

***Response to Commentaries on Autobiographical Memory Narratives in Psychotherapy:
A Coding System Applied to the Case of Cynthia***

**TOWARD THE SCIENTIFIC STUDY OF AUTOBIOGRAPHICAL
MEMORY NARRATIVES IN PSYCHOTHERAPY**

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ABSTRACT

In responding to Adler (2010) and Moertl, Boritz, Bryntwick, and Angus (2010), we elaborate three areas of discussion: (1) Defining the autobiographical memory narrative unit; (2) Clarifications regarding our approach to coding narrative memories; and (3) Potential future research. Our response highlights the importance of a coding system specific to long-term narrative memories, the need to distinguish clearly what is meant by *narrative* memory, and the value of creating a bridge between the study of narrative memory in psychotherapy and research in cognitive science and personality psychology.

Key words: autobiographical memory and psychotherapy; coding memories in therapy; memory narratives and therapy; case study; clinical case study

Whenever one puts a research project into print, there is the hope that thoughtful readers will give serious consideration to its content and that fruitful dialogue might result. We could not be more pleased with the incisive and constructive commentaries provided by Adler (2010) and Moertl, Boritz, Bryntwick, and Angus (2010) to our article, "Autobiographical Memory Narratives in Psychotherapy: A Coding System Applied to the Case of Cynthia" (Singer & Bonalume, 2010). Their two commentaries serve the invaluable function of both sharpening our own thinking about the goals and meaning of our work and stimulating potential future projects that would carry this research forward. In responding to their varied and detailed comments, we have organized our thoughts into three sections: (1) Defining the *Autobiographical Memory Narrative Unit* in Psychotherapy; (2) Clarifications regarding our Approach; and (3) Future Research.

DEFINING THE AUTOBIOGRAPHICAL MEMORY NARRATIVE UNIT IN PSYCHOTHERAPY

Both Adler and Moertl et al. zero in on our efforts through the CS-AMNP (Coding System for Autobiographical Memory Narratives in Psychotherapy) to identify a specific type of narrative in psychotherapy—the *autobiographical memory narrative*. On the one hand, Adler raises the concern that we are too limited in our definition of *narrative*; on the other hand, Moertl et al. highlight the risk of focusing on more remote past events (from at least one year ago) vs. all autobiographical events (including very recent ones from the previous day or night). In each case, both commentaries describe other coding systems that are more expansive either in their inclusion of a wider swatch of narratives or through their application of a more liberal definition of autobiographical memory.

We are grateful for these suggestions because they have only reinforced for us the particular goal that we set out to achieve in creating the CS-AMNP. We sought to develop a coding system for autobiographical memory narratives in psychotherapy that would allow for the definition, extraction, and analysis of the *autobiographical memory narrative unit*, **not** non-narrative memories and **not** recent autobiographical events. To score material that fails to rise to the definition of narrative or that is not firmly located in the individual's remembered past is to elide the distinctions that are at the heart of this paper. As researchers with a long history of experimental work in memory and personality, we were determined to avoid a more inclusive construct that would lump together “stories,” “narratives,” “recent events,” “disclosures,” and other terms used to characterize the story-telling dimension of psychotherapeutic dialogue.

From the beginning of our research program on autobiographical memory in the mid 1980s, an overarching goal has been to bridge the fields of cognitive science, personality psychology, and clinical psychology. Our work on more basic autobiographical memory processes and our many conversations and collaborations with cognitive psychologists over the years have led us to be very careful in making distinctions and parameters that define autobiographical memory units. Cognitive psychologists are often wary of the use of the word, “narrative,” and its wide application to a variety of recounted phenomena. With these cautions in mind and setting for ourselves the goal of providing a memory coding system within psychotherapy that could speak to ongoing research in cognitive science, as well as to personality and clinical psychology, we created the various guidelines for limiting what might be considered an autobiographical memory narrative unit.

Our intentional restrictions on the definition of an autobiographical memory narrative did in fact lead Adler and Moertl et al. to raise their concerns from two different directions. Ironically, each concern speaks to the exact essence of what we were trying to define and *avoid*. First, Adler suggests that we limited our narrative analysis by excluding memory narratives that receive scores below 3 in what we call *Narrative Complexity*. According to our coding scheme, memories that receive 1 or 2 are general descriptions that lack causal linkages, temporal juncture, or indications of some endpoint. They may allude to actions or places, but have no sense of sequence or organization of these activities. We provided the following example from Cynthia's protocol of a narrative given a 1 point rating,

...She is a failed woman in the sense that she is 55 years old and without her children to take care of and she has nothing to do ... But if I think of her as my mother ... she was sensible ... I don't have any other positive adjectives for her ... Now I see her in an overly negative way ... it's hard to swallow my disillusionment..

We have purposely excluded these types of statements from our autobiographical memory narrative coding because we do not consider such statements memory *narratives*. In order for psychologists working in clinical, cognitive, personality, developmental and social psychology to agree upon the construct of an *autobiographical memory narrative*, we have attempted to constraint the definition of *narrative* to fit previously published criteria offered by Gergen and Gergen (1988; for similar distinctions, see Labov, 1997, 2006). As Gergen and Gergen (1988, p. 22) define "narrative," they specify the following criteria (See also Singer, 1995):

1. "The establishment of a valued end point."
2. "Selection of events relevant to the goal state."
3. "Ordering of events."
4. "Establishing causal linkages."
5. "Demarcation signs" (phrases or signals that separate the narrative unit from other narratives).

There may be many other forms of references to the past that are generated in psychotherapy, but our particular interest and, we hope, our contribution, is to identify those specific moments in psychotherapy when events from the past are presented with this narrative structure. As elaborated in other writings (Singer, 1995; Singer & Conway, in press), we believe that the organization of memory into this particular narrative form represents a particular act of consciousness that synthesizes cognitive, affective, and motivational systems of the personality, providing both unity and direction for the overarching self. As Adler details, the inability to create these narrative structures, resulting in memory fragments or incoherent accounts of the past may be highly informative about psychopathology and the presence of trauma. We concur with this perspective and agree that the study of memory fragmentation offers a valuable line of inquiry in its own right. However, our designs at this point are more modest; we simply would like to achieve an operational definition and consensus around what an autobiographical memory narrative in psychotherapy might be.

For this same exact purpose, and in contrast to the Narrative Process Coding System (NPCS, Angus, Levitt, & Hardtke, 1999) described by Moertl et al., we have stipulated that autobiographical memory narratives not include accounts of what happened in the previous days, weeks, or months, but that at least a year have passed to fit our criteria. Obviously, the exact cut-off of one year is arbitrary and we assign no greater importance to an event that happened 12 months ago to one that happened 11 months and 3 weeks ago. The purpose behind setting "one year ago" as a parameter for inclusion in our set of memories to be coded is to emphasize the distinction between a simple re-telling of recent events (which is the weekly activity of most psychotherapies) and the generation of long-term memories that have become embedded in the tissue of the self, working their way into one's network of other long-term memories, ongoing life goals, and, potentially, affective scripts (Conway, Singer, & Tagini, 2004). Linton (1986), through her painstaking study of her own memory process, did indeed highlight and demonstrate that after roughly a year's passage memory re-telling often transforms the narrative and emotional structure of the memory. Once again, a major purpose in creating the particular

coding system under scrutiny in this paper was to link long-term memories narrated in psychotherapy to an existing body of research on self-defining memories and other types of autobiographical memories studied by memory researchers working outside the clinical fields (see for example, Berntsen & Rubin, 2002; Kotre, 1995; Pillemer, 1998, Conway et al., 2004).

CLARIFICATIONS REGARDING OUR APPROACH

Adler (2010) raises an additional question about our use of the category of *narrative complexity* to define the narrative units for coding in our project. He suggests that we might prefer to code the memories for *narrative coherence* and elaborates on the Baerger and McAdams (1999) narrative coherence coding system that consists of 4 subcategories of Narrative Orientation, Structure, Affect, and Integration. We agree with Adler that coding memories using the Baerger and McAdams (1999) coding system for narrative coherence could be highly informative and a valuable tool for building construct validity for the CS-AMP. However, we specifically chose to unpack and separate some of the aspects that are folded into the narrative coherence coding approach. We do not believe that the presence of emotional language ("Affect") is definitional of the memory narratives we are seeking to isolate. In fact, the presence or absence of affect is a revealing aspect about the memory narratives we select rather than a criterion to include or exclude a memory narrative from the sample to be coded.

The narrative coherence coding system also includes "Integration," or the extent to which the memory is connected to the larger self, as one of its subcategories. Once again, we would prefer not to confound this critical dimension of meaning-making with our identification of the autobiographical memory narrative unit *per se*. Once memory units are identified, they can be evaluated by the Singer and Blagov (2002) coding system for integration, and totals of integration across memories within individuals or across sets of memories for a group of individuals can be calculated. It would be very valuable, however, to code memories using *both* the Integration subcategory in the Baerger and McAdams manual and the criteria in the Singer and Blagov manual, and compare the results to see if both systems find similar levels of integration in the same set of memories.

In Moertl et al.'s (2010) commentary, the authors begin by highlighting themes and plotlines in Cynthia's autobiographical memory narratives and elaborating on a variety of extant coding systems that might be applied to these narratives. For example, they note that one of Cynthia's persisting memory narrative themes is an effort to exert autonomy that sometimes results in rebellious acting out and self-sabotage. This theme would be captured by one of the categories of the Operationalized Psychodynamic Diagnostics system (OPD-2; OPD Task Force, 2007). We would also assume that this system would pick up Cynthia's repetitive struggle with her confusing and at times frightening mother—a struggle that generalizes to a pervasive problem Cynthia has with making and sustaining nurturing relationships in her life. Yet what is significant in the CS-AMNP's depiction of these two themes is how the structural analysis of the memory narratives picks up a differing degree of emotional accessibility in Cynthia's disclosure of these two significant themes in her life. In the case of her agentic struggles, she is able to provide specific instances and more direct emotional imagery. When she turns to her relational difficulties, both with her mother and her peers, she uses a more general and emotionally removed discourse. In raising this distinction, we are highlighting an aspect of the CS-AMNP

that differs from coding systems that focus specifically on extracting repetitive themes from client transcripts (whether the OPD, CCRT [Luborsky, 1994], or FRAMES [Siegel & Demorest, 2010]). By including structural coding of the autobiographical memory narrative, the CS-AMNP examines *how* the theme is communicated along with the content of the theme.

We have already noted that the CS-AMNP deviates from other narrative coding systems by placing a boundary on the time frame of memory narratives to be analyzed. Moertl et al. suggest that a reason for emphasizing this timeframe has to do with our basis in a “psychoanalytic orientation” and a tendency toward seeing psychotherapeutic interactions as pre-determined by early experience. This characterization of us as “psychoanalytic” in orientation caught both of us off-guard, since neither of us sees ourselves as uniquely identified with this particular camp, though we are certainly sympathetic to *psychodynamic* formulations of relationship processes. In fact, we were pleased to see Adler refer to our approach as “trans-theoretical” rather than subsumed by a particular therapeutic tradition. Once again, our goal in defining older memory units was to encourage the study of a particular construct of autobiographical memory rather than to stake out a position about the origin or deterministic quality of psychodynamic material. If we have any intentional theoretical bias in developing our approach, it is toward the demands of cognitive science and laboratory autobiographical memory research. We strongly endorse the use of the Narrative Process Coding System (NPCS; Angus, Levitt, & Hardtke, 1999), based in humanistic psychological theory; we just see it as measuring a different kind of narrative data than the long-term memory focus of the CS-AMNP.

As memory researchers, the question of what a memory narrative reveals about the past vs. the present is an ongoing and intensely interesting one to us. Since we see memory as a reconstructive process, reflective of current goals and concerns as much as the putative past experience, we think the comparison of and potential overlap between older memories and more recent narrated experience is likely to be revealing about the reciprocal relationship between past and present in the personality. Keeping the distinction between the two is a way to provide insight about the tension between the demands of immediate experience for *correspondence* to reality and the pull toward an overall *coherence* and unified vision of the long-term self (Conway et al., 2004).

By this point it may seem that we are being a little bit restrictive in our particular focus on longer term memories, and this may be even more evident when it comes to the use of our coding system for prediction of therapeutic outcomes. Although our rather informal method of generating predictions and matching them to the actual therapist’s depiction of the therapy yielded a number of similarities, there were important acting out behaviors displayed by the client, such as substance abuse and promiscuity, which were not featured in the older memories. These gaps highlight the risk of extending the application of the coding system beyond its capacity. Our pilot effort in this regard suggests the caution that the CS-AMNP’s greatest strength lies in case conceptualization and the identification of metaphors and themes that assist the therapist in tracking the relationship dynamics within treatment. We would be less inclined to employ the CS-AMNP as a device for predicting specific client behaviors and therapeutic outcomes. We do believe that it holds great potential in aiding clinicians-in-training to glean the critical narrative themes from what can sometimes seem an inundation of autobiographical material generated in early sessions of treatment.

We would like to address one other issue that Moertl et al. (2010) make about our prediction exercise. They caution against the development of predictions based in memory narratives generated during assessment sessions, especially if the assessing clinician will not end up being the treating psychotherapist. They argue two valid points—first, that transference dynamics are contextual and the dynamics that emerge in the interview might differ from those that eventually transpire in the psychotherapy; and second, that assessments inherently pull toward problematic concerns in the client’s life and this emphasis might skew the narrative memories toward a more negative depiction of the client’s overall personality.

On the first point, we would like to offer a slightly different perspective. In decades of collecting memories from clients in initial assessments and interviews, we have found that often the memories provided in the earliest sessions are the most overdetermined and least likely to be susceptible to fluctuations within the immediate assessment experience. Many clients have rehearsed to themselves or disclosed in their most intimate relationships these signature memories about their families, their romances, their successes and failures. These memories are indeed their familiar ways of knowing themselves—their “self-defining” memories—which they use to represent their life story in the earliest hours of treatment, and they are unlikely to present in different forms during assessment, regardless of the recipient. On the other hand, we would argue that exploration of these memories and their re-examination (and possible revision) is one of the major interventions that psychotherapy achieves.

With regard to Moertl et al.’s second point about an assessment bias toward pathology, we are less convinced that the particular assessment, the biopsychosocial interview used by the Milan clinic, created a set of memories skewed to the negative. The spirit of the biopsychosocial assessment with its prodigious data gathering, over several, multiple hour sessions, is devoted to capturing the many dimensions of the individual under scrutiny. Unlike assessments, such as the SCID or other DSM-oriented protocols, the ARP assessment is holistic and person-based with a great interest in depicting strengths, resources, and resiliencies. Cynthia’s rather dark depiction of her past, we are convinced, and the therapy bore this out, was more a reflection of her actual background than of a negative bias in the assessment process.

FUTURE RESEARCH

Both Adler and Moertl et al. have identified some exciting prospects for future research and we would like to echo some of their suggestions. Adler offers a scholarly review of research on agentic and communal themes in narratives, illustrating their respective relationships to psychological health and well-being. He does the same for redemption and contamination themes. We agree that these most basic currents in individuals’ life stories are terrific building blocks for constructing personality profiles of individuals in ongoing psychotherapy. We would welcome nomothetic research studies across a larger number of individuals in psychotherapy that would capture statistical and predictive relationships of these narrative themes to psychological health and treatment outcomes. Connecting to this is Moertl et al.’s observation that the Narrative Emotion Process Coding System (NEPCS, Boritz, Bryntwick, Angus, & Greenberg, 2010) contains two story-telling categories, “the Unique Outcome Story,” and “the Same Old Story” that parallel respectively redemption and contamination narrative sequences. It would be a straightforward and fascinating study to code narrative segments using these two approaches in

order to determine how closely they might match and whether or not the respective coding results would yield similar predictions and correlations with health and outcome variables.

Adler ends his comment by going a step further with the CS-AMNP and suggesting that it could be applied to the narrative memories that clients generate in recalling the course of their own psychotherapies. We applaud this application and would be pleased to collaborate on such a project. It brings to mind the documentary, *Hearts of Darkness* (Bahr & Hickenlooper, 1991) about the making of the classic film, *Apocalypse Now*, by Francis Ford Coppola. In a sense, every client carries a particular documentary vision about the making and meaning of their particular psychotherapy. This story is itself a work of creative activity that, though linked to the therapy, contains its own unique narrative. Adler's previous work, as detailed in his commentary (e.g., Adler, Skalina, & McAdams, 2008) provides ample evidence for the value of studying this distinct aspect of narrative memory about psychotherapy. This research also has great potential for comparing the respective narrative memories of client and therapist, allowing for side-by-side evaluations of the therapy process and results based on each unique set of memories.

In conclusion, we have benefited greatly from the conscientious analyses and suggestions provided by these two commentaries. Since our research focus has traditionally been in memory and personality rather than psychotherapy outcome and prediction, we are deeply appreciative of the guidance offered by psychotherapy research experts such as Adler and Moertl et al. Their comments will lead to greater refinement of our predictive efforts in the future, as well as a host of potential research applications for the CS-AMNP. One thing that we all share certain agreement on is the wealth of possibility that exists in studying our client's narrative memories generated in psychotherapy. During the period of time in writing this response, one of our clients volunteered a highly specific and imagistic memory about being rebuffed by his mother when he presented her with flowers picked from a neighbor's yard. This same man spoke of his recent anger and pain when his heroic effort to secure a cab in a driving rain storm became a source of shame when his wife scolded him for jumping in first before her. These connections to our remembered past and their repetitions in our current lives are vital forces in personality and fertile territory for psychotherapy. Thank goodness we are working together to build a science that defines and measures these critical clinical phenomena!

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