The Silent Past and the Invisible Present: Memory, Trauma, and Representation in Psychotherapy

Paul Renn

Foreword by Judith Guss Teicholz

Sample Chapter
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# Contents

*Foreword*  
Judith Guss Teicholz  
xxxiii

*Acknowledgments*  
xxxvi

*Introduction*  
xxxvii

1 Memory and Freudian Psychoanalysis  
1

2 The Two Main Memory Systems: A Neuroscience Perspective  
13

3 Contemporary Perspectives on Psychological Trauma and Affect Regulation  
19

4 Memory, Trauma, and Dissociation: The Reemergence of Trauma-Related Childhood Memories  
27

5 Psychoanalysis and the Internal World: How Different Theories Understand the Concept of Mind  
35

6 Attachment and Intersubjectivity: Developmental Perspectives on the Internal World  
57

7 A Contemporary Relational Model: Integrating Attachment, Trauma, and Neuroscience Research  
89

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<table>
<thead>
<tr>
<th>Chapter</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>Intersubjectivity, Attachment, and Implicit Memory: The Development of Representational Models</td>
<td>115</td>
</tr>
<tr>
<td>9</td>
<td>Attachment, Trauma, and Intimate Violence</td>
<td>131</td>
</tr>
<tr>
<td>10</td>
<td>Brief, Time-Limited Psychodynamic Psychotherapy: A Case of Intimate Violence From a Forensic Setting</td>
<td>149</td>
</tr>
<tr>
<td>11</td>
<td>The Role of Explicit and Implicit Memory in Therapeutic Action</td>
<td>177</td>
</tr>
</tbody>
</table>

*References* 187

*Index* 209
Introduction

The idea for this book came from Dr. Lewis Aron, who suggested expanding a paper that I had written on memory, trauma, and therapeutic action into a text for use by clinicians and graduate students. Further encouragement came from Dr. Judith Guss Teicholz, whose enthusiasm for my thinking about the implications of neuroscience and infant research findings for psychotherapeutic treatment was infectious. Although written primarily for clinicians and psychotherapy trainees, I believe that this book will be of interest to clinical psychologists, child psychotherapists, couples counselors, social workers, mental health professionals, forensic psychotherapists, probation officers, domestic violence professionals, specialist teachers, and attachment theorists.

The title of the book, *The Silent Past and the Invisible Present*, derives from Daniel Stern’s view that the past is “phenomenologically silent,” and from Daniel Schacter’s description of implicit memory as being “invisible.” Thus, although the silent past may, under certain conditions, become an active, alive past, its functioning and influence on our thoughts, feelings and behavior in the present are largely invisible.

Some of the contents of this book are based on previously published papers and book chapters, on presentations to colleagues, on contributions to online colloquia and web seminars, and on material for teaching seminars and continuing professional development workshops. Given this, there is inevitably a degree of overlap of ideas between some chapters, but repetition within a chapter has been kept to a minimum during editing.

Recent advances in research in the fields of attachment, traumatology, and neuroscience are helping to deepen our understanding of the process of change in psychotherapy. In this book, I draw on this research, as well as on a wide range of clinical approaches to inform a new model of clinical practice. The themes that unify the book reflect my interests in memory, child development, neuroscience, attachment theory, traumatology, affect regulation, intimate violence, the continuity of experience across the life cycle, and the process of therapeutic change. As the title of the book suggests, I am particularly interested in the silent, invisible processes deriving

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from the past that maintain non-optimal ways of experiencing and relating in the present, as these strike me as posing eminently pertinent questions for psychoanalysis and psychotherapy. I would argue that a neuroscientific understanding of the dynamic nature of memory processes and of the way in which the two main memory systems operate and interact is salient to a concomitant understanding of personality development and therapeutic action. These interests have emerged during some 20 years of clinical practice and reflect a paradigmatic shift in psychoanalytic thinking about clinical work and the process of change. Whereas earlier clinical models emphasized a largely verbal, interpretative technique in the explicit domain, newer models focus on a nonverbal, affective understanding of communication in the implicit/enactive domain. I argue that therapeutic change consists of a dual process and needs to proceed in both of these domains.

This new understanding of therapeutic action is informed by advances in the empirical sciences, specifically in the fields of cognitive and developmental psychology and cognitive neuroscience, but also by the findings from attachment research with children and adults. Although there is concern and resistance in some quarters about integrating the ideas and language of scientific disciplines into psychoanalytic discourse, the gap between these diverse disciplines is gradually being narrowed by a dialogue on matters of common interest. Indeed, I detect a thirst for knowledge among my colleagues about the findings from related disciplines, and a keen interest in understanding how such data may inform clinical work. In my view, relational psychoanalysis is well-placed to incorporate the findings emerging from related disciplines into a clinical model that integrates such data with the current emphasis on intersubjectivity, trauma, dissociation, mentalization, nonlinear dynamic systems theory, and mutual enactments. In this context, I would like to stress that integrating the findings from cognitive science, developmental psychology, and attachment theory into an overarching relational model need not diminish the psychoanalytic focus on a hermeneutic understanding of the individual’s subjective meaning. Rather, I would argue that the process of interdisciplinary integration enhances our clinical work in this very endeavor. Indeed, as is well-documented, Freud developed his metapsychology in the context of the then state of scientific knowledge, but his clinical emphasis remained firmly embedded in the hermeneutic tradition.

THE STRUCTURE OF THE BOOK

Chapter 1 explores the role of memory and repression in Freudian psychoanalysis. It shows that in many ways Freud’s thinking was ahead of his time, anticipating and influencing subsequent developments. For example, his observation that nonverbal motor phenomena, as expressed in bodily
and affective symptoms, is an unconscious form of memory repeated in action predated current psychosomatic–somatization theories. Also, in phenomenological terms, Freud’s theorizing about primal repression, screen memories, and the repetition compulsion may be seen as a description of the operation of implicit/procedural memory. Moreover, his concept of *Nachträglichkeit* or deferred action, whereby memories undergo a process of retroactive reworking, with old events being newly translated and taking on a different significance, may be equated with contemporary views of the dynamic nature of memories, and of therapeutic action deriving from the modification of archaic representational models and accompanying sets of implicitly encoded predictions and expectations.

Freud considered that every event deposited in memory structures the individual’s unconscious. However, whereas he originally believed that repressed memories of sexual trauma were the sole cause of hysteria, he partially renounced his seduction theory in 1897, emphasizing instead the interpretation of dreams, fantasies, and parapraxes, that is, the fulfillment of unconscious wishes manifested in such behavior as forgetting, mislaying, and slips of the tongue. Thus, although Freud retained an interest in trauma throughout his working life, his apparent repudiation of the theory of sexual seduction has led to an ongoing debate about the complex relationship between memory, fantasy, and reality, and about how to distinguish between true and false memories of childhood sexual abuse. In this context, I briefly allude to the dispute that arose between Freud and Pierre Janet at the turn of the 20th century. The chapter concludes with an examination of the hotly debated controversy surrounding recovered memories of childhood sexual abuse and the so called “false memory syndrome” that erupted in the 1980s. The dispute focuses on the issue of whether abuse that occurred in childhood can be entirely forgotten, only to reemerge in adulthood, or whether such memories are simply false, in that they are the product either of the person’s own imagination or of a psychotherapist’s implanted suggestion.

Chapter 2 summarizes the findings from neuroscience on the two major memory systems, explicit or declarative memory and implicit or non-declarative memory, which are relevant to the focus of this book. The operation of implicit memory is emphasized as research findings show that it influences our thoughts, feelings, and behavior in invisible, nonconscious ways and thus functions to maintain personality traits and non-optimal ways of experiencing self with other. I compare the nonconscious world of implicit memory with the Freudian dynamic unconscious, and suggest that Winnicott’s theorizing about unremembered “primitive agonies,” Christopher Bollas’ theory of the “unthought known,” and Donnel Stern’s concept of “unformulated experience” may, in phenomenological terms, be seen as examples of implicit/procedural memory.

Contemporary perspectives on psychological trauma and affect regulation are discussed in Chapter 3. I stress the importance of cumulative
developmental trauma in understanding the manifestation of psychopathology in adulthood. I provide a clinical vignette to illustrate theoretical issues. I suggest that in the absence of an appreciation of the subtle nature and silent impact of cumulative developmental trauma, and of the way in which the implicit/procedural memory system operates, there is a danger of assuming that the subject’s present difficulties in living must derive from an unremembered dramatic trauma, such as childhood sexual abuse, when this may not necessarily be the case.

Trauma and pathological forms of dissociation tend to be strongly, though not inevitably, associated. From a neurobiological perspective, Chapter 4 explores these links and the disabling impact that trauma has on the explicit and implicit memory systems. I suspect that most clinicians have experienced the reemergence of trauma-related childhood memories in their clinical work. I summarize research findings that link this phenomenon to the way in which stress in later life suppresses the explicit memory system, allowing long latent trauma-related implicit memories to resurface. I illustrate theoretical points with a clinical vignette.

In Chapter 5, I outline the way in which the paradigmatic shift from drive theory to a relational model has been paralleled by a new understanding of the nature of the representational world. Starting with Freud and moving through object relations theory to a relational perspective, I summarize some of the major ways that the mind or internal world has been conceptualized. I also examine the polemical argument surrounding hermeneutics and empiricism, and briefly discuss the problem of integrating neuroscience and psychoanalysis. The chapter concludes with an example of my own attempt at such integration.

Chapter 6 is divided into three parts. The first part centers on attachment theory, setting out the two main research methodologies used with infants and adults, namely, the Strange Situation procedure and the Adult Attachment Interview. I also summarize research employing the doll-play story completion task. Findings illustrate the intergenerational transmission of attachment organization and the way in which these research methods tap into implicit–procedural memory at the representational level. The doll-play story completion research paradigm builds on the Strange Situation procedure and shows that disorganization at the representational level is consistent with a system of representation that is dissociated from consciousness, but which may suddenly become activated under the stress of separation. In young children, this is manifested in controlling behavior, and in the inversion of their relationships with caregivers. Accepting that implicit–procedural memory creates a bridge between childhood and adulthood, I suggest that disorganized–controlling 6-year-olds may develop into adults who use violence to control their intimate partners.

The development of the psychological concept of mentalization by Peter Fonagy and his colleagues is discussed, as this is inextricably linked to
attachment dynamics, specifically to the level of the parent’s reflective functioning in relation to his or her child. Mentalization not only helps us to appraise our own and other people’s intentions and behavior by reference to underlying mental states, but also sheds light on the processes involved in the interpersonal transmission of attachment states of mind between parent and child. Findings by Howard and Miriam Steele indicate that attachment is “relationship specific,” with representational models of mother and father developing separately, rather than as one overarching model of attachment. Thus, a child may be disorganized with one parent but not with the other. These findings would seem to confirm the relational concept of multiple self-states.

The second part of Chapter 6 examines Daniel Stern’s form of intersubjectivity and also his theory of the development of self. Stern argues that repeated patterns of interaction constitute the basic building blocks of psychic formation and structures the infant’s representational world. His concept of “representations of interactions that have been generalized” parallels Bowlby’s concept of “internal working models” and Bucci’s “emotion schemas.” Neuroscience research suggests that these nonconscious psychic structures are encoded and stored in the systems of implicit–procedural memory and guide and direct behavior, thoughts, and feelings in powerful but nonconscious ways. I illuminate the process of interactive regulation with a mother–infant observation. The third part of this chapter concludes with a description of the therapeutic process using a model that integrates theories and data from attachment, relational, intersubjective, and neuroscience perspectives.

Chapter 7 brings a specific focus to bear on relational psychoanalysis. Using a clinical vignette by Stephen Mitchell and one from my own practice, I illustrate the way in which findings emanating from attachment, traumatology, and neuroscience may be integrated into an overarching relational model. This chapter also draws attention to the clinical usefulness of Giovanni Liotti’s theory of competing motivational systems. Liotti posits that the subject may consciously or unconsciously “choose” a motivational system other than the attachment system in order to avoid re-experiencing attachment trauma and dissociation associated with loss, abandonment, and abuse. The main alternative motivational systems are the “agonistic system,” which is characterized by violence and aggression, the “caregiving system,” which is characterized by a compulsive, controlling form of caregiving, and the “sexual system.” The latter is used to sexualize relationships, and its “choice” may reflect a history of childhood sexual abuse.

Employing a relational model may raise certain clinical concerns and ethical dilemmas about such issues as disclosure of the countertransference, acknowledgement of the “real” relationship, the asymmetry of power in the therapeutic relationship, working with enactments, self-disclosure, and the risk of retraumatizing the patient. Chapter 7 discusses aspects of these various concerns from a relational perspective.
Chapter 8 discusses the intersubjective motivational system and the development of self–other representational models from an intersubjective–attachment perspective. These concepts are linked to a discussion of the mirror neuron and implicit memory systems. I summarize the key ideas of the Boston Change Process Study Group, connecting these ideas to the form of intersubjectivity developed by Beatrice Beebe and her colleagues. The intersubjective and interpersonal processes that lead to the development of enduring character and personality traits are illustrated, and the mechanisms that maintain non-optimal representational models, making them resistant to change, are outlined. The chapter concludes with a clinical vignette that illustrates these various ideas, as well as the dialectic between the verbal, explicit domain and the nonverbal, implicit domain.

Chapters 9 and 10 draw on my clinical experience of working with violent people in a forensic setting. In Chapter 9, I further explicate the role that implicit memory, trauma, dissociation, and representational models play in the development of personality and adult psychopathology. I present a relational perspective, informed by attachment theory and traumatology, on affective violence. I argue that aggression and destructiveness are secondary, arising in response to a perceived threat to the self in an intersubjective–attachment matrix characterized by trauma and abuse, rather than as an expression of an innate “death instinct.” I contend that situations involving loss, betrayal, and abandonment activate an implicitly encoded disorganized representational model, which may culminate in the violent reenactment of dissociated personal trauma in a context of separation and loss. I outline gender differences and similarities in violent behavior, explore the attachment dynamics that maintain violence in same-sex and opposite-sex intimate relationships, and suggest that working with the violent couple may, in certain circumstances, be more clinically effective than working with the partners separately. In Chapter 10, I present an extensive case study using a brief, time-limited psychodynamic model with a violent man to illustrate theoretical points, and the way in which research findings from attachment theory, developmental psychology, affect regulation, traumatology, and cognitive neuroscience can be integrated into an overarching relational model.

Chapter 11 concludes the book with a discussion of the implications of implicit memory for therapeutic action in contemporary psychoanalysis and psychotherapy. Following John Bowlby and Peter Fonagy, I emphasize the view that representational models are the psychic structures that organize behavior and experience. Given this, the modification of these structures needs to be the focus of treatment rather than the events that might have contributed to their development. I illustrate how to recognize the activation of archaic representational models and, somewhat controversially, suggest that such models may be modified not only via enactments in the transference–countertransference matrix, but also by working
with enactments in the patient’s extra-therapeutic relationships. While acknowledging that psychoanalysis and psychotherapy can help to bring about profound change in the lives of our patients, I suggest that we need to be realistic about the limits of therapeutic action. Neuroscience research indicates that the traumas our patients have experienced do not disappear as a result of treatment, and thus may reemerge in stressful situations that cue the retrieval of traumatic implicit memories and activate maladaptive representational models.