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SCYLLA AND CHARYBDIS
Sexual abuse or 'false memory syndrome'? Therapy-induced 'memories' of sexual abuse.★

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For some years now I have worked extensively with the topic of sexual abuse. It all began when several women came to my practice plagued with vivid memories of sexual abuse in childhood and adolescence. To date I have worked with seventeen women and three men who have concrete memories of abuse. In the case of several others, symptoms, dreams and, in particular, feelings and body sensations at the very least raise serious suspicions of sexual abuse.

I have consistently found that 'body memories' too are an indispensable help with the diagnosis and treatment of some cases of sexual abuse. I cannot go into more detail here. Suffice it to say that by 'body memories' I mean 'preverbal and averbal memory traces, that is to say, unspecific coenaesthetic memories sensed in the depths of a person's bowels and body tissue. They have been impressed into and express themselves in body sensation, attitude and movement' (Ware 1984, p. 242). Mara Sidoli remarks very much to the point: 'The emotional memory has been lost and is preserved in the archaic somatic memory of the body' (Sidoli 1993, p. 78; my translation). Although body memories are beyond doubt an extremely valuable aid to therapy, they are subject to the very same ambivalence (objectively true or false?) as imaginal, eidetic memories. Fred Plaut has also remarked:

> So there are two ways of reaching memories going back to the preverbal period. One is by verbal interpretations that arouse feelings and sensations. *The other is sensations that can arouse the vague feeling of significance which then becomes structured into a fantasy.* Whether or how closely the fantasy (-scene) that is (re-)evoked in this way corresponds objectively to the facts as 'remembered' must be left open (Plaut 1993, p. 292; my italics).

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Plaut's final comment introduces the issue of 'recovered' or so-called 'false memories', which is the topic of this paper.

I once observed in the course of a long analytical therapy with an oedipally fixated borderline patient, whom I shall call Louise, how she was tormented for quite a long period by the suspicion that she had in reality been violated incestuously. One day, after having stumbled upon and read the very incisive book on sexual abuse by a Jungian colleague in Zurich (Ursula Wirtz, *Seelenmord* [Soul Murder], 1989), Louise suddenly felt she had found the key to understanding her decades-old severe psychic and psychosomatic symptoms. The culmination of this whole phase of the therapy came in a dream, the clarity of which seemed to settle the matter beyond doubt. This 'repressed memory' was the turning point in the therapy. I shall return to it shortly.

In this article I use the concepts 'sexual abuse' and 'real incest' interchangeably. I feel this is justified since (i) by far the most instances of sexual abuse occur within the extended family circle (including family friends), and (ii) as a consequence of the transgression of the generational boundary, sexual relations between adults and children or adolescents of their very nature always contain an incestuous dynamic.

THE SO-CALLED 'FALSE MEMORY SYNDROME'

In recent years there has been a veritable flood of professional and popular literature on the theme of sexual abuse and real incest (see especially Wirtz 1989, Hoffmann-Axthelm 1992, Bruder and Richter-Unger 1993). I am not so much concerned with that here. I want to call attention to and focus on another phenomenon which is currently causing quite a fury in the USA and seems to be gaining prominence in Europe as well. In June 1994 the Psychoanalysis Unit of University College, London, together with the Anna Freud Centre, conducted a weekend conference on 'Recovered memories of abuse: true or false?' The subject of my reflections too is the so-called 'false memory syndrome'. It is characterized in particular by a therapy-induced memory of a sexual abuse which in reality apparently never occurred. For this reason the 'recovered memory' has been designated a 'false' memory.

In the second part of a cover story entitled 'Is Freud dead?', on the supposed demise of psychoanalysis, the American *Time Magazine* (29 November 1993) carried an article on 'Lies of the mind' in so-called repressed-memory therapy. According to *Time*, the increasing disclosure of so-called 'repressed memories' of sexual abuse has assumed 'epidemic proportions' in the United States. A most succinct, jarring subtitle announces: 'Repressed-memory therapy is harming patients,

devastating families and intensifying a backlash against mental-health practitioners' (Jaroff 1993).

The phenomenon is even influencing new legislation in almost half of the fifty states in the USA. There the statute of limitations for sexual abuse has now been set at three to six years from the time of emergence of the memory. Solely on the basis of their own (previously 'repressed') memories a number of supposed victims of sexual abuse have now successfully brought civil and even criminal charges against members of their own families. 'This means that with little more than the recollection of the accuser, a parent or other relative can be hauled into court decades after the supposed crime' (Jaroff 1993, p. 45). Accused parents have been assessed damages and even jail sentences. That this can be and is extremely traumatic for both families and individuals need not be emphasized further.

In the September 1993 *AARP Bulletin* of the influential American Association of Retired Persons (an organization for retired people and over–50s) a full-page article on the 'Shadow side of memory' reported on a False Memory Syndrome Foundation established in 1992 for the support of persons *unjustly* accused on the basis of false memories and unsubstantiated accusations (Hey 1993). According to *Time Magazine* in November 1993 it represents more than 7,000 individuals and families – a more recent newsclip spoke of 10,000. And, in a well-publicized 1994 lawsuit in California, a father won a large settlement against his daughter's therapists for their treatment in which memories of her having been incestuously abused by him had surfaced, memories which the daughter continued to claim in the trial were true and this father false.

Psychiatrists, psychotherapists and clinics have also been successfully sued for therapeutic negligence and fraud by supposed 'victims of sexual abuse'. Charges have been sustained that these therapists did not uncover the memories of sexual abuse but actually induced them. The topic is being subjected to heated debate and study by the three large American professional organizations for psychologists (APA), psychiatrists (APsA) and the medical profession (AMA). Despite all the polarization in the discussion, there already seems to be unanimity that the problem concerns not only charlatans and quacksalvers but 'the cream of the crop', the best and most experienced of psychiatrists, clinical psychologists *and* psychoanalysts.

How can it come about that experienced colleagues are so mistaken in their assessment of recovered memories? If these memories are indeed false, how do they come about? In response to these most pressing and distressing questions I would like to present a hypothesis. It is still very much a provisional communication – work in progress toward a more precise formulation of the question at issue, not yet

an answer to that question. It seems to me that in the present situation it is absolutely crucial to pose the right questions. If we are successful at that, then we are much more likely to develop better and more secure working hypotheses and to find the answers we need so badly. I shall formulate my hypothesis in three parts.

1. Sexual abuse as loss of psychic structure

As a result of the traumatic dissolution of reality in sexual abuse it involves – as the expression 'soul murder' accurately expresses – a 'death' of the personality (Bion 1962b, p. 42). That is to say, it brings about severe structural damage, an 'assault on the identity and the humanity' of the abuse victims (Wirtz 1989, p. 9). He or she suffers two absolutely contrary realities, which in turn condition two incompatible introjects: on the one hand, the loving father/brother/uncle, and on the other the fully aroused sexual being, whose character she/he experiences as being completely transformed. This latter 'breathes rapidly, loudly and heavily, he groans, his eyes change and dilate, he begins to tremble', he loses control over himself, seems and often is quite menacing (Steinhage 1992, pp. 158, 183; cf. Garbe 1991). 'Monsters or loving parents?' is the poignant title of an exceptional study of sexual abuse in the family, edited by Bruder and Richter-Unger (1992); it captures well the dilemma and inner conflict of victims of abuse. The transformation of the familiar, well-known person into a completely strange and foreign being inevitably effects a traumatic destabilization of the structurally immature, pregenital character, be they child, adolescent or adult.

Georgia Savage describes the following reflection of the 13-year old heroine of her novel *The House Tibet* after having been raped by her own father:

> The worst part of it was knowing my father had gone. I don't mean just out of the room. I mean for good. The person smelling of birthday aftershave who'd taught me to swim and ride a bike and tended every little cut and scratch for me was gone and in his place was a stranger who didn't give a solitary little second of his thoughts for anything that happened to me. Not only that, the stranger was still somewhere in the house and might come back some other time and force himself into the most private, private part of me.
> [A few pages later she shouts in dismay:] 'Where's my father?' (Savage 1992, pp. 7–8, 12).

In terms of our psychoanalytic theory, sexual abuse effects a breakdown and damage, indeed a loss of psychic structure to depths where we are accustomed clinically to speak of psychotic disturbance or decompensation or of psychotic parts of the personality. Christina von Braun remarks succinctly: 'incest comprises at the psychic level

a sacrificial death: no other love relationship presupposes as this one does the complete surrender of ego and autonomy' (von Braun 1992, p. 227; my translation).

Since the revelation in recent years of the horrible extent of real incest and sexual abuse we have attended all too much to the traumatic character and the traumatic effects of sexual abuse. We have given all too little thought to the structural damage it entails. Concretely, it is less the symptomatic appearance than the structural consequences (the extent of damage and loss of psychic structure) that need to build the focal point of our clinical observation and reflection. The age of the victim is of less consequence than his/her structural maturity. Most particularly we need to attend to the minute, primitive splitting processes and projective identifications conditioned by the abuse. Equally important for our therapies, it seems to me, as the attention given to victim identification, is to discover and work with great care on the perpetrator introjects which are in part responsible for the intense guilt feelings of sexually abused persons (cf. Bingel 1992, 1993, 1995).

2. Projective identification and the psychotic core

In the psychodynamic of all neuroses, especially in severe character neuroses, narcissistic and borderline disorders, there are always psychotic aspects or a psychotic core. These endogenous disturbances result from deficits in or loss of or damage to psychic structure. Exogenous traumatic disturbances such as sexual abuse and real incest also effect the loss of psychic structure and a corresponding weakening of the personality. Both forms, abuse and character disorder, produce a recourse to primitive splitting mechanisms and projective identifications. An important issue of differential diagnosis can only be mentioned here, namely, whether or not severe borderline disturbances always involve an incest relationship dynamic: whether the reality of this dynamic is based on an objective real incest – to which for psychodynamic purposes we subsume all transgenerational sexual abuse; or whether it occurs – and I intentionally avoid the devilish word 'only' – in incestuously cathected inner object relationships.

In my opinion, on this structural level we find a basis for understanding the origins of so-called 'recovered' or 'false memories' of sexual abuse. My hypothesis is:

Wherever extensive recourse to primitive splitting mechanisms and projective identifications occur, conjectures and phantasies of the patient and/or of the therapist can easily lead to the production of 'false', therapy-induced 'memories' which have no foundation in, or direct correspondence to, the objective reality of the patient's history.

'Therapy-induced' means for me originating within the therapeutic

relationship in what Jung called the 'mutual unconsciousness' of patient and therapist (Jung 1946, para. 364 and 367). This 'mutual unconsciousness' is the place in which the notion of sexual abuse is conceived. Whether the initiative to such phantasy products comes from the patient or the therapist need not concern us here, although it is of course of eminent importance in the consulting room. I am personally inclined to suspect that it is in any event a result of patient and therapist coming together in an unconscious act of procreation.

How does all this come about?

The key to my own understanding of such processes originated in the reading of a paper which the English psychoanalyst Wilfred Bion presented in 1955, 'Differentiation of the psychotic from the non-psychotic personalities' (Bion 1957). Bion writes:

> the differentiation of the psychotic from the non-psychotic personalities [personality aspects] depends on (i) a *minute splitting* of all that part of the personality that is concerned with awareness of internal and external reality, and (ii) the *expulsion of these fragments* so that they enter into or engulf their objects (p. 61; my italics and numbering).

As can be seen, we are dealing here with mechanisms which have been elaborated most extensively in the Kleinian school of psychoanalysis, in particular with primitive splitting and projective identification. This latter is a phantasy that some part of the ego is split off and transferred into an external object. In this manner the ego is altered so that it incurs 'a depletion of both energy (sense of life) and of actual abilities – for example, the feeling in the presence of a learned and respected teacher that one's own contributions are foolishly silly' (Hinshelwood 1991, p. 320; on projective identification see also Bott Spillius 1988, I, 2).

Samuels (1985) remarks on the similarities between Jung's concept of *participation mystique* and Klein's projective identification. Hogenson (1983, pp. 136ff, 157ff) describes an even more significant concept in Jung, which he (Hogenson) calls 'primary projection'; this 'results from the archaic *identity* of subject and object' (Jung, *Coll. Wks* 6, para. 783, cited from Hogenson, p. 137). In her clinical study (1993) Winkelmann-Bovensiepen makes no comparison of Jung and Klein on this point. She does comment however on the correspondence between Jung's 'transcendent function' and Bion's 'alpha function'. An excellent critical comparison of Jungian method and Kleinian approach can be found in Plaut's 'Some reflections on the Klein-Jungian hybrid' (Plaut 1993, pp. 284–305). Without using this terminology, Jung himself graphically describes the *phenomenon* of projective identification when he writes of unconscious 'infections' occurring in the transference/countertransference:

> I know of cases where . . . short psychotic intervals were actually 'taken over', and during these periods it happened that the patients were feeling more than ordinarily well . . . This is not so astonishing since certain psychic disturbances can be extremely infectious if the doctor himself has a latent predisposition in that direction. (Jung 1946, p. 172, fn 17)

For the patient in the grip of psychotic functioning, the 'awareness of internal and external reality' (Bion, loc. cit.), for example that of the sexual parents or that of separation and the feeling of exclusion, cannot be tolerated and psychically elaborated. Instead this perception is split into minute parts, dismembered and eliminated. As an example of this 'minute splitting' and 'expulsion' I recall a very articulate patient with severe character pathology who repeatedly, for periods of ten to twenty minutes at a time, could only formulate unintelligible snatches of thoughts and sentences.

The 'expulsion of fragments that enter into or engulf their objects' describes the course of projective identification. In this process the patient may '*use* the analyst' (or another person) 'to evade a committed link with the analyst, from which the patient runs the risk of painful experiences and a destabilizing of his personality structure' (Hinshelwood 1991, p. 183, with reference to Betty Joseph). A good example of the intensity of projective identification is the defensive manœuvre by means of the sexualization of pregenital impulses. The eroticizing effect of the repressed chaotic impulsivity of the patient can quite literally 'engulf' the therapist, attacking both his thinking and his connection with the patient.

Preconditions of these psychotic mechanisms are, according to Bion, on the one hand, the environment, in particular the extent of empathic capacity in the child's early relationships, and on the other hand, 'the patient's inborn disposition to excessive destructiveness, hatred and envy' (Bion 1959, p. 98), 'a preponderance of destructive impulses so great that even the impulse to love is suffused by them and turned to sadism' (Bion 1957, p. 62).

> Further features of the psychotic aspects of personality are:
> 1. hatred of reality, internal and external, which is extended to all that makes for awareness of it;
> 2. a dread of imminent annihilation (Klein 1946) and, finally,
> 3. a premature and precipitate formation of object relations, foremost amongst which is the transference, whose thinness is in marked contrast with the tenacity with which they are maintained. The prematurity, thinness, and tenacity are [especially in the transference] pathognomonic [that is to say, characteristic for the illness]. (Bion 1957, p. 62; my numbering).

So much for Bion.

Again I would emphasize, at issue are not 'psychotics' in a clinical-psychiatric sense, but psychodynamic aspects of personality. 'In this

context, the psychotic personality is not a psychiatric diagnosis but designates a way of mental functioning that coexists with other ways of functioning. According to the dominance of one way of functioning over another, certain behaviour will become observable and thus determine a diagnosis of psychosis or neurosis in the clinical sense' (Grinberg *et al.* 1993, p. 24).

The 'premature and precipitate formation of object relations' is, in my experience, frequently expressed in the defence mechanisms of idealization, which I shall not examine in this paper, and of sexualization. By means of the patient's projective identification both can occur in the therapist's syntonic countertransference as well, blinding him or her to the dire reality of the therapeutic relationship. When the therapist so allows himself to become psychically 'infected' (Jung 1946, pp. 176–7), and, even more, when in his own distress he must fear 'the risk of painful experiences and a destabilizing of his personality structure' (Hinshelwood 1991, p. 183), then he too may resort to the defence of projective counter-identification (Grinberg 1979). In addition, either the therapist or the patient, or both, can project, for example, importunate or dangerous sexual thoughts and impulses outside the therapeutic relationship into the conception of a *real* sexual abuse in the past or present life of the patient. In this way they seek to eliminate the danger to the therapeutic relationship and to escape both intrapsychic and interpersonal confusion and distress.

When projective identification and counter-identification occur, then for the time being at least boundaries are wiped away and confusion occurs. This circumstance can influence even the experienced therapist to suspect or even – a collusive form of acting out – to postulate and interpret a *real* sexual abuse. In the event of psychic frailty and suggestibility it is then only a small step to therapy-induced 'false' memories of presumed 'real' abuse.

In the worst case scenario the therapist becomes entangled in acting out a most destructive dynamic of abuse. Because of the intensity of projective identification and/or counter-identification the therapist's 'containment' is destroyed. He loses his capacity to endure and let be in himself the patient's rejected affects. To ward off the loss of structure, security and support in the therapy, in the end patient and therapist cling to each other in this therapeutic melt-down in a sado-masochistic clinch, such as has been described in a number of recent accounts by 'victims' of sexual abuse in analytic psychotherapies: Anonyma 1988, Augerolles 1991, Hench/Teckentrup 1993. More often than we would like to believe, this clinch does not stop at sexual acting out, something which in my opinion is always a severe sado-masochistic attack on the therapeutic connection – a fatal attack in terms of its outcome for the therapy. 'When a therapist engages in

sex with a patient, he or she is engaging in potentially homicidal activity . . .' (Kenneth Pope, cited in Anonyma 1994, p. 1).

3. Sexual abuse as a social-psychological model

Before I turn to clinical examples I would like to mention a third, social or social-psychological determinant of the emergence of 'false memories'. For some years now we have been living in a period where the idea of sexual abuse and real incest is no longer denied and repressed. Even in the popular media the topic of incest and sexual abuse has become socially acceptable. At a deeper level we can speak of a dominant archetypal pattern emerging in all its ambivalence within our contemporary culture.

> Any experience may be used as a 'model' for some future experience . . . The value of a model is that its familiar data are available to meet urgent inner or outer need. The selected fact precipitates the model. The coherence of the elements in the model that is identified with the realization is then felt to pertain to the elements of the realization. (Bion 1962b, p. 74)

In today's world sexual abuse (incest) is such a model, promising to organize and to give coherence and continuity to catastrophic experiences that confuse and destroy psychic and social structure. Recourse to the model of incestuous abuse can occur wherever chaos in whatever form threatens – especially in therapy – to gain the upper hand and effect catastrophic change.

Some years ago a somewhat overweight young woman consulted me in connection with 'suspicion of sexual abuse' by her father. As early as the second session she confessed that she had only wanted to arouse interest with her suspicion. She could not conceive that I could possibly be interested in her eating disorder. (This in its turn, as only subsequent therapy revealed, was in the order of a 'cover symptom' for a deeply shameful 'addiction to not paying debts'.) In her study of female eating disorders, von Braun goes still further and connects eating disorders with a cultural proclivity for incest. She considers incest to be normative for modern sexual culture:

> Not only has the 'curse' dissipated that previously lay upon incest. Even more, the presence and mode of representation of the incest theme in literature and the media make clear that a new 'norm' for desire has emerged. By the same token it is immaterial whether this new desire is expressed openly as a lust for incest or whether it hides behind a pseudo-moralizing indictment of the 'perpetrators'.
> . . . Behind female eating disorders lies hidden in the last analysis a rejection of the (real or imagined) father, that father who in the 'collective imagination' is the equivalent of incest and sexual abuse. . . . In any event, I find it important to recognize that we are dealing today not only with the reality of sexual abuse, but that incest is also experienced as a 'sexual norm'. Expressed in another way, at

> issue is not only whether a woman sleeps with her brother/father/uncle, but just as much whether she has learned to believe in an ideal of love that raises incest to the valid norm of fulfilled desire . . . In the one case as in the other, she senses that 'fulfilled sexuality' demands her death, the loss of her otherness. Is it any wonder, under these circumstances, that many women do not seek 'sexual fulfilment'? (von Braun 1992, pp. 237ff)

Much in the same fashion the social-psychological, collective imaginative model of 'sexual abuse' or 'incest' can facilitate the conception of real abuse in the life history as well as in the therapy. In so doing it makes it available for defensive purposes. This feeling-toned conception or model can manifest itself in dreams and in analytical interpretations just as it can appear in the re-enactments of the transference/countertransference and also in so-called 'repressed' or 'recovered' memories.

I shall illustrate this with two case vignettes.

Evelyn

A narcissistically disturbed, young borderline patient whom I shall call Evelyn. In terms of age she could have been my daughter. She was in any event a quite seductive father's daughter. For a long time at the beginning of her therapy I tried with paternal solicitude to relieve and improve her feeble sense of self-esteem through an emotionally corrective experience, lauding her achievements, consoling her defeats. At the same time, however, her eroticizing attraction caused me no end of trouble. Much later, after a severe structural breakdown, she accused me repeatedly and in no uncertain terms of having sexually abused her in that I had forced the sexualization upon her. In her mind I had become the sexually abusive aggressor.

In retrospect I must confess that at the time I was not capable of dealing with the projective identifications. In fact, it was in no small part as a result of the failures of this particular therapy that I first began seriously to pursue the importance of projective identification for work with severe disorders. No sexual acting out occurred with Evelyn. But my attempts at interpretation of the sexualization as a resistance were experienced by her as the persecutory return of the projected content. In the unconscious transference, the sought-after and feared incestuous connection with the father was constellated. Furthermore, in her unconscious phantasy she understood every interpretation that had to do with sexuality concretely, as if sexual activity had taken place. In this way she became in unconscious phantasy a real victim of incestuous sexual assault. Incapable of sustaining and working through this painful and destabilizing experience in psychic process, she fled out of the therapy into self-harming acting out

with alcohol, nicotine and promiscuity, and in psychosis-like states of derealization and depersonalization. A complete break-off of therapy could no longer be prevented.

In the case of Evelyn the transference of an incestuous father relationship was coupled with what for her were invasive-persecutory interpretations of the sexualizing resistance. She defended against the intolerableness of this situation through 'expulsion', employing projective identification into the idea of 'sexual abuse'. This idea first occurred in conjunction with memories of an uncle, who had repeatedly abused his own daughter. As a small child Evelyn had often visited this uncle. Had he also sexually abused her, she asked herself – and me. I could neither confirm her suspicions nor interpret their implications for the therapeutic relationship. Later this suspicion was transferred directly on to me. I had neither understood nor sustained her in her inner emptiness. Now she experienced me as sexually abusive and reproached me vehemently, saying that I would abuse every woman sexually and narcissistically and seek to subject them all to my will.

With Bion we can speak here of 'attacks on linking'. In an impressive clinical example Bion demonstrates how even 'the experiences of being understood had been split up, converted into particles of sexual abuse and ejected' (Bion 1959, p. 90). He continues: 'this recurrent anxiety in his [the patient's] analysis was associated with his fear that envy and hatred of his [the analyst's] capacity for understanding was leading him to take in a good, understanding object [in order] to destroy and eject it, a procedure which had often led to persecution by the destroyed and ejected object' (p. 90f). In a similar fashion there was also in part between Evelyn and me a good, understanding link, which at times had provided her with considerable support and comfort. But for Evelyn, as for Bion's patient, 'the [good] link had been regarded with hate and transformed into a hostile and destructive sexuality rendering the patient-analyst couple sterile' (p. 92).

Why should one destroy a *good* link? Because the awareness that, if someone understands me, he is separate from me, is unbearable. This separation, with its attendant feelings of exclusion and abandonment is intolerable and must at all costs, even the loss of a good and understanding link, be destroyed.

Louise's dream

I now want to return briefly to the dream of Louise which I referred to at the beginning of my paper. Louise was the patient who had for so long been tormented by the question of whether real incest had occurred or not.

In her dream Louise is in bed in her room in her parents' house. It is night. Particularly striking is the clarity with which she perceives the very smallest details of the room and its furnishings. *Everything* is just exactly as she remembers it from her adolescence. An older man, obviously her father, comes and lies down behind her in bed and grabs her in sexual lust. End of dream.

As I work on the dream with her the clarity of her remembrance of the details of the room carries over to the certainty of a 'recovered memory' of sexual abuse. Louise now 'knows for certain' that 'real incest' lies at the bottom of a father-daughter relationship which by any standard would be deemed incestuous: for example, regular holidays alone together, where they were frequently mistaken for a (married) couple, shared hotel rooms, etc.

This dream was the turning point in a long therapy. In the months following the dream Louise's severe symptoms subsided. She became more independent and autonomous and developed more secure boundaries with respect to both her parents. Her father in particular was at this time in reality still an epitome of archaic oedipal and symbiotic possessiveness. In most gross fashion he repeatedly violated the privacy of his newly-wed daughter and her husband. For example, he often entered their home, which he had rented for them, unannounced, at all hours of the day or night.

At that time I too believed that the dream pointed to a real sexual assault. The symptomatic and structural improvement and healing seemed to corroborate this interpretation, as did a subsequent *rapprochement* and reconciliation between daughter and father. Today I can recognize that the material allows a very different interpretation of the apparently repressed or recovered memory. What is certain is that for most of her life her father severely abused Louise narcissistically if not sexually (cf. Hoffmann-Axthelm 1992). Louise and her father had in typically borderline fashion mutually acted out their oedipal conflicts. Consequently, any possibility of a developmentally necessary *intrapsychic* consummation of the incest in Jung's sense (Jung 1946, 1911–12, 1955–56) had to be avoided counterphobically.

Quite possibly Louise's dream does not document at all the discovery of a 'repressed memory' of real incest. Perhaps it is rather more proof of a decisive breakthrough to inner autonomy and development beyond pathological acting out of the oedipal fixation. Jung's maxim in his programmatic renunciation of Freud's Oedipus (cf. Hogenson 1983) would seem to have been that 'incest must occur, but intrapsychically'. So too Louise's dream might seem to represent the intrapsychic consummation of the mythic marriage to the father, whom she now has *behind* her. In reality too, in the course of time, Louise's

father became an important 'back-up', supporting her increasing personal and professional independence and her growing ego maturity.

Recovered memory of repressed reality or symbolic 'false' memory? In the final analysis I am anything but certain in this instance. In terms of its psychic relevance for the developmental and healing process I would like to say for this very fortunate case that – just perhaps! – it does not really matter. I emphasize, in this instance. In other cases it can make a world of difference, and we desperately need to study the matter in much greater structural depth than previously.

As you can see, increasingly the clear boundary between 'real' incest and 'false' memory becomes more and more obscured. Intrapsychic reality functions and feels often just as 'real' as does real incest. In an expression of Jung's suggesting a functional view of reality, 'wirklich ist, was wirkt' – what works is real! In effect, at issue is the psychic reality of incest and its perversion through real incest into pathological organizations whose workings we have only begun to understand.

Of course there remains a very important distinction between phantasized and real abuse. However, between the two polar experiences there is surely also a broad spectrum of gradual transitions and differences, so that finding the truth is often something which, if at all, can come about only in the course of a very long therapy process. Possibly, as with Louise and others I have worked with, it will turn out to be a truth which has very little to do with 'real-incest-yes-or-no'.

Recent readings of John Steiner (1993) and Anne Alvarez (1992), subsequent to the original version of this paper, also suggest a very complex and often mutual relationship between real incest or sexual abuse and the elaboration of pathological organizations in psychotic, neurotic and borderline patients. Real abuse surely reinforces and may even initiate the development of 'perverse relationships in pathological organizations' (Steiner 1993, pp. 103–15). By the same token, however, the presence of 'maimed' psychic structure, fragmented and perverse internal object relationships resulting from the innate destructiveness of excessive hate, envy, and rage, doubtless predisposes to the development of intrapsychic and interpersonal processes, which quite often seem and indeed are both perverse and abusive. 'The glue which binds elements of a pathological organization together is perversion, and because of the gratification which this provides both to victim and to perpetrator it is very difficult to give up' (Steiner 1993, p. 113).

I am reminded here of a young 30-year-old woman who consulted me recently. She suffers from hallucinations related to sexual abuse by her father in childhood and adolescence. Seldom have I felt so clearly how real incest and pathological organization genuinely form

an 'odd couple'. The perverse *Gestalt* and gratification of the patient's oedipal fixation seem to me only in part a consequence of the fact that she had indeed apparently been her father's sexual partner. In addition, I sense, a maimed and battered, needy and dependent self seeks the perverse intrapsychic protection and gratification afforded by the continued exploitation at the hands of a sadistic internal object which quite possibly antedates the real incest. Indeed, with time she increasingly projects this persecutory object on to (or into) her memories of an equally sadistic mother. This manifests itself in a subdued grin and chuckle, and she derives considerable perverse satisfaction ('revenge is sweet,' she says then) whenever she recalls some instance of injury to the mother. Clearly just below the surface of this manifest 'victim' of abuse there lurks an only thinly disguised 'perpetrator' of destructive rage, hatred, and envy.

Thus we come again to the beginning of our journey between Scylla and Charybdis. I shall recapitulate in thesis-fashion.

SUMMARIZING THESES

1. To distinguish between the Scylla of real sexual abuse and the Charybdis of so-called 'false' or 'recovered memory' is a formidable task, which confronts even the experienced analyst with complex theoretical and technical problems. Pertinent here is a remark of Elizabeth Bott Spillius about dealing with projective identification: 'Such use by the analyst of his [own] emotional responses to his patient's material is of course susceptible to error and misuse . . . This is a difficult technical problem, one that depends on the analyst's total experience and knowledge of both the patient and himself' (Bott Spillius 1988, I, p. 84).
2. After nearly a hundred years we are once again on the verge of reiterating Freud's historic turnabout from real incest to the intrapsychic – and interpersonal – reality of object relationships. A symbolic, 'subjective level' approach and perspective to psychic reality has long been familiar to Jungian analysts.

   But at the 'objective level' we must exercise extreme caution not to neglect all that has been learned in the meantime about real incest and the objective reality of sexual abuse. Otherwise we shall incur the great danger and responsibility of contributing once more to the massive individual and social repression and denial of sexual abuse. (A particularly important study of real objective traumatization, subtitled 'The aftermath of violence: from domestic abuse to political terror', has been called to my attention since completion of my paper: Herman 1992.)

3. A very rough practical rule of thumb holds that:
   an unresolved *real traumatization* generally results in a state of chronic shock (Kirsch 1994). This manifests in psychic numbing and a depletion and laming of creative phantasy;
   an intrapsychic, *hysterical process* (so called because of the incest dynamic) develops an enormous inflation of phantasy activity.
   In the former case, this major problem of phantasy depletion must first be dealt with, before psychotherapy can genuinely begin. The creative capacity to imagine must first be reconstituted (Winnicott 1971; see also Plaut 1966, 1993). In the latter case, we must often deal with much more severe disorders of psychic structure.
4. Two essential preconditions of early structural disorders are, as we have seen:
   (i) constitutional: the inborn capacity for frustration tolerance on the part of the patient, in conjunction with 'the patient's inborn disposition to excessive destructiveness, hatred, and envy' (Bion 1959, p. 98), as well as
   (ii) the 'environmental' factor: the capacity for empathy on the part of the early mother or in the child's primary relationships, what Bion calls 'the capacity for reverie'. 'The mother's capacity for reverie is the receptor organ for the infant's harvest of self-sensation gained by its conscious' (Bion 1962a, p. 183; elaborated more fully in 1962b, ch. 12, pp. 31–7).
5. In our theory of technique we need to give more attention than previously to the differentiation of the psychotic from the non-psychotic personalities. Personally I feel that it is in this area that we will gain the most insight into the original questions raised in this paper about the difference – diagnostically and technically – between real abuse and the so-called 'false memory' syndrome.
6. A key concept both theoretically and clinically is in my opinion that of projective identification in its many-sided defensive and communicative, benign and pathological aspects – 'the many motives for projective identification – to control the object, to acquire its attributes, to evacuate a bad quality, to protect a good quality, to avoid separation' (Bott Spillius 1988, I, p. 83). All of these must be examined and studied, if we are to make progress in this area.

   Equally important, it seems to me, is the still little researched phenomenon of projective *counter*-identification on the part of the therapist.
7. All of this once again clearly points to the necessity to return ever anew to the transference/countertransference relationship. In particular, today more than ever before, we must concern ourselves with the still largely taboo question of sexuality in the countertrans-

ference (Hirsch 1993, Poluda-Korte 1993). Otherwise we ourselves are very much in danger of becoming 'perpetrators' precisely at the point where we think we have discovered 'victims'. At the same time we risk becoming 'seductive and seduced analysts' (Massing and Wegehaupt 1987), who in the *bon mot* of the German critic, Karl Kraus, act out the very sickness they claim to heal.

SUMMARY

The increasing importance and frequency of so-called 'false memories' of sexual abuse, which in reality never occurred, occasions a theoretical reflection about therapy-induced 'memories' of sexual abuse. Sexual abuse is first seen to involve a serious loss of psychic structure. As such it has much in common with other, endogenous forms of severe psychic disorders. Drawing upon the (Kleinian) categories of projective identification, projective counter-identification and psychotic personality aspects, together with the Jungian conception of the 'mutual unconsciousness' between therapist and patient, the author presents a psychodynamic hypothesis regarding the origins of 'false memories' or 'recovered memories' of sexual abuse. This is exemplified with two therapy cases involving such memories of abuse.

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