

## IMAGINARY GARDENS, REAL TOADS

### On Memory and its Uses in the Analytic Process

One winter, prior to the beginning of the Olympic Games, NBC launched an advertising campaign for its forthcoming telecasts. The theme of the campaign was a simple slogan: Let the memories begin.

“Let the memories begin.” It is a phrase that might have characterized analysis a century ago. It is also a phrase that, were he inclined to utilize such language, Freud might have uttered to himself as he began a new analysis.

Sixty years ago Vladimir Nabokov (1951) also called on memory to help him discover his origins. *Speak Memory* was the title that he gave to his memoir, an appeal to memory to help him discover himself; to help him find the child that he was, the child within who called to him and whose voice he heard throughout his long life.

Memory has always been central to psychoanalysis. For Freud, memories were veridical; it was memories of actual traumatic experiences, memories that, because they evoked unbearable feelings, had to be pushed away, warded off, at all costs kept under wraps.

In time, analysts learned that although there are memories that are reasonably accurate renditions of actual experiences—and even these are inevitably altered by wishes and defenses—basically memories are composites, creations, products of wishes, fantasies, and protective distortions harnessed to residues of experiences. In a sense, they can be thought of as metaphors that allow us to explore the complex workings of the mind.

Why, then, in recent years, have memories come under such strong attack? I am speaking here of explicit or so-called declarative memories; those memories that can, often with great difficulty, be called to mind, sometimes in treatment as we analyze the protective core that surrounds them, sometimes spontaneously—and quite mysteriously—as one goes about the business of living.

Why has working to uncover and explore such memories been assailed as unproductive or worse?

In a paper written several years ago, Fonagy and Target (1999) said, essentially, that the effort to recover memories in analysis is a useless undertaking. And, more than that, it is, they implied, almost tantamount to

malpractice. The only kind of memory that is useful, they maintain, is implicit memory; memory that is not recoverable to conscious awareness, that is built into the system, that is automatic, and that, encased in and revealed through action, makes itself known in analysis in the moment-to-moment interplay of patient and analyst.

This focus on implicit memory, creatively expanded and explored by Daniel Stern et al. (1998) and the Process of Change research group in Boston, as well as by investigators elsewhere, has made an enormous contribution to our field. Not only has it given our previous understanding of action, acting out, and enactments a new theoretical foundation, it has underlined the unique value, in technique, of capturing the here-and-now moment, not only because it is specific, immediate, and palpably evident to patient and analyst, but because it gives us access to an otherwise unknowable aspect of memory. In addition, focusing on the present moment in analysis helps us see how remembering, how memories arising in analysis, can serve not only as commentaries on what is transpiring between patient and analyst, but can be—and often are—utilized by both participants to avoid recognizing and dealing with threatening feelings aroused by their interaction.

While clearly important to identify and interpret in clinical work, in current technique this defensive aspect of memory is often emphasized at the expense of exploring the condensations and creations contained in memory itself.

The current attack on explicit memory, as I understand it, is based on a limited and restrictive view of this part of the memory system and the way that analysts work with it in treatment. It is as though Fonagy and others who share his views make the tacit assumption that there is only one kind of explicit memory, one whose exploration yields precious little in psychoanalysis. Our experiences tell us otherwise; that, in fact, explicit memory is a diverse entity and that such memories come in quite different forms.

What Fonagy is referring to, I believe, are isolated memories, a form of intellectualization such as may occur when the patient, or the analyst, searches for a relevant memory; that is, seeks to connect a current experience with others in the past that may, unconsciously, be linked to it. Such efforts, while understandable, often lead only to rather strained, intellectualized, and unconvincing connections; connections that, as Fonagy says, have little therapeutic value.

This is very different from earned memories, emotional memories evoked by the moment, that are wrenched from the gut—the kind of memories that, early on, Freud spoke of when he referred to the therapeutic value, not of memories, but of affective memories.

There is an enormous difference between remembering and remembering that makes a difference, that begins to unlock the mind and its creations.

The writer Harold Brodkey referred to this distinction when he spoke of distrusting summaries, of claims that one is in control of what one recounts. For Brodkey, a person who is calm and who claims to write or speak with emotion recollected in tranquillity is a fool and a liar. For him, to understand is to tremble; to recollect is to re-enter and be riven.

And Walter Benjamin, the German literary critic, understood that to truly appreciate the historical past in a way that shifts our set beliefs and fantasies, it is not enough to recognize the way things were. What is required, he said, is to grasp hold of a memory as it flashes by at a moment of danger.

It is this kind of remembering, this kind of meaningful immersion in the experiences of the past as the mind has processed and recreated them, that I believe many of our current techniques that focus on the interaction of patient and analyst as the be-all and end-all of the analytic process have short-circuited, and, by doing so, have short-changed our patients.

What, for understandable reasons, is in the ascendancy today is an almost exclusive focus on the here-and-now; the seeking out and interpretation of the patient's experience in the moment, whether that be an instant of transference or one of defense. Valuable as this approach is—and it *is* extremely valuable—if the analyst focuses too narrowly or exclusively on the immediate transactions, not only does he listen *for*, instead of *to*, the transference and thus distort the listening process, but he may, along with his patient, unwittingly be defending against the angst, the pain, that is inherent in the emergence of affective, as well as effective, memory.

In one instance, I was working with a woman who quickly sensed my interest in transference phenomena. Such material soon began to appear quite regularly in her associations. Initially I was delighted and proud of my ability to ferret out these often covert transference references. Only later did I realize that in presenting me with such material, the patient, unconsciously, was creating a defensive screen. Her husband was dying of cancer and neither she, nor I for my own reasons, wished to contend with the powerful and disruptive emotions concerning the death of loved ones—and our own mortality—that would have been stirred up by our confronting the tragic situation that faced this patient.

It is true, of course, that work in the here-and-now is essential in analysis. In a very real sense it is the heart of the treatment. The immediacy of the encounter, the clarity with which transference and defense can be engaged by both patient and analyst, the incontrovertible quality of the here-and-now experience—these offer a unique opportunity for insight, for processes of change to be initiated, and for procedural memories to be altered.

But it is important to remember that the present is the present. It does not contain the dense thicket of memories that envelop and express the early, and decisively influential, creations of the mind. It is true, of course, that the past lives in the present and moments of transference give life to the past in

ways that make it accessible. But accessible how, and in what way? What we often obtain via transference are longstanding, defensively revised responses to the original experiences and their initial impact on the mind of the child. The question of precisely what relation transference bears to the psychological experiences of childhood, with what emotional veracity it recaptures the past—especially the traumatic past—is not often raised, but is one that needs to be investigated.

If the present moment involves truly affective reliving that sets off a train of meaningful associations and memories that give the here-and-now experience depth, resonance, and access to the mind's earlier distortions and creations, that is one thing. That process often leads to the opening up of locked doors and the loosening of fixed, densely woven patterns.

But more often—I would say usually—this does not take place, because there are powerful resistances against this kind of remembering. What happens instead is that the transference moment produces understanding—recognition—that a connection between past and present exists. This, however, is thin memory, washed-out memory; summary, not substance; not the dense, rich, felt memory that can make a difference.

“This is the way it must have been when I misinterpreted my father's behavior and thought that his neglect of me was my fault,” says the patient who senses that her anger at me for missing some sessions is related to old angers and the irrational feelings of self-blame that accompanied them.

“Now I see how enraged I must have been at my sister,” says the patient who is in a fury because she believes that I favor another female patient over her. There is insight here; there is some understanding, possibly useful understanding. But there is also defense; strong, if sometimes subtly employed, defense against true remembering. And, all too often, I find, this all-important defense is not sufficiently engaged in treatment or emphasized in our current approaches.

Sometimes, of course, the patient's resistances are so formidable that no breaching of them is possible. At other times, however, it is the analyst, who, along with the patient, avoids memory, for, as Harold Blum (1980) pointed out some years ago, evocation of the analyst's past, including the return of a host of memories that he does not wish to encounter, are inevitably stirred by the rousing of the patient's ghosts. And this is not always a welcome experience for the analyst.

Analysis has advanced far beyond Freud's original and, from today's perspective, rather naïve idea that the recovery and freeing up of repressed memories and strangulated affects is the key to cure. But, with his remarkable intuition, Freud understood something important: that, unless one can reach the pain, the fright, the fantasies, and the distorted views of self and object that are deeply embedded in memory and exorcise those dybbuks, one operates on a level that, although useful and therapeutic in its own terms

(this, I believe, is the level at which procedural memory can be engaged and altered), fails to reach the roots, the dense knots, often binding unspoken anguish, that form the core of much neurotic suffering.

I would like now to offer an example of this kind of work and working through, not from analysis, but from the life and work of Eugene O'Neill.

As you may know, O'Neill was raised in a family scarred by pain. Much of this was due to his mother's addiction to morphine, an illness which developed in this fragile woman after she was given the drug by a local doctor to ease the pain caused by Eugene's birth. An infant brother, Edmund, had already died and the mother, Mary Ellen, was both grief-stricken and guilty over the death of this child. She was also miserable being the wife of James O'Neill, the famous actor, whose travels playing the Count of Monte Cristo took him away from home for long stretches of time. Then came Eugene, who was a very large baby, over 11 pounds at birth, and his mother's labor was long and painful. In addition to the tormenting guilt that he felt over his birth being the cause of his mother's suffering, Eugene had to contend with an alcoholic brother, who essentially dissipated his talents and destroyed his life, and a pathologically penurious father, himself a heavy drinker. Despite being quite well off financially, James O'Neill engaged a questionably competent doctor to attend his wife's delivery and, when Eugene was a young adult, sent him to a state charity hospital for the treatment of a chronic lung condition.

In a real sense, O'Neill never transcended the pain, the guilt, the rage, and the despair engendered by living in this family. Repeatedly in his plays he dealt with one or another aspect of this inner struggle, but it was in *Long Day's Journey into Night* (1956) a play that at O'Neill's request was produced only after his death, that finally—through immersing himself in memory and projecting aspects of his tumultuous feelings (his rage, hatred, despair, thwarted love, and intense longing for approval) on to the characters that he created—was he able to engage, and at least partially work through, the guilt, self-hatred, and longstanding wish for death that had haunted him his entire life.

Incidentally, while he was writing this work, totally immersed in memory, O'Neill could not speak. For weeks on end his wife would sit beside him, a witness to his struggles while he ate his meals in silence. Contact with the past, with the figures inside his head, and with the voices who spoke to him, required time, patience, silence, and the presence of someone who understood—as Christopher Bollas (1987) has reminded us—that news from within comes on its own terms.

Perhaps at a time when, increasingly, technique has moved away from the employment of evocative silence, of the analyst as witness and silent partner in the process of creation and recreation, O'Neill's experience can teach us something. Creative immersion in, and meaningful recovery of, the past for patients, as well as poets, requires enough time, enough space, and enough generative silence to allow for inner voices to be heard.

As a young man living in New York, O'Neill once spoke of the process involved in the writing of his plays. "I sit down with pencil and blank paper," he said, "and wait—and wait. And at last I hear them, the noises, the footsteps, the sounds of my characters, the little men from Brooklyn, coming over the bridge."

From O'Neill and other dramatists we can learn something, too, about the value of figures in the landscape, the so-called extra-analytic transferences whose place in our work we often minimize. Like the playwright who puts warring parts of himself into characters who launch verbal assaults on one another, every patient writes and dramatizes a script in which parts of himself are distributed to the figures that populate his mental landscape. Some, but by no means all, of the patient's self is assigned to the analyst, and these aspects can be meaningfully grasped through the transference. But often important parts of the self are also assigned to others in the drama, and this process constitutes more than defensive splitting. It is one way that the mind works, and in that sense we are all dramatists. Understanding this innate capacity for drama, for the creation of multiple scenarios and multiple transferences of varying intensity, all of which should command our keenest interest, can enhance our analytic efforts.

Here is a very brief illustration of the way that O'Neill, through his characters, gave voice to the hurt, the rage, the guilt, and the yearning for love that tormented him throughout his life, as well as his desire to forgive and to repair the wounds that tore his family asunder. Although the scenes that O'Neill wrenched from his gut are imaginative creations, they are creations propelled by memory, by driven memory, which is the force that brings them alive, that engages and breaks open the past, and that allows working through to take place.

Edmund, the younger brother in the Tyrone (or O'Neill) family—who stands in for the author and who, in the play, is given the name of the brother who died in infancy—is infuriated at his father, James, and bitterly accuses him of being pathologically stingy:

*Edmund:* Your damned stinginess! If you'd spent money for a decent doctor when she was so sick after I was born, she'd never have known morphine existed! Instead you put her in the hands of a hotel quack who wouldn't admit his ignorance and took the easiest way out, not giving a damn what happened to her afterwards! All because his fee was cheap! Another one of your bargains!

*Tyrone:* Be quiet! How dare you talk of something you know nothing about! You must try to see my side of it, too, lad. How was I to know he was that kind of a doctor? He had a good reputation.

*Edmund:* Among the souses in the hotel bar, I suppose! After you found out she'd been made a morphine addict, why didn't you send her to a cure then, at the start, while she still had a chance? No, that would

- have meant spending some money! I'll bet you told her all she had to do was use a little will power!
- Tyrone:* You lie again! I know better than that now! But how was I to know then? What did I know of morphine? It was years before I discovered what was wrong. I thought she'd never got over her sickness, that's all. I've spent thousands upon thousands in cures! A waste. What good have they done her? She always started again.
- Edmund:* Because you've never given her anything that would help her want to stay off it! You've dragged her around on the road, season after season, on one-night stands, with no one she could talk to, waiting night after night in dirty hotel rooms for you to come back with a bun on after the bars closed! Christ, is it any wonder she didn't want to be cured. Jesus, when I think of it I hate your guts!
- Tyrone:* Edmund! How dare you talk to your father like that, you insolent young cub! After all I've done for you.
- Edmund:* We'll come to that, what you're doing for me! (Sending him to a charity hospital.)
- Tyrone:* Will you stop repeating your mother's crazy accusations, which she never makes unless it's the poison talking? Naturally, I wanted her with me. I loved her. And she came because she loved me and wanted to be with me. And she needn't have been lonely. She had her children, too, and I insisted, in spite of the expense, on having a nurse to travel with her.
- Edmund:* Yes, your one generosity, and that because you were jealous of her paying too much attention to us, and wanted us out of your way! It was another mistake, too! If she'd had to take care of me all by herself, and had that to occupy her mind, maybe she'd have been able—
- Tyrone:* Or for that matter, if you insist on judging things by what she says when she's not in her right mind, if you hadn't been born she'd never—
- Edmund:* Sure. I know that's what she feels, Papa.
- Tyrone:* She doesn't! She loves you as dearly as ever mother loved a son! I only said that because you put me in such a Goddamned rage, raking up the past, and saying you hate me—
- Edmund:* I didn't mean it, Papa. I'm like Mama, I can't help liking you, in spite of everything.
- Tyrone:* I might say the same of you. You're no great shakes as a son. It's a case of "A poor thing but mine own." (Then returning to the card game that they were playing.) What's happened to our game? Whose play is it?
- Edmund:* Yours, I guess. (They resume the game in an effort to divert themselves from the pain that both father and son were feeling.)

Clearly these voices raged inside O'Neill's head. They expressed his hurt, his pain, and his hatred of, and love for, his father, the person with whom, more than anyone, he sought reconciliation and reunion. And by giving expression to these voices, setting them down on paper and thus reliving the searing experiences of those years, O'Neill was able to find new ways of thinking, new solutions and reconciliations within himself.

I want to end this chapter with a clinical example. This vignette is taken from a long and complex analysis and is meant to highlight only one limited facet of a treatment that involved not only much intensive work in the here-and-now, but a good deal of close process defense analysis. I cite this particular aspect of the case, however, because I think that it illustrates some of the points I have been trying to make, particularly the idea that the therapeutic action of psychoanalysis can be viewed as operating on two levels.

The first puts patients in touch with their characteristic defenses, the unconscious motives for them, and their accustomed ways of being and relating in the world. Through insight patients make contact with the unconscious fantasies and procedures, both intrapsychic and relational, that they have utilized to adapt to inner and outer realities, to provide safety, to avoid pain, and to obtain as much satisfaction as possible. Clearly, this is essential work, and for the many patients whose analytic experience is engaged solely, or primarily, at this level, significant gains may be, and frequently are, achieved.

Much of the pain that patients seek to avoid, however, is contained in psychological experiences and their private meanings that are locked in heavily guarded memories. And it is only through gaining access to, and effectively re-engaging, the psychological experiences encased in such memories that a deeper level of therapeutic action can take place, the level at which the most meaningful and effective working through is accomplished.

Despite their strength, the defenses that protect such core memories may give way to sustained analysis. Then a patient may come in touch with these memories in a way that he did not think possible.

Sometimes, however, as I noted earlier, this access also depends on the analyst's awareness of and ability to confront and overcome, his own avoidance of memory; his reluctance to recognize and re-experience those troubling memories that, unconsciously, he has attempted to keep at bay—memories that, inevitably, will arise as those of his patient begin to emerge.

Mr. D was a man I worked with some years ago and whom, from time to time, I still think of with much affection.

When I first met him, Mr. D was an author who could no longer write. For two years he had been working on a memoir but found himself writing and rewriting the same passages. He could neither move ahead nor drop the project and start something else. He thought about trying to jumpstart his career by writing a children's book—years before he had written a very popular one—but he could think of no appropriate tale to tell.

Increasingly, month by month, Mr. D had become more depressed so that now he found it difficult to get out of bed and get dressed in the morning. His troubles, he said, began when the magazine for which he had written for many years was sold. The new editor did not approve of Mr. D's style, which he found old-fashioned, and had rejected a long article that he had worked on for over a year.

For months in treatment Mr. D railed against the new regime, detailing every fault, flaw, and foible of the miscreants who had used him badly. Only incidentally, and in passing, did he mention the occurrence, two years earlier, of several significant events. Mr. D had undergone surgery for an abdominal condition, his daughter had given birth to a stillborn child, and, partially in reaction to this loss, his wife had become seriously depressed. My efforts to learn more about these experiences met with strong opposition. Mr. D denied their relevance to his present problems and maintained that he had handled them without difficulty. He all but refused to talk about them, and, for reasons that I later came to understand, for some time I did not pursue these matters.

For many months my work with Mr. D consisted of the exploration of the apparent sources of his depression—specifically the terror that his powers as an artist and, also more recently, as a sexual man, were failing—and painstaking analysis of his characteristic ways of protecting himself against these threats.

One of his main protections was to focus on the shortcomings of others. Despite his depression, Mr. D remained a good storyteller, and for many hours he attempted to escape his own problems by relating stories that illustrated the blindness and ineptitude of the jackasses who now ran the magazine.

It took much doing for Mr. D to begin to recognize the envy, the rivalry, and the feelings of despair that lay behind his vitriolic attacks. Gradually, however, he came in touch with the affects and the fantasies that motivated his endless, almost paranoid, assaults on his enemies.

As for the transference, I perceived a growing dependency on me, resentment of my (then) comparative youth, and a yearning for a close bond with me as the son and brother that he never had.

None of this could Mr. D talk about. With remarkable tenacity he avoided any thoughts about, and even so much as a reference to, me. Nor, when questioned directly, did he acknowledge having any feelings whatever about me. I was an analyst, a workmanlike, probably competent analyst—he would give me that—but that was it. For quite some time, all my efforts to work with the resistances that kept Mr. D's feelings about me out of awareness came to naught.

In the analytic hours we talked of many things. Intuitively, I sensed that, with his underlying fragility and feelings of terror, Mr. D needed to feel my presence and support, but despite my being an active participant in the sessions—someone whom he had to bump up against five days a

week—Mr. D continued to be unaware of having any emotional response, save an occasional feeling of annoyance, to anything I said or did.

As it happened, during one summer break I injured my leg in an accident and returned to work limping and in obvious discomfort. Although, clearly, he noticed my condition, Mr. D said nothing about it. After several days of his ignoring me in this way, and propelled no doubt by a wish for some recognition of my stoicism in continuing, like a gutsy quarterback playing hurt, to show up everyday despite being in pain, I called Mr. D's attention to his oversight.

He had noticed my condition, Mr. D replied, but he had nothing to say about it. Obviously I had injured my leg, but so what. Even for a shrink who, no doubt, hated the sight of blood, that could be no big deal. And, very frankly, he added with a note of sarcasm, he had other things on his mind.

Something about Mr. D's indifference got to me and I found myself responding impulsively.

"Listen," I said, "I think something else is going on here. This is not simply a matter of your being preoccupied with other things. This is more purposeful. If you visited a frog five times a week for over a year and he got hurt and suddenly showed up lame, you'd have some feelings about him."

How such an example came out of my mouth, I hadn't the foggiest—or froggiest—notion. Only much later did I realize that Mr. D's idea for a children's book involved a frog; one that reminded him of a valued pet that, as a child, he had kept for some time.

Mr. D remained silent for a moment, then he spoke.

"Well, now that you put it that way, I get your point," he said in his most sardonic manner. "I haven't been able to acknowledge it, but seeing you in this condition has affected me. It really chokes me up. But the frog idea is stretching things. This is your self-serving distortion. A toad would be a lot more accurate, more in keeping with the personality and the profile."

I don't believe in the idea of breakthroughs in treatment. I have always believed that a so-called breakthrough is actually the result of a lot of knocking at the door, a lot of grunt work, and a lot of unraveling of knots. But if anything like a breakthrough occurred in Mr. D's treatment, this was it. His use of humor for the first time, our sharing a laugh, his willingness to let through a feeling of affection for me disguised, as it had to be, by his typical sardonic tone—all of this seemed to promote an easing of Mr. D's defensive posture, a loosening of his protections.

From that point on, Mr. D was more open in revealing himself, including thoughts of ending his life, if he could no longer write. He also spoke more openly about me, and admitted for the first time that he had read my book. Clearly restraining himself, he was only mildly critical of my redundant style and, in fact, acknowledged that for an amateur writer—the implied comparison with himself was evident—I described case material reasonably well. About the content of the book, Mr. D said nothing.

Although less guarded and self-protective, Mr. D's defenses, centering mostly on intellectualization in one form or another, were formidable, and for many months the analytic work focused on the here-and-now analysis of the infinite variety of defensive moves and operations that he utilized. Some of these were directed against threatening affects, some against recognition of Mr. D's growing dependence on and need for me, and some against the emergence of painful memories.

For the longest time, Mr. D did not speak about the past. For him the past was gone and forgotten. He remembered practically nothing of his childhood save very isolated memories, such as having the pet frog for a number of months. Moreover, he did not want to remember. He saw no point in stirring embers. Digging around in the past seemed to him a messy and a useless undertaking, one that could only cause trouble.

Mr. D's attitude in this respect reminded me of my brother, Dan's, view of history when, as a 10-year-old, he was given an assignment to read a book about the American Revolution. This assignment he was very slow in tackling, and, noticing his reluctance to do the reading, our mother confronted him about his procrastination.

"Why hasn't he done his assignment to learn about American history," she wanted to know.

"Well I have thought a lot about it," Dan replied, "and I have decided to let bygones be bygones."

Despite Mr. D's strong wish to keep the past buried and out of sight, as his trust increased and his anxiety diminished, he began to talk a bit about his childhood. What I got to see then were snapshots, isolated pictures of a boy growing up on a farm with a reticent, ungainly, and essentially uncommunicative father and a mother who struggled with quite severe depressions. For a long stretch of time she was withdrawn and unavailable to her son. Mr. D also spoke of the pervasive feeling of isolation that he often experienced and how, in his loneliness, reading, and later writing, became his way of expanding his world. At first he spoke hesitantly, and carefully, about the past, and, as it turned out, left out much. What was apparent, too, was that Mr. D's initial memories contained little affect. It took some time, the growth of a good deal more trust in me, and much persistent analysis of my patient's defensive avoidance of re-experiencing what, in fact, was an enormously painful childhood, before he could re-enter that world in a way that, ultimately, made a difference.

Despite these limitations, however, there were substantial gains from the work that we did in those first two years of treatment. In large measure because he came in touch with his own struggles, Mr. D's tendency to project and to attack his colleagues diminished, as did his testy harshness and bitterly critical attitudes. He became more tolerant and more understanding of others, and, in return, began to receive more positive feedback from his family and friends.

All of this helped Mr. D's depression to some extent, but because it was so closely linked to his ability to write—and to other factors that then I did not understand—it remained a weighty stone around his neck, one that threatened still to pull him under. Almost daily Mr. D returned to his desk, labored diligently, but achieved very little. Despite his best efforts, he could not move ahead on his project, and, after close to two years of treatment, still had published no new work.

One day Mr. D spotted me sitting at the counter of a coffee shop near my office. Unbeknownst to me, he stood at the entrance observing me for some minutes. Then he left, and only days later did he bring up the incident. When he did, he spoke, hesitantly, of the impression he had that something was troubling me. From a distance, at least, I seemed preoccupied, lost in my own thoughts, perhaps worried, or was I perturbed by some unhappiness in my own life? He sometimes thought of me as struggling against some great weight that I carried around. Then, with much reluctance, Mr. D revealed that certain passages in my book had upset him a lot. From them he got the impression that I must have suffered a very painful loss in my life. This idea bothered him a lot. It made him very sad, and the thought had stayed in his mind ever since he came to the conclusion that this might have happened. He hoped that he was wrong, but, in any case, he would like to know the truth.

After a moment in which I said nothing, Mr. D went on to other things. He did not return to this subject and I did not pursue it. Nor, in the days following, did I explore Mr. D's reaction to what he had seen or read, or interpret his avoidance of a matter that, clearly, had a great deal of meaning for him—and for me.

It did not take long, in fact, for me to realize what had happened. Out of my need to avoid memories of my own—memories that inevitably brought with them the painful re-experiencing of the loss that Mr. D had alluded to—I colluded with him in avoiding the subject. And, as long as I did so, Mr. D could avoid the evocation of certain memories of his own, memories involving questions of grief and loss that, initially, were stirred by certain passages in my book and then, more forcefully, by Mr. D's observation of me in the coffee shop.

Realizing that I could no longer avoid the issue, when the timing seemed right I returned to the question of what Mr. D had read and seen and explored with him his reluctance to speak openly about these experiences. To do so, I had to tolerate some painful reliving of my own.

Slowly, over the next few days, Mr. D began to talk about the coffee shop incident, his perception of me, and of what he imagined had occurred in my family. As he did so, memories of his own surfaced, and the long-forgotten world of Mr. D's childhood began to emerge, a childhood that involved a profound loss that Mr. D had never spoken about to anyone, a loss that for years he had carried around like a stone in his heart.

Mr. D's sister, a girl of 4, had died when he was 8, a sudden, totally unexpected death that triggered a profound depression in Mr. D's mother—a depression so pervasive, in fact, that it left the boy without a mother. Devastated by these losses, Mr. D's father withdrew into a state of apathy, and, without parents or a sibling, Mr. D, too, retreated into a world of solitude and daydreams. This retreat into a protective shell was further increased when, at age 10, Mr. D had to undergo emergency surgery for a ruptured appendix and, following this, he was all but abandoned in the hospital.

It was about this time that Mr. D first began to write. Sitting alone in his bedroom, he would make up stories about animals who sought, and found, new families in the circus, in the zoo, and in county fairs.

Mr. D's isolation lasted for several years, and it was only in college, when he met a young woman who took an interest in him and encouraged his talent, that he began to emerge from the shadows.

With the luck of Job, however, Mr. D lost this woman, too. Driving on wet roads one night, she got into a head-on collision with a truck and was killed instantly.

It took Mr. D many years to begin to recover from these experiences, which he did primarily by burying them. This was a deliberate, as well as unconscious, process, and Mr. D never spoke with anyone about his childhood experiences. Nor did he share with anyone his feelings about his more recent ones, including the operation and the stillbirth, both of which, despite himself, began to stir memories. And when Mr. D attempted to write a literary memoir—an unconscious effort, I believe, to come to terms with his past—and the press of memories increased, his inability either to contain or to tolerate them (he was not yet ready to do so) led to the almost total paralysis that brought him to treatment.

Once the doors began to open and Mr. D began to speak about his childhood, for some weeks he could do little else. The hours were filled with recollections remembered, not in tranquillity, but with hellish pain, and scenes were depicted which, in intensity, rivaled O'Neill's searing memories of a family disintegrating. At one point, when Mr. D spoke of his sister's death, his mother's grief, and his own profound loneliness, this rigidly protected man—a man who, for years, revealed none of his feelings to anyone—broke into tears and wept for fully five minutes.

For some time during this period I was primarily a listener, a sharer of memory, a witness to a past recollected in anguish. But, gradually, it became possible to intervene and to explore with Mr. D the way that his childhood experiences not only registered in his mind, but were also created; the way that his confusion, his rage, his guilt, and his imagination produced a set of fantasies and beliefs which contained distorted views of himself and others. Central among these fantasies was Mr. D's conviction that he was a bad seed, a child whose birth, whose very existence, had brought on unspeakable tragedies.

As Mr. D relived and reworked his memories and his creations, he began to plan a new writing project. Not feeling ready yet to return to the memoir, he decided instead to resume his writing by working on the children's book that he had previously mentioned.

This story was to be about a frog who inadvertently is transported to the city with a farmer's produce, gets lost in Manhattan, and takes up residence in one of those vest-pocket gardens that dot the city. A callous real estate developer wants to destroy the garden to make way for a new office building. Joining forces, a group of neighbors battle the developer, manage to defeat him, and save the frog's new home—or something like that.

In one session, during the time that Mr. D was discussing this new project, he reported a short dream. It contained a single image: that of a frog sitting among colorful, blooming flowers.

"I think that is me," Mr. D said, "by way of associations. I am the creature in the garden. The garden relates to my book, to my blooming and coming alive again. But you know, I think that the frog is also you. It's a combination of the two of us. You've been in the garden, too. In your own way you've been in there digging and planting, trying to preserve it, trying to make it grow. And say, did you notice that I've upgraded you in the dream? The toad has become a frog. He's come up in the world. I guess my unconscious is speaking for me, even if I can't talk about my feelings."

At that moment a strange and quite incomprehensible image arose in my mind. It was that of an old woman sitting on a chair beside a table radio, an old style, 1940s oval-shaped Philco model, the kind that we had in our apartment when I was growing up. The woman is looking out the window at a big concrete stadium of some kind.

I hadn't the slightest idea where this image came from, what it signified, or what to make of it. And, not able to decipher it, I let it pass and focused on other matters.

Then, while I was driving home that night, a line of poetry surfaced in my mind, one that I had not thought about in decades: "Imaginary gardens with real toads in them."

And I knew then who the figure looking out the window was. It was Marianne Moore, the poet and avid Brooklyn Dodger fan. A woman whom, in my youth, I had greatly admired. And the stadium she was looking at was Ebbets Field, where, as an aspiring sports writer, I traveled by subway to cover the Dodgers.

The line that had surfaced was, in fact, Marianne Moore's definition of poetry, an art form that is forged out of, and joins, the real and the imaginary, perception and illusion, history and memory, the image and the object, gardens of the imagination with living and breathing creatures in them.

Sitting in the car, headed north to the bridge that led to home, I found myself thinking about the day's events, about the hour with Mr. D and about the strange image that had appeared in my mind. And I thought again of

Marianne Moore and how much she understood, not only about poetry, but about human nature. And again I reflected on her definition of poetry.

"Imaginary gardens with real toads in them." It was a remarkably astute one, I thought, and not a bad way to describe analysis as well. Isn't that what it is really all about, the analytic situation, the art of analysis? Isn't that what we have come to understand, not only from the new, but from the new joined with the old? That analysis involves two real people deeply involved with one another, each experiencing and constructing the other, dealing with moments past and present, stirring memories and using those memories to recover experiences lived and created, two gardeners digging in gardens real and imagined.

"Imaginary gardens with real toads in them"—toads who, if they work hard and stick in there long enough, may yet get upgraded to the status of frogs.

It's a tough business that we are in, I thought as I headed across the bridge, but there are rewards. There are some pretty good days, as well.