Viewing Psychodynamic Theory and Practice through the Lens of Memory Reconsolidation

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Acknowledge

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- Combination of basic science and applications to psychotherapy has been exceptional!
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- Recommend joining the Society for the Exploration of Psychotherapy Integration (SEPI)
Thank you

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Goals

- To make the case that the procedure for Memory Reconsolidation (MR) is compatible with the strategies, interventions, and theories of modern psychodynamic psychotherapy.
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- To suggest that MR may form a framework psychodynamic therapists could use more intentionally to lead to more enduring change.
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● To suggest that MR may form a framework psychodynamic therapists could use more intentionally to lead to more enduring change.

● To understand how the psychodynamic concept of the Corrective Emotional Experience (CEE) is contained within the MR paradigm.
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● To illustrate facets of the CEE/MR paradigm via video excerpts.

● To invite the audience to consider what is going on in the videos from your respective frameworks.
First, two questions:

- What do I mean by memory reconsolidation?
- What do I mean by psychodynamic therapy/theory?
MR: Essential Ingredients—the 8 R’s

1. Retrieve and reactivate old memories and associated feelings—symptom-requiring schema (with or without conscious awareness).
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2. Concurrently, respond with disconfirming (new) knowledge that constitutes a mismatch re-encoding old memories (and related semantic structures) through reconsolidation.
MR: Essential Ingredients—the 8 R’s

1. **Retrieve** and **reactivate** old memories and associated feelings—symptom-requiring schema (with or without conscious awareness).

2. Concurrently, **respond** with disconfirming (new) knowledge that constitutes a mismatch **re-encoding** old memories (and related semantic structures) through **reconsolidation**.

3. **Repeat** and **reinforce** the strength of new memories and accompanying semantic structures by practicing new ways of behaving and experiencing the world in a variety of contexts.
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3. Repeat and reinforce the strength of new memories and accompanying semantic structures by practicing new ways of behaving and experiencing the world in a variety of contexts.

4. Reassess for shifts in client (e.g., more adaptive behavior, surprise, lack of reactivation, new understanding).

—modification of Lane et al. (2015)
What do I mean by Psychodynamic?

1. Focus on affect/expression of emotions
2. Exploration of attempts to avoid topics
3. Identification of patterns
4. Emphasis on past experiences
5. Focus on interpersonal experiences
6. Emphasis on therapeutic relationship
7. Exploration of wishes, dreams, fantasies.

—Blagys & Hilsenroth, 2000
What do I mean by Psychodynamic?

- Not Freudian drive theory with its dynamic unconscious, motivated repression, etc.

- Rather modern (4th generation) models:
  - 1. Assimilate concepts and/or techniques from a variety of sources (external to psychoanalysis);
  - 2. Emphasize in-session experiential factors as critical components of the therapeutic process;

- Examples:
  - Time-Limited Dynamic Psychotherapy (TLDP)
TLDP

- More about TLDP in a bit . . .
Memory Reconsolidation & Corrective Emotional Experience

- “What appears essential is the juxtaposition of maladaptive emotional reactions and expectations with the novel response of the therapist, leading to a new emotional experience that is then incorporated into the existing memory structure particularly when the old memory is activated.”
  —Lane et al., 2015, p. 17

- “Only the actual experiencing of a new outcome, an outcome that was the exact opposite of the client’s expectation, could . . . induce [the client] to give up the old . . . patterns.”
  —Alexander & French, 1946, p. 115
CEE Specifications
Sharpless & Barber (2012)

1. Client must have experienced traumatic events which were not dealt with in the past.
2. Client must be reexposed to these emotional situations.
3. Reexposure must occur in more favorable circumstances.
4. Client must face the reexposure.
5. Reexposure does not need to occur with therapist.
6. Therapist assumes/expresses an attitude different from the one adopted by a person in the original event.
CEE Specifications (con’t)

- 7. Client must handle or react to this novel situation in a different manner.
- 8. May take repetitions before a new ending occurs.
- 9. Insight is neither necessary nor sufficient to bring about CEE.
- 10. Patient may have insight into this CEE, but the experiential component holds predominance.
- 11. Trauma becomes “repaired.”
- 12. Results of CEE should generalize.
“Very much ahead of their time. . .they departed from Freud’s drive theory to view the change process more as new learning than resolution of old conflicts.” —Goldfried, 2012

“It might be said that Sigmund Freud disturbed the sleep of the world and that Franz Alexander disturbed the sleep of the psychiatrists and psychoanalysts. This is not easily forgiven.” (Grotjahn, 1966, p. 390)
Psychoanalytic Critique

- Insight is the sine qua non of psychoanalysis.
- Interpretation is the most powerful agent of the curative process.
- CEE takes the “analysis” out of psychoanalysis.
- Action is suspect (communicating what cannot be recalled).
- Emotional experience without insight is counterproductive.
- Designed to shorten analysis.
- Psychoanalysis was true gold; CEE was diluted with the copper of direct suggestion.
- Seen as manipulative reducing patient autonomy.
“... such events are not just typical helpful events in therapy but that they are surprising or disconfirming of past experiences and often have a profound effect.”

—Castonguay & Hill, 2012, p. 6

In interpersonal therapies, they are considered to be “the core relational factor for change.”

—Teyber & Teyber, 2014, p. 335
“I’m afraid you’ve had a paradigm shift.”
Paradigm Shift

- When psychoanalytic thought/practice embraced CEE → paradigm shift:

  - more empirical
  - more experiential
  - more emotion-focused
  - more interpersonal/relational
  - more face-to-face
  - not blank screen/neutrality
  - more engagement and “radical empathy”
Two Types of MR Therapeutic Issues

1. When the focus ("old story") is played out in the therapeutic relationship (i.e., transference-countertransference reenactments).
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2. When the focus is not played out in the therapeutic relationship (e.g., interpersonal, social, existential, temperamental).
It may be that Alexander’s CEE paradigm had more applicability than he realized—applying to more issues outside the relational sphere.
Now back to Time Limited Dynamic Psychotherapy . . .
TLDP Approach

- Combines a psychodynamic-interpersonal-experiential, attachment-based framework to achieve fundamental changes in intrapsychic and interpersonal functioning
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Goals

- Provide New Experiences

- Provide New Understandings
Goals

● Provide New Experiences
  Focus on Interpersonal
  Focus on Intrapersonal

● Provide New Understandings
Goals

● Provide New Experiences
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● Provide New Understandings
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  Focus on Intrapersonal
Cyclical Maladaptive Pattern

- Influential Behaviors
- Negative Self Appraisals
- Dysfunctional Responses From Others
- Self-Defeating Expectations
TLDP Formulation Steps for MR

1. What CMP is characteristic for the client:

   What compromises (often in attachment terms) did the patient need to make in order to stay connected—to avoid suffering, or maintain well-being and a sense of justice?

2. What new experience(s) does the patient need to disconfirm the CMP?

3. What new understandings does the patient need to disconfirm the CMP?

These (new experiences & new understandings) become the novel experience(s) to be used by therapist in the MR paradigm.
House Painting

So much in the MR paradigm is about preparing the client for the reconsolidation phase.
TLDP and MR Transformation Sequence

1. Reactivate the CMP.
2. Facilitate new (disconfirming) experiences.
3. Repeat.
4. Assess change:
   - More appropriate emotion (when memory activated)
   - Decrease in symptoms
   - New understandings
   - New behaviors in and out of session
   - Fuller experience of self
   - Shift in therapist’s countertransference and reenactments
Any Research Data?
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- For brief dynamic therapy in general, there are numerous studies showing effectiveness.
Any Research Data on CEE/MR?

- Investigators: Five research teams headed by Myrna Friedlander and Lynne Angus.
- Analyzed a six session therapy with Levenson & client.
- To determine if and how client had CEEs [MR?]
- “If those tears could talk, what would they say?”
Research Data

- Focus on Lynne Angus’ work using the **Narrative-Emotion Process Coding System** which identifies and assesses narrative-emotion process markers in psychotherapy.
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- What specifically takes place in a dynamic therapy that reflects a client’s “corrective” experience?
Research Data

- Focus on Lynne Angus’ work using the **Narrative-Emotion Process Coding System** which identifies and assesses narrative-emotion process markers in psychotherapy.

- Goal: To illuminate, session-by-session and moment-by-moment, the intertwined technical and relational change mechanisms → CEE.
Narrative-Emotion Process Coding System (NEPCS)

- Boritz, Bryntwick, Angus, Greenberg & Constantino (2014)

- Observational coding system that identifies 10 narrative-emotion process markers divided into three readiness for change marker groups:

  1. **Problem Markers:**
     - Same Old Storytelling: Maladaptive views of self/others marked by low agency, stuckness
     - Empty Storytelling: Lack emotional arousal
     - Unstoried Emotion: Without coherent narration
     - Superficial Story: Talking in a vague, abstract way
Narrative-Emotion Process Coding System (NEPCS)

2. Transition Markers:
- Competing Plotlines: Alternative view (confusion/doubt)
- Inchoate Storytelling: Emergent experience
- Experiential Storytelling: Re-experiencing memory
- Reflective Storytelling: Explaining using internal states

3. Change Markers:
- Unexpected Outcome: New adaptive behavior (thought, feeling) and expressing surprise, pride, relief, contentment
- Discovery Storytelling: Novel understanding of the self, others, key events, behavior patterns, or change processes
Narrative-Emotion Process Coding System (NEPCS)

Application/Method

- Videotaped therapy sessions divided into 1-minute time segments
- One NEPCS marker is assigned to each minute of the sessions
- No client marker: Therapist is doing most of the talking
My TLDP with Becky

- APA taping, part of Expert Therapist’s Over-Time Series.
- Six sessions
- Was not set up to be complete brief dynamic therapy. “Nonetheless, I think the work effectively illustrates many of the concepts and interventions of a modern brief dynamic therapy.” (Levenson, 2010)
Becky’s CMP

- A 22 year old woman who feels she “gives and gives and wants something back.”
- She expects if she says her needs, others will leave.
- Experiences others as disinterested in her.
- Leaving her feeling unworthy of connection unless she keeps giving.
Narrative-Emotion Process Coding System (NEPCS)

Problem Markers:

✓ Same Old Story: “...and it was multiple times, not just one...and I would sit there and cry and my sister would be crying, but I would make her go to bed and I would take responsibility to care for my mom...”
Case of Becky: Problem Marker

Same Old Story x Session

Proportions

0.45

0.3375

0.225

0.1125

0.0

1 2 3 4 5 6
Problem Markers:

✓ Superficial Story: “I am a little stressed today because it is the last day of summer... I have two big presentations due in a couple of hours....it’s been go, go, go ... as soon as it over I will be relieved.”
Case of Becky: Problem Marker

Superficial Story x Session
Transition Markers:

✓ Competing Plotlines: “I’ve come to the realization that I need to [say something to him] because this is not working for where it is right now. It’s causing me way too much internal pain that I just haven’t expressed to him... I’ve expressed to myself, I’ve expressed in my journal, but you know where it counts, I’m not doing it.”
Case of Ann: **Transitional Marker**

**Competing Plotlines Story x Session**

- **Proportion**
  - 0.45
  - 0.3375
  - 0.225
  - 0.1125

- **Sessions**: 1, 2, 3, 4, 5, 6
Narrative-Emotion Process Coding System (NEPCS)

Transition Markers:

✓ **Reflective Story** : “So, you know those walls weren’t constructed for no reason. They had value back then. I needed them back and it doesn’t make you a bad person, or wrong, it just makes you the person you are, and if you want to change, you have to recognize that there are things you need to change.”
Case of Ann: Transitional Marker

Reflective Story x Session

Proportions

1 2 3 4 5 6
Narrative-Emotion Process Coding System (NEPCS)

Change Markers:

✓ **Unexpected Outcome**: “T: so that’s a new experience? P: Yeah. Yes. I’ve never brought down the wall… But I think [your valuing me] helped me bring down the wall easier in such a short period of time that the outside relationships take much longer.”
NEPCS : Change Markers

Unexpected Outcome x Session

Proportion

0.45

0.3375

0.225

0.1125

0.0

1 2 3 4 5 6
Narrative-Emotion Process Coding System (NEPCS)

Change Markers:

Discovery Story: ”P: [My negative self-evaluation] just became a part of me, not a message anymore. [I hear] it all the time. . . . and then I guess with that, it’s just the fear that the message will be confirmed, you know?”
NEPCS : Change Markers

Discovery Story x Session

Proportions

0.45
0.3375
0.225
0.1125
0.0

1 2 3 4 5 6
NEPCS Patterns of Change

Problem Markers

Transition Markers

Change Markers

Proportions
In addition to client’s ratings . . .

- Need to know **what the therapist is doing**. Is there evidence of therapist’s promoting juxtaposition of old story with new experience leading to changed stories with client’s surprise, pride, relief and evidence of new understandings and new behaviors?
## Session 5

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**Legend:**
- **Change Storytelling**
- **Transition Storytelling**
- **Problem Storytelling**
- **NCM**
“I am a valuable person.”

Video vignette of Patient was presented
CEE focus on Therapeutic Relationship

Video Vignette of Patient was presented
Becky 7 years later

Follow up of Patient was presented