MEMORY AND HEALING
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Neurocognitive and Psychodynamic Perspectives on How Patients and Psychotherapists Remember

Soren R. Ekstrom

KARNAC
To my sons,
Arne and Max
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ABOUT THE AUTHOR

Soren R. Ekstrom, PhD, is a clinical psychologist and psychoanalyst in private practice in the Boston area. He has for many years been active in training future clinicians and has published papers about cognitive science and psychoanalysis in various journals. He has been the president of the C. G. Jung Institute of New York and served as an academic advisor for the Blanton-Peale Institute in New York City. Currently, he is an instructor and supervisor at the C. G. Jung Institute in Boston and one of the editors for the Journal of Analytical Psychology. His recent lectures have included such topics as narrative and metaphors in dreams and memory in the therapeutic alliance.
For some time, psychotherapists of all persuasions have been drawn to the rapidly expanding discoveries in neuroscientific research (Cozolino, 2002, 2006; Knox, 2003, 2011; Schore, 1994, 2003; Siegel, 1999, 2007, 2010a; Wilkinson, 2006, 2010). Partly, this may be due to frustration at psychotherapy’s division into schools and paradigms, many of which by now rely on terms and theories that are over a hundred years old and thus no longer reflect current knowledge. Partly, the interest in neuroscience has been forced on the field by the success of neurochemical explanations for problems related to mental health. These explanations, although hardly conclusive, have coincided with the introduction of chemical treatments for a variety of mental disorders. They have also led to some unfortunate negative perceptions about the effectiveness of psychotherapy.¹

This book explores why neuroscience—in particular, research on memory—offers new ways to understand why psychotherapeutic treatment is often an effective approach to a wide range of psychological problems (see Chapters Two and Eight). However, this book suggests that, to document that this is the case, we need to reformulate many terms and theories for what happens in treatments.
So far, the findings in neuroscientific research have mostly been introduced to clinicians using a general and neurobiological approach. The emphasis has been on identifying brain sites that may be involved in psychotherapeutic processes. What is missing in this approach is a more direct integration. This book attempts to pave the way for such integration by showing how clinicians function in treatments and how, by extension, patients process and integrate new and transformative information.

Particularly relevant in this regard are findings on memory, a long-neglected function in formulations about psychotherapeutic approaches (see Chapter Eight). Discoveries about episodic and autobiographical memory, in particular, have a direct bearing on what happens in psychotherapy and will demand new approaches to clinical education and how clinicians report on their work. To document what happens to therapist and patient in a treatment, we need to know how they remember and how their experiences are accessed and integrated—thus, why the memory of both participants is intimately tied to a patient’s experience of healing.

The neurocognitive processes activated in psychotherapy can only be fully explored when neuroscientists are enlisted in designing studies that directly measure the effects of the therapy process on both patients and therapists. So far, this is still to be done, and there are many legal and practical obstacles to overcome before it can happen. But psychotherapists also have to find ways to formulate what happens with their patients in terms that are useful to researchers. It is my hope that this book will provide some useful models toward that end.

A brief outline: Part I

The book has two parts. The first, “Applying the findings in research”, is devoted to how current research applies to psychotherapy.

The first chapter, “Why memory and psychotherapy”, presents the reasons why research on memory is critical to the practice of psychotherapy. Two neurocognitive models that have emerged from this research are outlined and contrasted with traditional psychotherapy formulations (LeDoux, 2002; Schacter, 1996). The chapter also references research on the connection between memory and narratives, and defines the memory function in psychotherapy based on
the neurocognitive models (Lieblich, McAdams, & Josselson, 2004; McAdams, 2006).

Chapter Two, “The nature of subjectivity”, deals with findings about conscious or explicit memory, including the fact that conscious memory is no longer regarded as unitary but as consisting of at least two different systems. One of these systems, episodic memory, is of great significance to psychotherapy and relates to first-person knowledge, or subjectivity. Contrary to everyday wisdom, specific methods now exist for studying first-person knowledge and much has been learned about how it is retrieved (Gardiner, 2002; Tulving, 2002).

Chapter Three, “Retrieving history of the self”, examines research on autobiographical memory, a uniquely different kind of memory system that traces a person’s history and sense of self. The chapter discusses a protocol developed by a group of British researchers that can be used to access autobiographical memory in a patient (Conway & Fthenaki, 2000).

Chapter Four, “Stories told and retold”, explores the role of narratives in the consolidation and retrieval of memory. My proposal is that all psychotherapeutic treatments have a narrative foundation. I base this proposal on several existing explorations of the specific narratives that are the cornerstone of most psychotherapy and, in particular, psychodynamic treatments. Two narratives—those that patients develop and those that therapists bring to the endeavour—are central to the discussion.

Chapter Five, “Dreams as stories”, deals with dreams as a more unusual form of narrative. Of particular interest is how the storylines in dreams are similar to those in other narratives. This is illustrated by the example of an initial dream from a patient. In reviewing the neuroscientific research on dreams and sleep, I also propose a conceptual framework (Foulkes, 1999; Hobson, 1999; LeBerge, 1998; Solms, 1997). In particular, I deal with the issues presented when a patient reports a dream in a treatment.

Chapter Six, “Metaphors and meaning” (the final chapter of Part I), introduces findings in cognitive linguistics and developmental psychology about certain image schemas that are present in the young child by two years of age (Dodge & Lakoff, 2005; Lakoff & Johnson, 1999; Mandler, 2004, 2005). Based on this material, I propose that dream narratives originate in special image-structures that can be traced to
perception and motor control. These structures later become part of a person’s repertoire of metaphors and are reflected in dreams, fantasy, and regular speech. The discussion is illustrated by the examination of four dreams, two of which are from Freud and Jung, two from my patients.

**Brief outline: Part II**

The second part of the book, “Remembering, reporting, and teaching”, examines how central areas of psychotherapy reporting and education are affected by the findings in neurocognitive and outcome research.

Chapter Seven, “Where it happens and how”, looks at how a new understanding of memory—in particular, the therapist’s process of remembering—calls for major changes in how psychotherapists present their work and how they develop the ability to use memory effectively. Six forms of memory are defined, based on current understanding of memory and findings in psychotherapy research (Strupp & Binder, 1984). The chapter also outlines how implicit and nonverbal communication fit into this picture and examines how the therapist’s memory has been understood in the past.

Chapter Eight, “What there is to tell”, uses the understanding developed throughout the book to suggest certain remedies. It outlines ways of reporting and accounting for what occurs in treatments and suggests how therapeutic skills should be taught when considering the kinds of memory therapists rely on.

Chapter Nine, “Listening in a different state of mind”, returns the discussion to Freud’s original formulation about his own use of memory as a therapist. His descriptions can now be examined based on recent discoveries about episodic memory and autonoetic awareness. Listening in a different state of mind, a state of “self-knowing awareness” or mindsight, appears to be at the centre of all effective psychotherapy (Siegel, 2010a; Wheeler, Stuss, & Tulving, 1997), as apparently confirmed by extensive research on psychotherapy (Lambert & Barley, 2003; Wampold, 2001). The therapeutic alliance, as a specific bond that develops between patient and therapist, has been found to be the most significant variable—not paradigmatic formulations of one form or another (Safran & Muran, 2000).
One of the most fascinating achievements of the human mind is the ability to mentally travel through time. It is somehow possible for a person to relive experiences by thinking back to previous situations and happenings in the past and to mentally project oneself into the anticipated future through imagination, daydreams, and fantasies. In the everyday world, the most common manifestation of this ability can be referred to as “remembering past happenings.” Everyone knows what this phrase means and what it is like to reflect on personal experiences, past or future, that are not part of the present

—Mark A. Wheeler, Donald T. Stuss, and Endel Tulving (1997, p. 331)
CHAPTER ONE

Why memory and psychotherapy

To begin with, I would like to describe briefly what happens to me as a therapist when I am with a patient. In this instance, the patient—I will call him Brian—enters my office for his weekly session. We exchange short greetings and sit down across from each other. He begins telling me how he is feeling, sometimes referencing our last session. Every so often, I nod. Plain red shirt, I notice. Still the same overweight frame as last week. However, Brian’s facial expressions are definitely livelier today, and he appears less troubled.

As I listen to him begin the session, neither his diagnosis nor a specific treatment plan comes to mind. I remember certain details of his history, but only much later in the session and then as scenes or scripted stories. I have not memorised his treatment up to now, nor could I write a detailed history of it. I am simply responding to a relational event that has followed pretty much the same format since we first started meeting in my office. My mind is focused on the here-and-now and on cues that may tell me something about what is going on in Brian’s mind. I have no conscious agenda, but I am in an entirely attentive frame of mind.

As the session progresses, some things I notice make only a fleeting impression, leaving no lasting traces in my memory. Other impressions