterwards, or else, as she said, she would remember nothing. She had to start at the very beginning each time she saw me; nothing could be retained in between sessions. It became clear that she had experienced her mother as mechanical, intrusive and controlling. To have swallowed all of her milk would have meant allowing herself to be annihilated. Her vomiting could be seen as an early form of discrimination in which she was attempting to separate out what was literally indigestible, whilst retaining enough to survive. In other words she developed a defence of the self which became as controlling as her mother's behaviour had been towards her. Within the transference this was manifested in her systematic unconscious obliteration of me (for instance, her inability to remember me in between sessions). By my focusing on her stomach aches and what she was physically feeling, she was able gradually to begin to differentiate her feelings. This process began in her stomach, then moved to other parts of her body, and eventually she was able to associate the feelings bound up in these body parts to actual memories as well as to events within the sessions. Describing her stomach aches unlocked her history bit by bit, enabling her to regress and to begin to form some degree of attachment to me, at least within the sessions. As we could begin to analyse her stomach aches, they became the concrete manifestation of her internalized, poisonous mother-object who would attack her from inside and prevent her from taking in what she needed from the world outside. Her nanny's death had left her without any constant object to ensure her survival. Following the nanny's death, her own early history

of nearly starving to death, along with her hatred of her mother, were subsequently remembered and retained within her stomach. Her internal world felt painful and as under-nourished as her stomach had been. In this atrophied state, the stomach pains, which contained these historical traces, served to remind and reassure this woman of her physical existence. As she was able to experience and retain a good feed (object) more and more, her stomach aches lessened and she began to drop off to sleep – what she called her ‘bird-naps’ – for very short periods of time in the sessions. It was in these ‘bird-naps’, which seemed to have a rhythm of their own, that she was first able to experience a sense of uninterrupted life.

The symptom in this case thus bore the seeds of its own narrative and also stood in the place of narrative. By deconstructing the symptom, concretely, and discovering the feelings associated with it, we could begin to piece together her story. It is this process of creating stories together with our patients, that enables us, as long as the stories emerge from the self, to form a bridge between internal and external realities. Winnicott describes this process beautifully in terms of the mother-infant dyad when he writes, ‘I think of the process as if two lines came from opposite directions, liable to come near each other. If they overlap there is a moment of illusion – a bit of experience which the infant can take as either his hallucination or a thing belonging to external reality’ (Winnicott 1986, p. 4). This overlap forms the basis for the development of the transitional object and ultimately symbolization. My point here is that the narrative process, whether in the context of analysis or elsewhere, creates an imaginative space within which the story itself becomes a transitional object which can be referred to and transformed over time.

NARRATIVE CONVICTION

I now want to turn to the question of conviction or belief. Ricoeur, in his paper, ‘The question of proof in Freud’s psychoanalytic writings’, states that to qualify as a psychoanalytic fact, an item must first be ‘capable of being said’; second, it must be said to another person; third, it must represent a piece of psychic reality; and fourth, it must be ‘capable of entering into a story or narrative’. (Ricoeur 1977, pp. 836–43) Here Ricoeur is also listing the necessary components that constitute a belief system; within such a system he places the story as central to the analytic endeavour. The key relational consideration that Ricoeur identifies is that what is capable of being said must be said to another person; there must be a teller and a listener. Further, in order to construct a narrative, this relationship must be operative, although it is not in itself sufficient to the task. What is also vital, and implicit in Ricoeur’s fourth category,

is the establishment of the past. In this century, Proust and Freud have had the most to say about the meaning of the past for the narratives that make up our lives. In an interview entitled, 'The psychoanalyst and the historian', Kohut distinguishes what he terms the Freudian past from the Proustian past. He writes:

One (the Freudian) is a search for an enclave of disturbance that once found can be, as it were, removed and functioning improved. It is a physicalistic model, like abscess draining, and it has its own psychological history via hypnosis. The use of hypnosis by the early analysts, then, was a decisive step. Its aim was not to change manifest behaviour but to get the patient to remember the past under pressure. The pathogenic enclave that was unconscious and overlaid by healthy tissue could function better, since it was no longer plagued by the pus of the pathogenic repressed. Psychoanalysis was only interested in the past in order to understand better the present.

The Proustian search for the past is something else. It is initiated by the searcher's need to establish a developmental continuity of his self. There is a break. The self is fragmented along the time axis. The Proustian search is to heal this break and cure the self by feeling whole and historically continuous. I once supervised a case where the analyst introduced one of her interpretations by saying something like, 'As you said two weeks ago . . .' The patient felt marvellous. He didn't even listen to the explanation itself, to the content, but the mere fact that in the self-object's mind a continuity of his was present, that he was there in the past. In that sense he began for a moment to grow together. (Kohut 1985, pp. 216-7)

The role of the analyst as someone who remembers is the prerequisite for establishing a truly subjective relationship. As Kohut describes, evidence of the analyst's memory brings to life for the patient that there is a listener and a teller, that there are two subjects who exist over time and into the future. It is through the mutual act of remembering that the on-going construction of a narrative can occur. As a result of the interaction between them, requiring them both to enter into the story, the teller and the listener become introjected as participants in an internal dialogue between self and consciousness. It is therefore not simply the incorporation of memories 'within the context of a plausible narrative order' (Freeman 1993, p. 171), or a narrative model, that produces a measure of psychic healing. It is, more fundamentally, the incorporation by the patient of the narrative process itself. It is by creating a narrative that we realize and express our need to internalize the other and to experience ourselves as internalized by an other in a meaningful way. The construction of narrative, derived from our desire to know and to form connections with one another, and to explore what we can love in one another, has a transmutative effect, that is, it produces psychic change.

CONCLUSION

Writing out of his belief in the healing power of invisible and unknowable things, Jung refers to the Talmudic saying, 'The dream is its own interpretation.' It could equally be said that the story is its own interpretation. The stories we invent for ourselves and out of ourselves are symbolic structures which serve, as transitional objects, to form a bridge between self and other and to make manifest our inner world. Jung writes:

Man positively needs general ideas and convictions [and here I would specify *stories*] that will give a meaning to his life and enable him to find his place in the universe. He can stand the most incredible hardships when he is convinced that they make sense; but he is crushed when, on top of all his misfortunes, he has to admit that he is taking part in a 'tale told by an idiot'. (Jung 1977, para. 566)

It is not only the credible story that makes life bearable, it is, I think, more importantly, the act of meaningful story-making, which is only made possible through relationship, that gives us a sense of self and distinguishes us as creators of our own lives.

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