Strategies for constructing childhood narratives for adults with limited childhood memory

Many clients come in reporting problems in their self-esteem and interpersonal relationships, which seem to trace back through early adulthood and schooling, so appear to originate in childhood, but they do not have sufficient childhood memory that they are aware of to be able to make sense of it.

They tend to report relatively normal childhoods but lack coherent memory when asked for detail.

The absence of any major traumatic events and lack of any strong feelings can cause the person to believe that there is simply something wrong with them that results in problems in their relationships and other adult life tasks.

Presentation outline

1. Attachment basis
2. Using core memories
3. Projective identification with media
4. Role reversal in imagined scenario
5. Somatic access with loose association

Interventions are designed to:

1. Take some limited memory fragments and fill in the gaps with reasonable assumptions to create a broader map of likely consistent experiences and circumstances
2. Take that broad experiential map and reattach missing emotions
3. Take that experiential and emotional map and connect it to the adult experience and emotion map by developing and strengthen left-brain connections alongside the existing right-brain connections between childhood and adult experiences
4. Elicit suppressed memory

Let's start with: Why do people not remember adverse experience patterns in childhood?

Attachment is an enduring connection between infant and caregiver for the purpose of survival requiring a reciprocal empathic response in order to be reinforced (availability, responsiveness, safety).

- Infant engages behaviors when in distress (hunger, cold, pain, fear), behavior deactivates when need fulfilled.

Secure attachment involves development of sense that people are trustworthy and reliable, and that they themselves are worthy of attention. This allows them to place trust in other people as they age and to develop positive self-esteem.

Problems develop if attachment figure is unavailable (absent), inattentive (orphanage), or unresponsive (alcoholic)

There are many causes of difficulty with memory integration due to attachment disruption, but to focus on three of them:

- If attachment behaviors are not working to generate empathic response by caregiver, then the attachment behavior does not deactivate. One method of dealing not receiving a response to an attachment behavior with this is to shut down the attachment behavior, which also involves suppressing the need itself and the emotions connected to it.
- A common internalization by the child of the experience is that they are not worthy of attention. This leads to avoidance of reflection on the self due to the pain involved in doing so
- Distress in the home environment and distressed relationships with caregivers can lead a child to shifting focus onto the caregivers in an attempt to stabilize them as much as possible to be able to continue to get their own basic needs met
    - We know that lack of focus on the self in children results in difficulty with memory formation
- So, along with suppression due to attachment distress: avoidance of self-reflection due to painful internal ideas about the self and/or the perceived need to attend to people outside themselves for survival both contribute to the difficulties with memory formation during childhood.
    - In simple parallel terms, if you have a bad day at work, we often want to tell someone about it since telling the story to someone who attends to us and reflects it back is how we process, sequence, form a narratives, establish meaning of the experience, and integrate the experience into memory. In an adverse childhood where a child finds it painful to reflect on their experiences and in which the caregivers are inattentive or unsafe to approach, that important memory integration process is often not possible.

It also makes sense that persistent attachment problems in childhood are occurring in part due to the caregivers' resistance to change, and this can be seen in various mechanisms the caregivers engage to deny the existence of a problem (e.g. if child is crying then parent may deny the attachment need and tell the child they are too emotional) – the suggestibility of children and reinforcement of a maladaptive narrative about attachment events by the primary caregivers can also distort the integration of memory since the child is often being told, in effect, that events are normal and that it is their response that is distorted.

Often we are looking around for a trauma, but memory suppression can occur simply due to chronic attachment disorder, or also the chronic attachment disorder that occurs outside traumatic incidents (so can coexist but be unrelated directly to the trauma experiences)

ACES are highly prevalent – CDC study 63% 1+ ACE, 17% 4+ ACEs

Strategies

Core memories

What are they?

- Childhood memory that:

1) Involves some kind of intense experience (not always felt by ct, can be positive or negative)
2) Represents a theme connecting to meaning about the self, others and/or the world and which continues to influence the client's responses to themselves, the world and other people
3) Is the best representation to the client of a pattern of experience in childhood

How do we know they represent a pattern?

- Explain to ct – ripples in a pond – evidence of likelihood of a pattern of experience is in how we see the impact of that experience in their adult life
- If the client continues to respond to self, others and the world based on the thematic learning in the memory - this suggests it was not a one-time event but a long set of experiences that eventually transformed the way the ct learned to think about themselves, others and the world around them

How they come up:

- Organically ct may associate to it and mention it
- Clinician asks for important childhood memories

Use:

- Broaden childhood narrative from fragmented single experiences into assumed set of experiences
- Help client consider likelihood that the individual experience represents a pattern
    - What might this mean about your childhood
    - What might this mean about your caregivers
    - What might you have learned from this set of experiences
    - Would you do that to your own child?
    - What might they feel if you did?
    - If your child lived with your parents in that situation, what would you want to do and why?

How developing a map of child experiences using core memories is useful:

- Resolve inappropriate guilt
    - Assume a pattern of originating experiences best represented by the core memory (as opposed to a genetic / neurological personality issue) ("What happened to you")
        - Hard to overstate how transformative it is for people to begin to think "something happened to me" instead of "something is wrong with me"
        - Maybe I'm responding normally to abnormal circumstances
    - Use core memory as an assumed pattern and begin linking current experiences back to the assumed missing pattern of early experiences to explain ct fears / reactions as a

normal response to a set of experiences rather than signs of a problem with who they are
    - It means processing through the memory to review and reprocess the narratives they have attached to it. Useful questions are:
        - If you had a child, would you do that to them as a parent? Why / why not?
        - What do you think they would think / feel if you did?
        - How might you approach the situation differently as a parent?
        - What does that mean about how your parent handled it? What might it say about them?
        - What feelings does that generate in you toward them?
- Begin to shift responsibility
    - Begin to unpack and help ct express difficult feelings toward the source of the patterns in the core memory rather than themselves (depression is anger turned inward)
        - Have to usually note to the client that the goal isn't to hate parents or define them as bad.
        - Helps to ask if your child was angry at you, would you want to know? Why?
- Change childhood narrative
    - Begin to tell a different story about childhood and self and people in it
- Creates hope for change
    - If the client is reacting normally to a set of experiences and their reactions do not represent a set personality issue or signs of some inherent problem with who they are, then this gives the client agency over their reactions

Projective identification (tv shows, movies, music)

- Method is to ask ct where they have recently had strong (perhaps confusing) emotional response to a TV show, movie or song (can assign as homework).
    - It's not unusual for people with ACEs to have confusing intense emotional responses to media since they are often containing intense emotional responses and these responses tend to displace or project into situations where the same themes exist – brain doesn't interrupt with defenses due to the lack of awareness of there being a connection between the themes in the media and their own experiences
- Ask ct to recount the media in detail to move them back into the lived emotional experience again.
- Then:
    - Can use two approaches – loose associate (will explain in a moment) to childhood memory, or identify primary (largely interpersonal) themes in the scene or song and then explore presence of these themes in childhood.
    - The idea is that defenses that prevent access to the ct's own painful experiences tend not to activate when the experience exists in a projected state and the ct is not aware of the connection to their own experience.

    - This provides access to emotional content and themes of that content. Themes in particular help create narrative assumptions of the kinds of experiences they likely had as children.
- To loose associate
    - While ct is back in the headspace of the moment they observed the media, ask ct for an early memory that comes to mind (can ask how old they feel in the emotion state as an anchor point first)
    - The right brain will be linked to that memory in that moment since that is where the emotion is being drawn from
    - If you ask for rational connection it will not draw anything up since there the experience usually has not been processed (lack of processing of experiences as a child with parents) so there will be no left brain connection
    - Ask ct to talk about the memory without leading them and clinician pays attention to and then notices the parallel themes to the client
    - Then ask the client to sit with the emotion they felt as it attaches to that memory and see how they begin to respond

Purpose

- Begins to take the developing narratives of childhood experience and attach emotional content to them
    - Need emotions attached to developing narrative map since without the emotional content clients tend to still think "it wasn't that bad" – emotions provide a gauge for the type and intensity of their childhood experiences
- To an extent there has often been gaslighting in that the child has been told their emotional responses to situations are wrong (since their upset often placed pressure on the parents to change, but if parents did not wish to change then the response is usually for the parents to attempt to shut down the emotions)
    - So the process helps the client begin to work against the gaslighting and reattach the emotions they detached from
    - Restoration of sense that their feelings make sense and are normal and appropriate for the situations they face
- Adds weight to the idea that something happened to them (a neutral emotional space tends to make a person feel nothing happened or that the experiences were not so bad)

Schema techniques (projection into imagined child state)

- Method is to have ct imagine a child they know in the situation they experienced. That allows the ct to project their suppressed experience into that child since they are in protective position over the child and the defenses that normally kick in to protect ct from the experience of those emotions don't activate since the emotions are not being experienced directly by the ct. Can then use those projected emotions to layer back over the ct's experience, providing emotional map of the lived experience even without the memory – allows some assumptions to be made about the nature and intensity of their childhood experience.

Somatic access with loose association

- Sometimes clients have trouble with emotional identification, making some of the above methods difficult, but present instead with somatic responses. Can use these to draw out memory and then attach emotional content later
- Method is to notice in the room when the client appears to have an affective response to something that is being discussed. Often you can feel an emotional shift, but for the client it tends to be somatic in nature (since it exists in a child state with largely unexpressed emotional content, so for children this is somatically experienced since it was never verbalized).
- Ask ct to describe the somatic experience in some detail and then (close their eyes) hold the experience in mind and let you know the first early memory that comes to mind.
- Ask the ct to begin to talk about the memory while you try to pay attention to the origin point of the discussion that elicited the affect response (typically a theme of some sort) and then notice the theme to the client when it presents in the memory (though often this becomes obvious to the ct).
- Typically this will work since in the brain there is no rational pathway to memory if language was never formed to express it (so it doesn't work to ask what they think the experience is about), but there is an unprocessed emotional pathway that exists and is actively connected to childhood experience in the moment of the somatic experience being present. You can pull on it like a fishing line just by asking the ct to make a right brain association – it is surprising how often and easily a memory gets elicited.
- Defenses don't tend to get in the way of the elicitation due to the lack of awareness that there is a connection between the affect response and the source memory
- Helps to elicit suppressed memory
    - Expands memory map
- Begins to form left-brain narratives assisting in processing, sequencing, and making meaning of the experiences.
    - Can then use schema techniques to attach emotion
- Connects these narratives with right-brain experiences
    - Useful in trauma processing for these reasons
- Helps clients begin to recognize that their adult reactions make sense given their childhood experiences

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