



Performative and enactive features of psychoanalytic witnessing: The transference as the scene of address

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This paper will attempt to broaden the conception of witnessing in analytic work with traumatized patients by extending the idea to incorporate the patient's developing and varied capacity for witnessing, as well as a witnessing that occurs within the analytic relationship itself. Actions occurring as part of traumatic repetition are understood to represent memory phenomena and are distinguished from dissociated self-state experience. These experiences are not therapeutically intended to be symbolized, but rather lived-through with the analyst, thus transforming the patient's own relation to the experience. I suggest that the scene in which this living-through takes place is the transference–countertransference matrix, and that it is the analytic encounter that allows traumatic repetition to take on the quality of a communication, an address to another, rather than remain meaningless reproduction. A clinical vignette illustrates the turning of trauma's imperative for witnessing into an address in the analytic encounter.

Keywords: applied analysis, enactment, transference

Introduction

From its inception psychoanalysis has made central the study of memory and repetition. Freud's early investigations with Breuer began a lifelong commitment to themes of remembering and repeating which, despite subsequent development and increasing complexity in psychoanalytic theory, continue to remain at the center of the analytic clinical enterprise. While remembering has often been posed in opposition to repeating and favored over it, following Loewald (1965) I will argue for a complex relation of remembering and repeating as these occur in analytic work with traumatized patients.

This paper will attempt to broaden the conception of witnessing in analytic work with traumatized patients by extending the idea to incorporate the patient's developing capacity for witnessing, as well as a witnessing that occurs within the analytic relationship itself. Following from classical texts that refused to separate repeating from remembering, I will argue that the patient's trauma comes to reside in the transference–countertransference matrix through various forms of action performed and enacted in the dyad. These actions create a scene of traumatic (re)occurrence, a scene intended to communicate experience in its address to another. The unique context of the psychoanalytic encounter is what allows traumatic repetition

to take on the quality of an address rather than remain meaningless reproduction.

To begin, I would like briefly to differentiate the conception of witnessing I am proposing from the subject of enactment that has become a mainstay of contemporary discussions concerning therapeutic action. I conceive of psychoanalytic witnessing as a living out of traumatic experience in the consulting room, and not as having to do with the expression of warded-off dissociated self-states. Witnessing involves a phenomenon of memory, in what Loewald (1976) termed its enactive rather than representational form. The goal of psychoanalytic witnessing, if there may be said to be a goal, is to allow and witness memory in its varied forms, without attempting to symbolize or make personally understandable the experience – to accept the experience of the experience of trauma, without therapeutic ambition. The analyst occupying the position of witness in a treatment understands that performative and enactive features of traumatic experience are not to be simply translated or transduced into symbolic form, and that a part of the integrity of the experience of trauma is itself its wordless registration. I do not wish to imply by this statement that the analyst is unable to engage this experience of the patient's trauma. In fact I will argue quite the opposite.

The centrality of action in memory phenomena

It is the unintegratable quality of traumatic memory that marks traumatic experience. Laub (1992) has suggested that massive trauma precludes its own registration. While it has become commonplace to note that traumatic memory resists symbolization and presents as fragmented, iconic and sensorial phenomena, psychoanalytic investigation of its enactive qualities has received considerably less attention. Freud, however, understood this crucial aspect of traumatic memory, presciently focusing attention on its non-conscious form as well as on its quality as an *action*. For Freud (1895b, p. 297) memory in hysterical neurosis was linked, from early on, to motor reaction; to “an uninterrupted series, extending from the unmodified mnemic residues of affective experiences and acts of thought to the hysterical symptoms, which are the mnemic symbols of those experiences and thoughts”. When he and Breuer addressed the motor phenomena of hysterical attacks they wrote in *The preliminary communication* that these “can be interpreted partly as universal forms of reaction appropriate to the affect accompanying the memory ... partly as a *direct expression of these memories*” (Breuer and Freud, 1893, p. 15, emphasis mine).

Later, the notion of the mnemic trace, which Freud hypothesized as the registration of a perception in non-conscious memory, extended past the description of hysterical pathology, to describe too the normal function of non-traumatic memory. Over the course of his writing Freud (e.g. 1895a, 1900, 1925) would rely on the notion of the mnemic trace, attempting in the *Project for a scientific psychology* to describe the neuronal inscriptions of affective experiences that remain out of conscious awareness (i.e. unconscious memories). These inscriptions were described not as residing in any one neuron, but as distributed in the relationships between neurons, in what

today would be called neural networks. Thus memory as conceived in the *Project* was not a cognitive function performed by a conscious subject, but a presubjective physiological change experienced outside of the awareness of the conscious subject.

Freud's approach to viewing motor response as a form of memory finds validation in contemporary cognitive science. The mnemonic traces he described as distributed physiological and non-conscious phenomena are more recently appearing as the enactive (Bruner *et al.*, 1966) subsymbolic (Bucci, 1997) procedural (Clyman, 1991) and implicit (Lyons-Ruth, 1998) encoding of information. Within contemporary psychoanalysis this presymbolic, sensory-dominated mode of experiencing has led to basic conceptions of self-experiencing emphasizing rhythmicity and experiences of sensory contiguity organized at the level of sensory impression (Ogden, 1989). These experiences are memory without form, which, just as they inform, fall back into indeterminacy (Clough, 2007).

Freud (1914) also described the enactive qualities of patient's traumatic reliving in the clinical setting: "He reproduces it not as a memory, but as an action; he *repeats* it, without, of course, knowing that he is repeating it" (p. 150, original emphasis). Freud demonstrated that the patient was not repeating a dissociated or repressed memory, but rather that the *action* of repetition itself was a mode of memory phenomena: "As long as the patient is in the treatment he cannot escape from this compulsion to repeat; and in the end we understand that this is his way of remembering" (Freud, 1914, p. 150). This insight never left Freud's work, as illustrated by the fact that, when later describing what I have termed the enactive quality of memory, Freud (1937, p. 341) observed that the patient will repeat his "modes of reaction ... right before our eyes"; a fact that he attributed prime importance to as constituting "half our analytic task". Loewald (1965) noted that, for Freud, repetitive actions were seen as a form of memory, as described above; and that, additionally, remembering was seen as an act of repeating; as a "reproduction in the psychical field" (Freud, 1914, p. 153).

Analytic witnessing

The witnessing function of the analyst has been explored by several writers. Orange (1995) considers witnessing among the selfobject functions performed by the analyst. For her, the witnessing presence of the analyst as 'a responsive person' makes recognition and affective experiencing of past traumas possible for patients who may never have experienced the meaning and articulation of their traumatic histories. Witnessing facilitates both the experiencing and remembering of trauma according to Orange (1995) who states that:

[I]t undoes shame and restores the positive valuation of the self. It establishes and maintains self-experience, and it clearly deserves designation as a 'selfobject' function. In cases of post-traumatic stress, witnessing is one form the emotional availability of the analyst must take.

(p. 140)

Poland (2000) describes a position of clinical witnessing consisting of emotional immediacy on the part of the analyst which is at once silent but active, engaged rather than abstinent. For Poland, a partial detachment on the part of the analyst exists side by side with his deep caring; and his observations as a separate other exists alongside his participatory interaction in the other's painful experience. Poland differentiates the witnessing presence of the analyst from therapeutic attempts to interpret, or to provide comfort or the alleviation of suffering. "Recognition, not exoneration", he writes, "is what is called for" (p. 20). While the position of clinical witnessing described by Poland is meant to apply to all analyses, Grand (2000) writing specifically of the treatment of the severely traumatized adopted a very similar clinical position, noting the intimate separation between analyst and patient. For Grand (2000):

The trauma survivor remains solitary in the moment of her own extinction. No one knew her in the moment when she died without dying; no one knows her now, in her lived memory of annihilation. This place where she cannot be known is one of catastrophic loneliness ... it is an area of deadness strangely infused with a yearning for life...Death has possessed her in its impenetrable solitude. But life makes her desire to be known in that solitude...But...who will be the knower and who (and what) will be the known?"

(p. 4)

Grand has approached this question mindful of what she regards to be the lacunae inherent in the narration of traumatic experience. In investigating absences that are understood to denote trauma's presence, Grand (2000, p. 24) has listened carefully to "those human atrocities that can be neither seen nor heard in the survivor's testimony [and] actually retain their force through narrative absence ...". She finds the traces of this force in the soma, where bodies bear witness to the unspeakability of events, containing, according to Grand, messages that defy their own translation. Grand regards these absences as experiences that will not simply yield to the fullness of symbolic representation, prompting her to clinically note: "We cannot conceive of the treatment of trauma as a path moving toward an emotionally integrated, linguistically encoded story in which bodily symptoms heal through their narration" (2000, pp. 36–7). The persistence of affectivity signals a bodily registration which will not reside in conscious knowledge. Such memory, as Clough (2007, p. 6) has suggested: "... might better be understood not as unconscious memory so much as memory without consciousness and, therefore, incorporated memory, body memory, or cellular memory".

I would further suggest that enactive memory phenomena in their bodily registration represent the essential force of traumatic occurrence contained in a form of memory that may only be experienced as event, rather than narration. Thus, what are often regarded to be gaps or lacunae in the verbal, declarative memory of history, I believe, can be reconceptualized as experiences held in episodic memory systems that have no translation into language, but which convey the patients' modes of reaction *as memory*.

Witnessing and symbolization

Within psychoanalysis a constant expectation is that traumatic experience will become symbolized. The assumption is seen both in Orange's goal of making meaning as well as in Grand's attention to the 'gaps' in coherent narrative. Conceptualizing 'absences' or 'gaps' presumes the expectation that trauma should or could become meaningful and that gaps represent a rupture in an expected narration. Instead of assuming such memory can be translated into reflective, symbolic awareness, I will argue that its enactive quality calls for a response that is not one of meaning-making and does not concentrate on a story yet to be made. I share a perspective, recently described by Bromberg (2009, p. 356, original emphasis) that, when working with trauma, an analytic focus "... on content creates a collusion between patient and analyst that leads to searching for what seems to *be hidden within the patient* and masks what is *absent between* them in the here-and-now ..." which Bromberg describes as an "affective awareness" of what is taking place between the two.

This perspective also leads me to seek to broaden the notion of witnessing as it has been employed in psychoanalysis. Analytic writing on witnessing positions the analyst in the role of witness to the trauma experienced by the patient. Writers such as Orange, Poland and Grand, while representing theoretically diverse schools, all accord the witnessing function solely to the analyst. While not disagreeing with these authors regarding the analyst's essential function as an other who witnesses, I propose expanding the notion of witnessing in two ways. First, I want to explore the patient's witnessing, and the varieties of her capacity for witnessing within the analytic setting. I also want to open the idea of witnessing to encompass the relational event that occurs in the transference-countertransference matrix. This later event I will suggest is best met by a clinical position of 'being-with' patients during the mutual living out of traumatic memory phenomena. In order to approach that position it will first be necessary to appreciate the ways in which speech creates performative action between analyst and patient.

Speech acts and the performative

The philosopher J.L. Austin (1962) conceived of the uses of speech beyond its declarative function in the development of speech act theory. Austin drew attention to the usages of language that went beyond the making of factual assertions, to perform actions. In these instances, speech is itself considered a form of action, or, as Austin quipped: "by saying something we *do* something" (p. 94, original emphasis). According to Petrey (1990), speech acts perform a collectivity that can be as small as two people (e.g. analysand and analyst) but performative speech can never be the unilateral act of a single individual. Thus, for instance, the analyst's uttering the words 'Our time is up for today' to the analysand is not merely a factual assertion, but performs an action within the community of the therapeutic dyad. Speech act theory may be seen to underlie Schafer's (1976) conception of an action language, as well as Ogden's (1994) concept of interpretive action. Both

Loewald (1978) and Greenberg (1996) have also observed that words do not substitute or hold back action, but are in themselves actions.

Within trauma studies, speech act theory is used by both Felman (1995) and Caruth (1996) to elaborate the performative aspects of testimony. The language of trauma, including what are seen to be its narrative gaps and absences, is regarded as a doing, in Austin's sense, which performs a truth or an actuality. Yet to think in theoretical terms about such absences is to regard the testimony of the witness as that individual's relation to experience that remains outside of understanding or narrative. Caruth (1996) has observed that trauma's mark eludes linguistic symbolic forms of articulation and meaning-making; and that the constitution of knowledge is "a central problem of listening, of knowing, and of representing that emerges from the actual experience of ... crisis" (p. 7). Crisis thus illuminates the limitations of its symbolic understanding. But while narrative may be absent, memory is not and the fullness of traumatic impact remains. As Caruth puts it: "The force of this experience would appear to arise precisely, in other words, in the collapse of its understanding" (1995, p. 7).

Similarly, Felman (1995) conceives of testimony as "acts that cannot be construed as knowledge nor assimilated into full cognition, events in excess of our frames of reference" (p. 16). Very much in concert with the theory of action and reproduction I am putting forward here, Felman regards the testimony of the witness to represent "a discursive *practice*" (original emphasis) and the accomplishment of a speech act instead of the formulation of a statement. Felman writes:

As a performative speech act testimony in effect addresses what in history is action that exceeds any substantialized significance, and what in happenings is impact that dynamically explodes any conceptual reifications and any constative delimitations.

(1995, p. 17)

Both Caruth and Felman speak to the experience of an individual's relation to an event that does not take the form of declarative recall. Their inclusion of non-symbolic experiencing informs an analytic approach to witnessing that goes beyond the expectation of the creation of narrative, to focus on repeated 'modes of reaction' as they occur in the analytic relationship.

The transference as the scene of address

The non-psychoanalytic literature regards traumatic repetition as unmeaningful. Van der Kolk and van der Hart (1995) for instance, have written that: "Traumatic memory has no social component; it is not addressed to anybody, the patient does not respond to anybody; it is a solitary activity" (p. 163). By contrast, psychoanalytic approaches to the repetition of traumatic memory, since the time of *Studies on Hysteria*, have emphasized an opposite approach.

Traumatic repetition is an inherently social event. It is not however addressed to any particular person so much as it is addressed to another.

The other who can receive this experience is the analyst, who participates not as a blank slate upon which knowledge can be inscribed, but whose affective presence within the relationship with the patient creates the condition for the mutual experiencing of that which exists outside speech. This communication occurs within performative and motoric dimensions of the transference–countertransference, conveying experience that is beyond the limits of human ability to grasp or imagine symbolically (Laub, 1991), yet allows patient and analyst together to create in their encounter an experience of witnessing.

If the patient's trauma seeks a witnessing through its being addressed to another, as I have suggested, then it is the transference that is the vehicle for that address in the analytic situation. I propose that the transference acts as the scene of address for the simultaneous repetition and witnessing of traumatic memory in its performative and enactive form. The address does not occur between people, as one might say conventionally, rather it 'happens', as an action, within a scene.¹ It is lived, or performed, through what Bollas (2000, p. 112) has described as "a showing by a relocating evocation".

The purpose is not to transform the enactive into the reflective-verbal for, as Loewald observed, the notion that repetitions in the transference are to be substituted by memories undermines Freud's understanding of action as a form of memory and memory as a form of action or repeating. Loewald encouraged analysts not to cling to 'narrow' distinctions between repeating and remembering and instead makes a compelling argument for repetition within the transference:

... reflection shows that precisely such transference repetitions, as well as similar kinds of repetition in the form of behavior or symptoms, have been described by Freud as reminiscences, i.e., as manifestations of unconscious memories. On the other hand, conscious remembering is a kind of repetition, a repetition in the mind. Repetition in the form of action or behavior and affect is a kind of remembering, albeit unconscious, and remembering as a conscious mental act is a kind of repetition. If one adheres, as psychoanalysis does, to the concept of unconscious memory, repetition and recollection can be understood in terms of each other, depending on whether we focus on the present act, in which case we speak of repeating, or on the past prototype, in which case we see recollection.

(1965, p. 88)

As an enactive phenomenon this happening is experienced as an *intensity* of traumatic activation, and not yet as a content. The memory is the action, the affective reactivation of the body, rather than referring to the content of an experience. It is similar to what Klein (1957, 1961) called 'memories in feelings'; and may be thought as experience's immanence in the immediacy of non-conscious affective exchange between patient and analyst.

¹By this I mean to imply that it is both analyst and patient who witness what is reproduced in the space of the therapeutic relationship as neither is solely accorded the role of witness to the other's separate experience.

Case vignette

Long before narrative took shape, Julie's bodily presence signaled a traumatic present in its staccato movement and its state of alert. Her quick, fearful scanning of me took me off-guard and alternated with gasps of fear in which Julie would draw in air as if she had been held underwater. Julie was terrified, her body vibrating in a hyper-aroused panic.

"Like this," Julie said, as she bowed her head down to her chest and pounded in the air, fast and frantically with her fists. "Like this, she would beat the wall, just like this." When it wasn't the wall, it was Julie's body that registered the rhythm of her mother's fists. Julie wondered how much of her mother's madness she held within herself, how much had been transferred by the fists and the screaming curses and humiliation, how much madness had been put in her by the forced enemas and genital invasiveness that represented an obligatory infiltration in the context of neglect and violence. Julie wondered how much had become entrained in the very cells of her body. Her thoughts associatively led to Julie's having pounded on the walls of her office, the accomplished senior attorney having to reassure her assistant's alarm that everything was fine, and that she should go back to work.

Julie began hitting her own thighs, hard. "Like this", she repeated with the same cadence and with tears now streaming down her face. As she hit herself in front of me, I told Julie that I saw what was happening. She looked desperately into my face with an incredulous stare, as if she herself couldn't believe what was happening. During one unbelieving look Julie said that she thought she could see my eyes tearing.

We began our work, meeting three times weekly, first sitting face to face, then after the better part of a year utilizing the couch. My comments to Julie over the first several years of the analysis mostly took the form of non-interpretive acknowledgements, that I was present, that I was seeing and hearing what she was experiencing. Where her passively depressed, 'vacant' father refused to acknowledge Julie's treatment at the hands of his wife, I saw and felt what she was feeling, past simple identification with another's pain, and communicated that to Julie in expression and tone. Julie's anguish and sorrow became my own anguish and sorrow, drawing on painful experiences from my own past, which created receptive ground for the affective rather than intellectualized grasp of her torment (Jacobs, 1991). I shared Julie's alarm and dread as I experienced a present sense that something terrible was about to happen, and I accompanied her through unimaginable feelings of loneliness that put me in touch with a quality of loneliness from earlier in my own life. My attention to and immersion in Julie's feelings was an experience which Bach (2006) has described as involving far more than what is usually meant by empathy. The feelings were hers, but now experienced together, as her own, but now shared. Yet these moments of connection were punctuated by Julie's psychic loss of our link. Terrified messages on my office answering-machine attested to Julie's fear that she could no longer continue the analysis. Leaving these messages, she told me, was a yearning to reconnect and to regain the safety and attachment she found in sessions. I made it a point always to return these messages when

I retrieved them, and these short responses served to calm Julie and repair the psychic rupture. As the analysis proceeded Julie was able consistently to internalize the feeling of our sessions and her need to phone my office answering-machine abated.

Julie said:

I remembered this after last morning's session on the way to the elevator, where I knew what was awaiting me. I knew when I woke up this morning that I would feel all the hunger and angst after our session – feel it again in the pit of my stomach. More, more screaming from inside me – a demand on the other side of my friend Jack's indifference and my sister's empty sadness. How to think of you in this hunger, you whose presence provokes it? I am thinking of the body I tried to bring into the room before I left the room, just laid down there before you, a body made of old stories and words but not it, not the rhythms of it. We are not in rhythm now because I have been away and the beats stopped beating. Still I left a body there; and then left there to find myself at the elevator, facing again being alone, so all alone at the elevator.

Moments such as these perched me on an analytic precipice. At once I was the intrusive, violent object, to whom Julie offered herself up in the analysis, laying herself bare emotionally with a mixture of great fear and willingness; laying bare her psychic wounds and inviting my participation. Julie offered herself to the analysis as she had offered her body up to numerous men over her life; as she was afraid she had offered her body up to her mother as a child. Yet at the same time I was a distant and unreachable father, a man who Julie felt had abandoned her to her mother's madness, 'discarded' her, to use her word. He was a man who Julie felt had the power to save her, but never did.

She continued:

I am hungry and can't find enough to eat. Not enough to soothe. I do want to scream. I do. At you. I do. Hungry Daddy!! I am. Something is repeating right now in the room but I don't know exactly what it is. Something is repeating. I am praying in the dark, kneeling beside the bed, prayers mixing with tears and blood. Can you hear my prayer? Can you hear me crying? I so need to know if you can hear me, if you are there to hear me. I am still praying, prayers mixed with blood and tears.

At this moment where Julie is searching for the response of her passive father I am present, witnessing the tears and pain of a memory without consciousness, enacted right before my eyes. I begin to notice that within the countertransference an experience of confusion and deep sorrow becomes recreated, as the something repeated; not to be understood as much as experienced by me and by us together as event.

Associatively Julie recalled having begun masturbating at a very early age. Masturbation, she was willing to grant me, was indeed a form of self-soothing, but Julie was focused on its rhythmic quality. Motion and repetition were the forms of affect for what could not be cognitively understood or assimilated. Masturbation, like Julie's rocking in sessions, was both the response and the event, together, in a moment of experience.

Julie looked up and said:

If only I could sit in the session without speaking. If only I could rock and cry and not have to put words to it. I wanted to rock this morning. I wanted to rock, but I couldn't. I was embarrassed when you asked me about rocking yesterday. I was barely conscious of doing it but I was even less aware that you were noticing. I wish you had not asked and made it so hard for me to rock ever again. It hurts terribly to feel the loneliness from back then shot straight through all the years of my life. It's a terrible thing to feel it stronger for all the years I tried not to feel it. I feel so far away right now.

I said to Julie that I can feel that distance. There's a long pause in the session, and then Julie says: "At first, when you said that, I thought you meant that I do this thing where I push other people away from me and that that was what I was doing to you. But then I thought, maybe he means he feels it too, that he's suffused with that feeling also, right now, and it made me feel very close to you."

Discussion

While the experience of enactive witnessing may be considered in terms of traditional psychoanalytic functions of the analyst (i.e. as containment, empathy or self-object experiencing), I have in mind an intersubjective conception that is based less on the notion of transforming an experience of the patient's than on transforming the patient's experience of an experience, as occurred above in Julie's shift to experiencing the analyst as together with her in the experience of distance rather than as distant from her. Language cannot capture the implicit shadings and shifts of tone, expression or movement that occur in the flow of analytic work; much of it is too rapid and remains out of consciousness. No doubt what remained as the most barely perceptible experiences in the countertransference – changes in my own breathing, the tone of my voice and cadence of my words, constantly occurring, with minimal awareness on my part – represents just a portion of my reactions to Julie and her repetition of traumatic experience. Of course, my own somatosensory reactions themselves were shaped by a subjective history, called forth by intense moments of engagement with my patient in an experience I would call a receptivity to feeling and to being emotionally acted upon. As the force of repetition came under the sway of the transference it began to be transformed into a witnessing. Though it is difficult to convey in words this dimension of connection with another human being, it is this very specific quality of the presence of the analyst that creates the possibility for address where that possibility had been foreclosed. The ways that I was with Julie in moments of confusion, dread, terror and sorrow, with her and responding to her "prayers mixing with tears and blood" created a different emphasis in her analysis, one not centered on the translation of trauma into meaning or understanding, but rather on analytic participation in the rhythms of Julie's suffering, opening that suffering to a social dimension. Laub (1992) writes:

What ultimately matters in all processes of witnessing, spasmodic and continuous, conscious and unconscious, is not simply the information, the establishment of the facts, but the experience itself of living through testimony ...

(p. 85)

His insight is trenchant, and made possible by the presence of an analytic other who lives through experience together with the patient, and in the process slowly allows the patient to reclaim her position more fully as a witness.

In the language of clinical psychoanalysis, this relational experience relies on what noted infant researcher Sander (1991) has defined as a recognition process, wherein “the specificity of another’s being aware of what we experience being aware of within ourselves” (p. 9) creates a dyadic form of self-organization for the individual. Lyons-Ruth (2000) extended Sander’s conception of recognition process to non-conscious forms of coming to know one’s self through the way one experiences being known. This understanding is very close to my own (Reis, 2004) understanding of Winnicott’s (1971, original paper published 1967) approach to the mirror role, where, for Winnicott, to see is to see oneself being seen by an other whose own experience creates the very possibility for this seeing.

Trauma creates an imperative to communicate its impact but, without the appropriate encounter with another, it remains generally a failed one. Witnessing occurs in the encounter, but that encounter can never be guaranteed or predetermined. The address is thus not *in* the traumatic repetition but created in the encounter. Trauma’s futurity may be a demand for future witnessing, but the creation of a witness occurs when another can turn that imperative into an address, or the two together can. What Bach (2006) has called a ‘mutual living through’ is central to a position of analytic witnessing that avoids premature interpretation of clinical process and allows for the creation of a witnessing in the analytic encounter.

The notion of speech acts arises from literary theory and the notion of enactive phenomena arises from a consideration of the motoric aspects of memory. These very different theories have in common a focus on action. In the analytic setting this action necessarily involves the analyst, not as passive receiver of information, but as the addressee of traumatic testimony in its enactive form, filled with the force of action of traumatic experience. To the degree that the analyst’s perception of the patient is also not a passive receptive process but is itself an active motoric one, the analyst registers, feels and responds to enactive memory phenomena occurring in the consulting room at a somatic and affective level of engagement that remains largely out of awareness. This is as true for the bodily enactive repetitions of the patient’s ‘modes of reaction’ as it is for the speech acts that perform traumatic reproductions. Butler (2003), bridging the divide between these quite distinct linguistic and organic theories, has observed that speaking is itself a bodily act, and that there is no speech act without the body. She writes:

... the body is not ‘outside’ the speech act. At once the organ of speech, the very organic condition of speech, and the vehicle of speech, the body signifies the organic conditions for verbalization. So if there is no speech act without speech, and no speech without the organic, there is surely no speech act without the organic.

(Butler, 2003, pp. 115–16)

Speech thus exceeds the conscious, cognitive intentions of its author. What speaks is the body, and it speaks of scandal and of trauma (Felman, 2002).

On the receiving end of these messages is the analyst, to whose body the spoken act is directed as an address so full of affective experience that it exceeds its own linguistic form.

While I have maintained that the clinical aim of analytic witnessing is not to symbolize enactive memory phenomena or create coherent narrative, it would be wrong to suggest that through the analysis Julie did not come to consciously know more about early events in her life. It is true that dramatic changes began happening for Julie that she openly acknowledged a wish to love and be loved, as she had never done before, and that her relationships deepened as she no longer took refuge in working. "Something opened", she said, and Julie could feel how much she wanted others in her life. She was astonished to learn that she was in contact with others, and that they were in contact with her: "I can hear people, and I can tell they're hearing me". Colleagues began engaging her on her incisive legal opinions, and now she heard their admiration. Julie was, in so many ways, better as a result of the analysis, but she was not without her experience of trauma. Analysis had not put an end to Julie's experience of enactive memory phenomena, nor had it produced a neat narrative of previously unknown experience. What it did do, however, was provide Julie an experience of 'being-with' another which featured response in the moment of experienced crisis. It was not her knowing more about the past that led to Julie's being able to hear others and expect that they would hear her. What led to Julie's ability to contact others and be contacted by them was an intersubjective experience at the limits of understanding.

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Translations of summary

Performative und enaktive Merkmale psychoanalytischer Zeugenschaft: die Übertragung als Schauplatz der Botschaft. Der Beitrag versucht, die Konzeption der Zeugenschaft in der analytischen Arbeit mit traumatisierten Patienten zu erweitern, indem er auch die sich entwickelnde, vielseitige Fähigkeit des Patienten zur Zeugenschaft sowie jene Zeugenschaft mit einbezieht, die innerhalb der analytischen Beziehung selbst stattfindet. Aktionen, die als Bestandteil der Wiederholung des Traumas auftreten, werden als Erinnerungsphänomene verstanden und als solche von dissoziierten Selbstzustandserfahrungen unterschieden. Diese Erfahrungen sollen in der Therapie nicht symbolisiert, sondern vielmehr mit dem Analytiker durchlebt werden, damit sich die Beziehung des Patienten zu der Erfahrung verändern kann. Ich vertrete die Ansicht, dass der Schauplatz, auf dem dieses Durchleben stattfindet, die Übertragungs-Gegenübertragungsmatrix ist und dass die analytische Begegnung es ermöglicht, dass die traumatische Wiederholung den Charakter einer Kommunikation, einer Botschaft an den Anderen, annimmt, statt auf sinnloses Reproduzieren beschränkt zu bleiben. Eine klinische Vignette illustriert, wie die Notwendigkeit der Bezeugung des Traumas in eine Botschaft im Rahmen der analytischen Begegnung verwandelt wird.

Aspectos performativos y enactivos del testimonio psicoanalítico: La transferencia como escenario del discurso. Este trabajo intenta ampliar la concepción del testimonio en el trabajo analítico con pacientes traumatizados mediante la incorporación de la capacidad de testimoniar del paciente, variada y en desarrollo, así como de la actividad testimonial que tiene lugar dentro de la relación analítica. Se considera que los actos que emergen como parte de la repetición traumática representan fenómenos de memoria, y se los diferencia de la experiencia del estado de self disociado. Desde un punto

de vista terapéutico, no se pretende que estas experiencias sean simbolizadas, sino que sean vivenciadas junto con el analista. De este modo, la relación del paciente con su experiencia se transforma. Sugiero que el escenario en el cual se produce este vivenciar es la matriz transferencia-contratransferencia, y que es el encuentro analítico el que permite que la repetición traumática asuma la cualidad de una comunicación, un discurso dirigido a otro, en lugar de seguir siendo una reproducción sin sentido. Una viñeta clínica ilustra la transformación del imperativo de testimoniar del trauma en discurso en el marco del encuentro analítico.

Les caractéristiques performatives et agissantes du témoignage psychanalytique : Le transfert en tant que scène de l'adresse. L'auteur de cet article vise à élargir la notion de témoignage dans le travail analytique avec des patients traumatisés en y intégrant l'idée du développement de la capacité du patient à témoigner, en même temps que l'idée d'un témoignage qui survient au sein de la relation analytique elle-même. Les actes qui font partie de la répétition traumatique sont considérés comme étant des phénomènes mnésiques à distinguer de l'expérience des états dissociés du self. Ces expériences ne sont pas destinées à être symbolisées au cours de la thérapie, mais plutôt vécues avec l'analyste, ce qui permet de transformer la propre relation du patient à l'expérience. Je suggère que c'est la matrice transféro-contre-transférentielle qui constitue la scène sur laquelle se joue ce vécu, la rencontre analytique permettant de conférer à la répétition traumatique la qualité d'une communication adressée à un autre, en lieu et place de la persistance d'une reproduction dénuée de sens. Une vignette clinique vient illustrer ce tournant où l'impératif de témoigner du trauma se transforme en une adresse au sein de la rencontre analytique. **Ripetizione e Enactement** nella testimonianza psicoanalitica: Il Transfert come scena centrale. Questo lavoro vuole ampliare il significato di testimonianza nel lavoro analitico con pazienti traumatizzati, estendolo alla capacità di testimonianza da parte del paziente. Capacità che esiste in gradi variabili e che può anche essere acquisita nel corso del trattamento. Il concetto viene inoltre esteso alla testimonianza che si verifica all'interno del rapporto analitico. Gli agiti che avvengono come parte di una ripetizione traumatica sono considerati come rappresentazioni di fenomeni mnemici e vengono distinti dall'esperienza di stati dissociativi del sé. Queste esperienze non sono considerate, nel contesto clinico, come destinate alla simbolizzazione, bensì ad essere rivissute con l'analista, consentendo in tal modo la trasformazione della loro percezione da parte del paziente. Propongo che la scena di questo rivivere l'esperienza sia la matrice del processo di transfert-controtransfert. Propongo inoltre che sia l'incontro analitico a far sì che la ripetizione traumatica possa assumere aspetto e valore di comunicazione, e possa essere un rivolgersi all'altro, ben diverso dalla mera ripetizione priva di significato. Un esempio clinico illustra questo passaggio dalla compulsione a testimoniare il trauma ad una reale comunicazione realizzata all'interno del rapporto analitico.

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