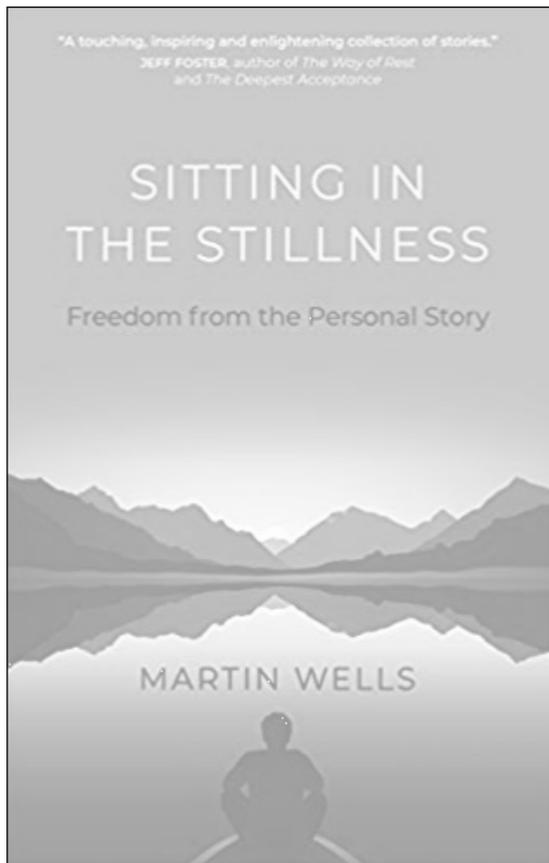


# the TRANSACTIONAL ANALYST

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**Book reviews**  
*Sitting in the Stillness* by Martin Wells  
Reviewed by Robin Hobbes, page 28

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# Memory theory and its relationship to transactional analysis

**CLAIRE BOWERS'** award-winning essay critically evaluates theories about memory while assessing and comparing them with transactional analysis.

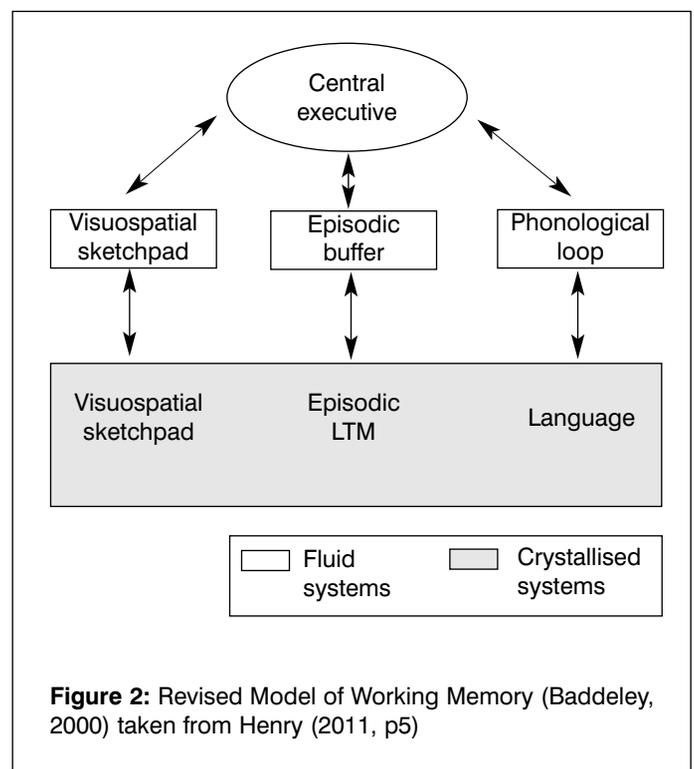
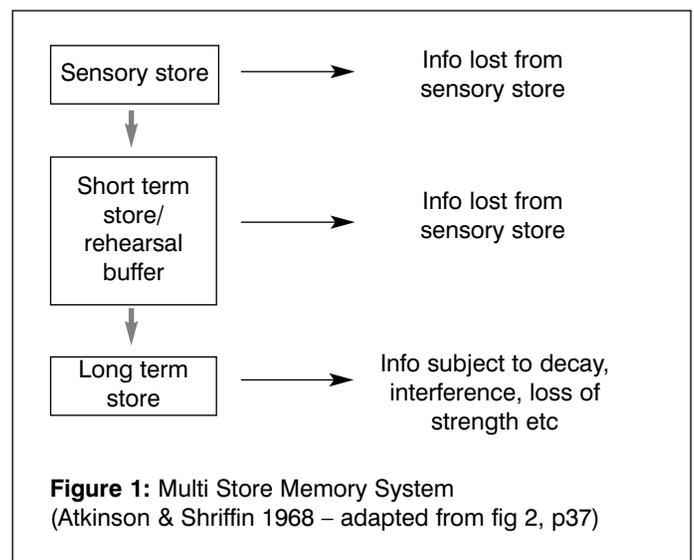
**E**XPLORING EARLY MODELS of memory, including the Multi Store Model of Memory (Atkinson and Shrifin 1968 – see Fig 1) and the Working Memory Theory (1974, revised in 2000 – see Fig 2), as well as more contemporary models including Implicit and Explicit Memory (Schacter and Graf, 1986) and transactional analysis theories, I will be exploring the extent to which I believe existing memories can affect and be affected by new information, and the extent to which our script affects our memories and vice versa. I will also explore the effect that trauma has on our memory.

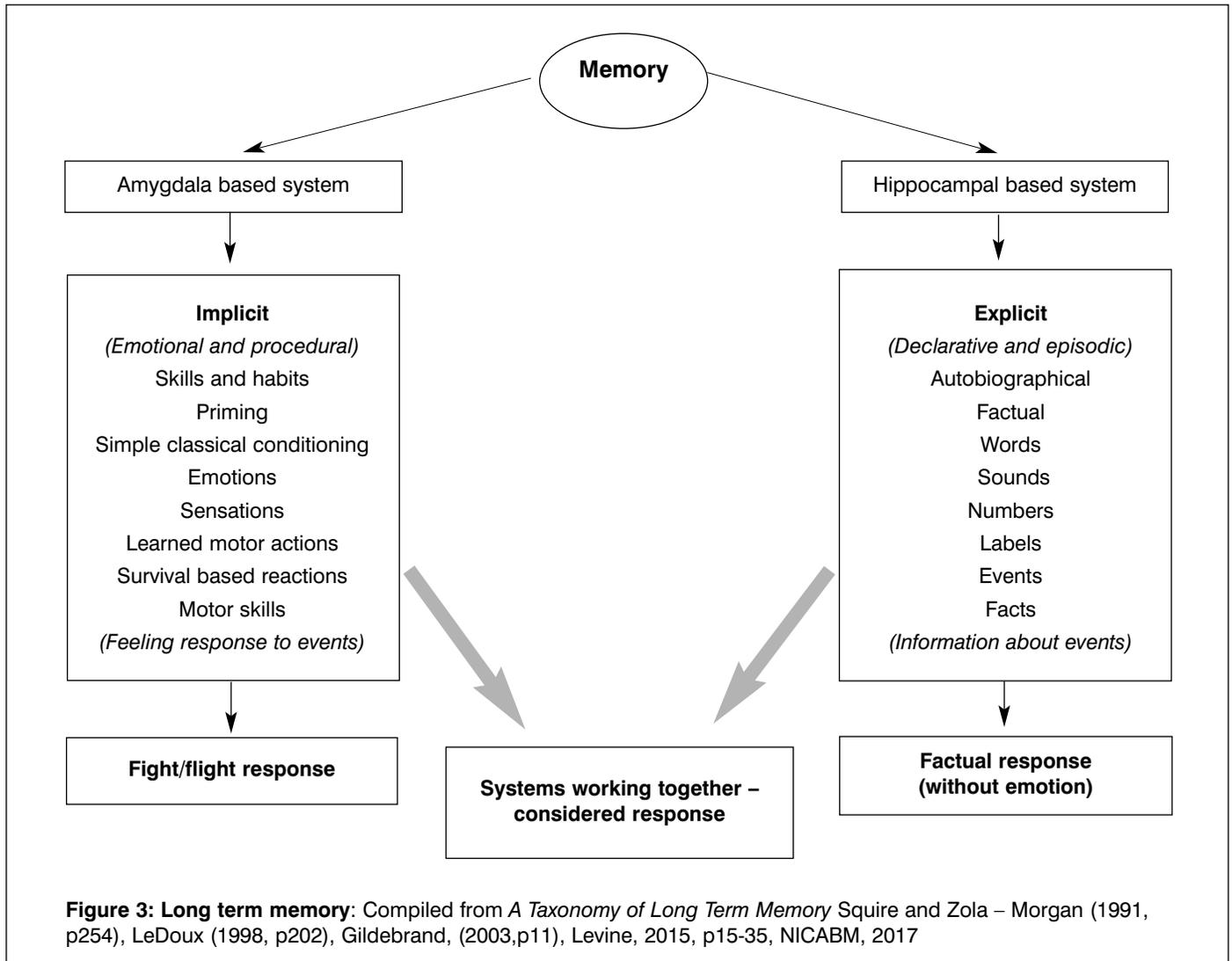
The Multi Store Model of Memory saw memory as a linear process where, without rehearsal, short term information could be lost and information that was retained was seen as relatively permanent (Atkinson and Shrifin, 1968, p92). Understanding that 'to forget we need to dissociate from reality' (Lister Ford and McNamara, 1995, p141), I will explore whether memories are completely lost without rehearsal as argued by Atkinson and Shrifin or whether clients are 'dissociating from reality'; dissociation being a 'complex defensive process that maintains mental and physical stability' to keep their protective life script intact by evading the painful memories (Erskine, R., 1993, p185).

The Working Model of Memory (Baddeley and Hitch, 1974, revised 2000, cited in Henry, 2011) saw short term memory as more complex than above, introducing the episodic buffer (Fig 2) as 'a way of integrating information from all of the other components together into a coherent whole' (Henry, 2011, p34) before transferring to (permanent) long term memory. While providing more information about what may make up short term memory and be encoded in long term memory, this still allowed for exploration into the unconscious makings of memory and the way in which new experiences can be influenced by existing memories.

**Implicit and explicit memory**

In 1986, Schacter and Graf developed the terms implicit and explicit memory arguing that implicit memory existed without conscious remembering whereas explicit





memory depended on conscious remembering (Schacter and Graf, 1986, p432). This concept aided my understanding of how experiences within the here and now could be influenced by what had already been experienced and held within long term memory and thus could affect here and now decisions. (See Fig 3)

**Implicit memory systems**

Implicit memory precedes the formation of explicit memory, beginning development prenatally (Winnette & Baylin, 2017, p28) and can be subdivided into procedural and emotional memory (Levine, 2015, p21).

Procedural memory, responsible for ‘how to ...’ actions and learned responses such as motor skills and language development etc, helps us to perform common tasks without actively thinking (Levine, 2015, p25; NICABM, 2017). It can be modified as we learn new skills and influences the fight/flight/freeze, response. (Levine, 2015, p25)

Emotional memory, responsible for primary emotions

informs our felt sense (Levine, 2010, p308/ 2015, p22; Damasio, 1999, p280). This, and survival-based procedural memories involve the amygdala – which is responsible for triggering release of stress hormones – and work together to inform our reactions to any given stimuli (LeDoux, 1999, p202; Gildebrand, 2003, p10).

In traumatic situations implicit memory is activated before the explicit system (LeDoux, 1999, p203; Levine, 2015, p39; Winnette & Baylin, 2017, p30) which LeDoux refers to as the ‘quick and dirty route’ (cited in Gildebrand, 2003, p10) causing us to respond before we are consciously aware of what is happening (Van Der Kolk, 2014, p61).

**Explicit memory systems**

Explicit memory has two subcategories: ‘declarative’ and episodic. It is ‘mediated by the hippocampus’ which is responsible for coordinating memories in order that those containing more than one piece of information, eg the facts, letters, colours, names of objects etc of declarative

memory and the who, what, where, when and how of episodic memory (NICABM, 2017), are coordinated into 'coherent, conscious memories' (Gildebrand, 2003, p10 & Wickremasinghe, 2018, p64). Episodic memory can be updated as we are exposed to new experiences and our understanding of those experiences can change and develop with the new information that we receive (Levine, 2015, p19) leading me to explore the way in which this information could be modified as well as lost.

During extreme stress, the hippocampus can shut down (LeDoux, 1998, p245-246) resulting in clear implicit (emotional/fear conditioned) memories but absent explicit memories meaning there may be gaps in the memory that require 'filling' – mentally reconstructing aspects of the experience. 'The accuracy of the memory will be a function of how much filling in was done' (LeDoux, 1999, p244). The work of Elizabeth Loftus (1989 cited in LeDoux, 1999, p244), exploring the ways in which the use of language and leading questions can affect a person's perception of an existing memory – and thus how the content of that memory can be changed and influenced supports this idea. Therefore I began to wonder how early experiences, script messages and resulting decisions would affect memories.

### **Memory, Script Protocol and the Racket System**

'For the first year of life the infant has available an "implicit" form of memory that includes emotional, behavioural, perceptual and ... bodily forms of memory' (Cornell, 2003, p34). This makes up a person's script protocol: 'an implicit set of rules about how we interact with others and how we expect them to respond to us.' (Berne, 1972, in Widdowson, 2010, p151)

Implicit memory 'lays down critical emotional memories that operate beyond our conscious awareness' (Widdowson, 2010, p151) which are internalised in the form of script messages that the infant uses to form early decisions about themselves, others and the world (Lapworth and Sills, 2011, p103). For example, an infant whose basic needs of being comforted are not met may result in a feeling of shame later in life without conscious memory of where it originated (Widdowson, 2010, p152, and Mellor, 1980, p214) and may, early on, make an unconscious decision that the world is a dangerous place and relying on themselves is the best option (Gildebrand, 2003, p12).

I believe that these memories making up our script are maintained throughout life by the racket system (Stewart, 1996, p21). As an example my own script includes the belief that I will be rejected if I express my own needs or make myself vulnerable. Following asking a friend for a favour, she had to cancel plans due to her own illness. My immediate reaction was to feel a sense of panic and rejection, fantasise that she no longer wanted to be a part of my life and become angry at her – wanting to push her

away before she pushed me away.

Implicit, emotional memories of rejection and shame (and some explicit episodic memories of unimportance) reinforced my feelings causing me to re-enact childhood strategies (Stewart & Joines, 1987, p220). Had my own script contained messages of acceptance and feelings of self worth – had my early decision been one of the world being safe and people being trustworthy – my reaction to this situation could have been very different (Gildebrand 2003, p12). Implicit memories within my long term memory had affected my here and now reality in a negative way.

### **Traumatic memory and transference**

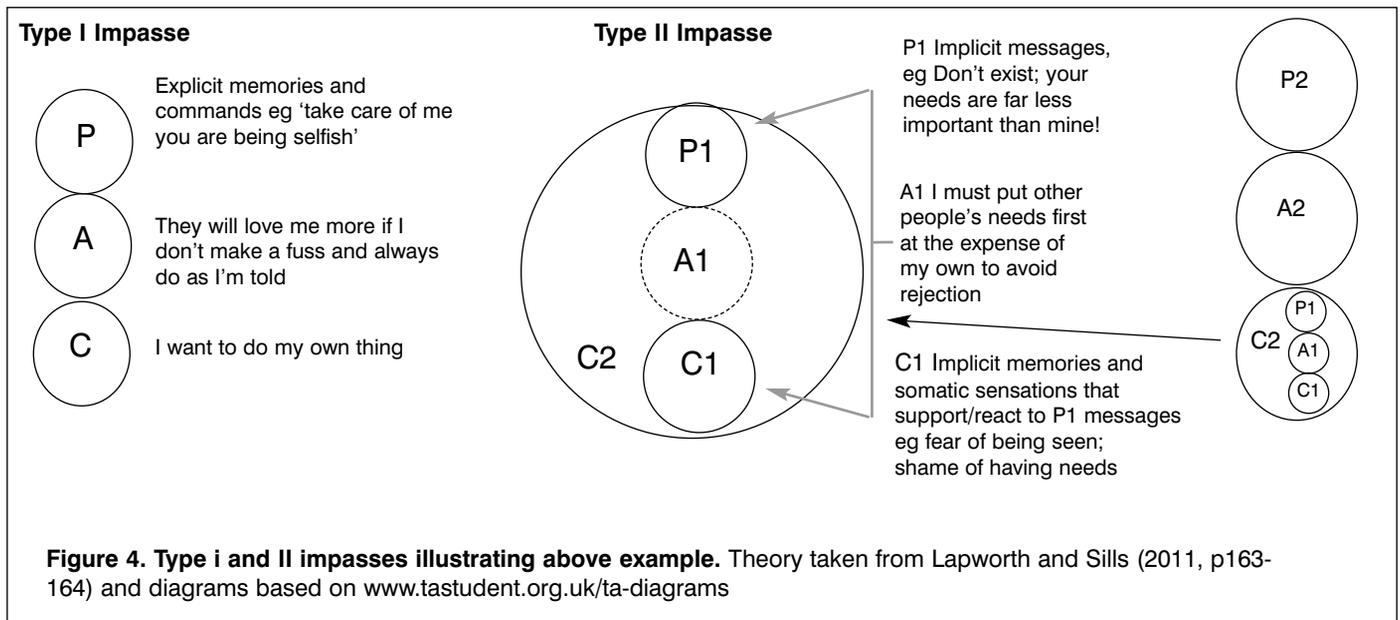
When a traumatic memory is triggered, it is with 'a vividness or intensity that matches that of the original experience' (Baylin, 2017, p59). I would therefore argue there is a link between memory and transference and, in particular, 'rubberbanding'. Transference is the way in which we relate to people in the present as if they were figures from our past by repeating early relationships (Cornell, 2016, p77; Widdowson, 2010, p201). Considering Levine's (2015, p7) explanation of traumatic memories 'perpetually being replayed and re-experienced', it seemed reasonable to conclude that this replaying and re-experiencing of traumatic memories (Stewart & Joines, 1971, p111), is a form of rubberbanding (Kupfer and Haimowitz, 1971, in Widdowson, 2010, p95) which describes how memories can cause us to 'respond at times as though we had been catapulted back to early childhood scenes' (Stewart & Joines, 1971, p111).

McNamara and Lister Ford argue that rubberbanding assists the retrieval of repressed memories. When referring to the memory being triggered, the person in question will respond from the 'fixed or frozen moment in time' (McNamara and Lister Ford, 1995, p146).

This seemed to further contradict Atkinson and Shrifin's theory of short term memory being lost without rehearsal. I would argue that certain memories can be repressed so fully that, until triggered by present context in life or the therapeutic process (McNamara and Lister Ford, 1995, p142), they still exist within the long term memory store even though not consciously thought about – or 'rehearsed'.

### **Memory, excluded ego states, ego state boundaries and decontamination**

John Bowlby discovered that children who experience trauma 'cease to be consciously aware that they have ever ... had such experiences' (Bowlby, 1988, in McNamara and Lister Ford, 1995, p141) due to the hippocampus shutting down in stress causing problems with creating new explicit memories (LeDoux, 1999, p246). I questioned to what extent the experiences were



remembered unconsciously.

Erskine (1998, in Cornell, 2003, p32) stated that unmet needs in early stages of development become stored within the Child ego state where strong ego state boundaries – 'semipermeable membranes through which psychic energy can flow' (James & Jongeward, 1996, p226) – prevent the memory from being accessed or reactivated (McNamara & Lister Ford, 1995, p146). Non permeable boundaries would cause psychic energy to be 'bound up in one ego state and unable to move ...' (James & Jongeward, 1996, p226) causing the person to remain unaware of explicit memories that are affecting their emotional wellbeing (McNamara & Lister Ford, 1995, p146). James and Jongeward refer to this as excluding ego states meaning that the person will not have available to them information from all three ego states and will not be 'in touch with what is currently happening' (James & Jongeward, 1996, p228). This prevents traumatic memories from being reactivated, but when, whether contextually or through sensory stimulation, the ego state boundary is 'ruptured' it causes the person to respond as if they are experiencing the trauma in the here and now (McNamara & Lister Ford, 1995, p146).

In order for such memories to be healed, decontamination – a process involving the Adult ego state whereby the therapist uncovers 'unchallenged belief(s) that (have) no rational basis and ... fall apart under scrutiny and dialogue ... (which are) held at an implicit, preconscious level' (Widdowson, 2010, p273-274) needs to take place (McNamara and Lister Ford, 1995, p146). The rigid ego state boundaries that were protecting the memory are made more permeable, increasing Adult awareness and enabling the client to 'perceive the situation more clearly' (McNamara & Lister Ford, 1995

p148) and respond from a here and now Adult perspective.

#### Memory renegotiation vs redecision

Following decontamination, thoughts, feelings and behaviours stored in the implicit memory may arise within the Child ego state (James & Jongeward, 1996, p188). These will be expressed and felt by the client with the support of the therapist as part of the deconfusion process (Lapworth & Sills, 2006 p157 & 162). While there is less time to discuss this process here, it is important to note that the decontamination and deconfusion processes are likely to bring to light internal conflicts held by the client that will need to lead to new, Adult based decisions. (Lapworth & Sills 2006 p162).

Decisions are made early in life as a response to script messages – injunctive messages received at an implicit (stored in Child) level including 'don't exist' and counter injunctive messages received at an explicit (stored in Parent) level including 'take care of me' (Lapworth and Sills, 2006, p99). In the above example the early decision may be something like 'in order to be OK I must put other people's needs first at the expense of my own'; a compromise between the above script messages.

Through therapeutic work, the client will begin to experience their own needs that go against the script compromise creating an impasse or 'stuck point' 'where two ego states are at odds with each other' (Lapworth & Sills, 2006 p163). These 'impasses' will need to be resolved before a new Adult decision can be made (see Fig 4).

Based on his SIBAM model, providing steps to confront traumatic 'stuck points' in order to facilitate change, Levine (2010, p74) discusses the process of renegotiating memories (2015, p62 – see Fig 5). This

1. Help create a here-and-now experience of relatively calm presence, power, and grounding. In this state the client is taught how to visit his positive body sensations, as well as his difficult, traumatically based sensations.
2. Using this calm, embodied platform, the client is directed to gradually shift back and forth between the positive, grounded sensations and the more difficult ones.
3. Through this sensate tracking the traumatic procedural memory emerges in its traumatic, truncated (ie thwarted) form. The therapist continues to check that the client is not in an over-activated (or under-activated) state. If they are, the therapist returns to the first two steps.
4. Having accessed the truncated form of the procedural memory, the therapist, recognising the 'snapshot' of the failed (ie incomplete) response, encourages further sensate exploration and development of this protective action through to its intended and meaningful completion.
5. This leads to a resetting of the core regulatory system, restoring balance, equilibrium, and relaxed alertness.
6. Finally the procedural memories are linked with the emotional episodic and narrative functions of memory. This allows the memory to take its rightful place where it belongs – in the past. The traumatic procedural memories are no longer being reactivated in their maladaptive (incomplete) form, but are now transformed as empowered healthy agency and triumph. The entire structure of the procedural memory has been changed, promoting the emergence of new (updated) emotional and episodic memories.

A key feature in working with traumatic memories is to visit them incrementally from the vantage of a present state which is neither a state of hyperactivation and overwhelm nor a state of shutdown, collapse and shame. This can be a bit confusing for therapists, because individuals who are in a state of shutdown may appear to be calm.

**Figure 5: Renegotiating traumatic memories (Levine, 2015)**

technique seems useful in working with impasse resolution and redecision involving traumatic memories – the impasse itself – the feeling of using a 'great deal of energy but getting nowhere' (Stewart & Joines, 1987, p275) being similar to the desire to move forward being met by preventative physical sensations described by Levine (2015, p62).

This re-collecting, re-connecting to and re-experiencing childhood feelings and making a redecision based on new and healthy Adult information (Stewart & Joines, 1987, p275) would allow the client to move forward in a more autonomous way enabling them to link implicit and explicit memories in a healthy way forming

**'Decontamination, impasse resolution and redecision work can bring to light . . . internal conflicts enabling the client to re-evaluate the memory and respond to it with the knowledge available to their Adult ego state.'**

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'considered responses' to situations (LeDoux, 1999, p202).

With redecision and renegotiation work, the grounding return to the here and now (Stewart and Joines, 1987, p276) is seen as important for healthy onward progression (Levine, 2015, p95)

### **Conclusion**

Messages we receive early can influence the way in which we make sense of new experiences, what we choose to accept/reject and how we process these for storage in our long term memory. Therefore I believe that we rely more on information held within long term memory to make sense of new experiences (LeDoux, 1999, p271) than previously thought by Atkinson and Shrifin (1968) making memory much more circular than linear.

Factors that influence how effectively information can be retrieved include trauma, which not only inhibits formation of new memories by the hippocampus, but can also cause hyper-arousal of the amygdala (LeDoux, 1999, p202; Levine, 2015, p43-45) causing clients to re-experience the trauma as if it is happening in the here and now (Gildebrand 2003 p10). This shutting down of the hippocampus, which blocks explicit memory but keeps emotional memory intact causes dissociation which I believe is different to the information being 'lost' (Winette & Baylin, 2017, p56). Tulving states that this is 'a failure of retrieval rather than a decaying of a memory trace' (Tulving, 1967, cited in Lister Ford, p143).

Decontamination, impasse resolution and redecision work can bring to light these internal conflicts enabling the client to re-evaluate the memory and respond to it with the knowledge available to their Adult ego state.

Moving forward, I would like to research further the effects of trauma on memory including the way in which unconscious somatic memories of trauma can affect clients in the here and now. I would also like to expand my research into exploring whether there may be a link between early trauma, attachment disorders and poor working memory.

*NB. The original essay contained several useful and detailed appendices, more diagrams and a full bibliography.*

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