

Commentary on: Kelly's Circle of Safety and Healing: An Extended Schema Therapy Narrative and Interpretative Investigation

The Reconstructive Play of Memory: Commentary on David Edwards' Case Study of Schema Therapy

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ABSTRACT

This commentary discusses David Edwards's (2022) case study of "Kelly's circle of safety and healing: An extended schema therapy narrative and interpretative investigation," published in *Pragmatic Case Studies in Psychotherapy*. It examines Edwards's efforts to integrate his imagistic/experiential therapeutic approach to a client's maladaptive schemas based in childhood recollections with a contemporary model of autobiographical memory, Conway's Self Memory System. Although I think there is much merit in this integration, particularly in highlighting reconstructive and re-imagining aspects of memory, I call attention to crucial relational dimensions of this reconstruction in a therapeutic dyad. Similarly, in encouraging continued development of this synthesis between schema therapy and autobiographical memory research, I suggest that constructs from Narrative Identity theory including the life story, self-defining memories, and narrative scripts would be of great value. Finally, I note that we are still in preliminary stages of establishing empirical linkages that would support Kelly's full integrative vision.

Key Words: Schema Therapy; Autobiographical Memory; Self Memory System; Narrative Identity; Self-defining Memories; case studies; clinical case studies

David Edwards's (2022) moving account of schema therapy with his client, Kelly, illustrates the power of imagery and rescripting in psychotherapy to address childhood's unresolved wounds. Building a safe and trusting "container" that becomes the stage for his experiential therapy, Edwards partners with Kelly to revive a series of difficult child and parental personas, bringing to the fore the internalized negative messages and breaches in affection that they have fostered inside her. Over 67 sessions spanning slightly more than 2 years, Edwards assists Kelly in confronting, re-imagining, and re-shaping these "child parts" of herself that have continued to influence her daily interpersonal interactions, as well as her physical health (i.e., chronic headaches).

Ultimately, Kelly is able to build an imaginary “circle of safety” that admits healthy and supportive figures in her life (her husband, Rick, her uncle Mike, Edwards as her therapist) who form a protective ring around her vulnerable childhood selves. At the same time, she exiles her hostile and shaming mother, as well as her ineffectual and passive father. In research interviews extending to one year after the therapy’s end, Kelly continues to extol the valuable benefits she accrued from the “reparenting” process of the therapy, including decreased tension with her husband and children, a reduction in the frequency and intensity of her headaches, and an overall more positive sense of self-worth. Notably, she also reports less reliance on some of her long-standing troublesome coping strategies, particularly letting go of some of her controlling and perfectionist tendencies that had compensated for her underlying fear of rejection and shame.

In presenting Kelly’s process of recovering particular memories of her mother’s toxic actions toward her and her older sister, Sarah (who due to her rebelliousness received particularly frightening beatings), as well as additional disorienting childhood episodes related to her mother’s neediness and her father’s emotional absence, Edwards draws on a theory of autobiographical memory—the Self Memory System, developed by the late Martin Conway (Conway & Pleydell-Pearce, 2000, Conway, 2005), which I also have played a role in elaborating and refining (Conway, Singer, & Tagini, 2004; Singer & Conway, 2011). I very much applaud Edwards’s initial efforts to integrate the powerful therapeutic practice of schema therapy with one of the most widely recognized contemporary models of autobiographical memory.

In the commentary that follows, I offer some suggestions for ways in which this integration could be clarified and sharpened. Specifically, I provide a slightly different understanding of the relationships he proposes among the working self, the episodic memory system, the autobiographical knowledge base, and the conceptual self. A recasting of this understanding may provide a nuanced perspective on what the “memories” are that are evoked in schema therapy and what their relationship is to the *long-term self*, which contains both the autobiographical knowledge base and the conceptual self. Additionally, I speculate about how Kelly’s organization of her “child parts” might be viewed as components of her Narrative Identity (McAdams & McLean, 2013; Singer, Blagov, Berry, & Oost, 2013) and her childhood schemas as constituted from particular units within narrative identity—self-defining memories and narrative scripts. This formulation of narrative identity draws on the seminal script theory of Sylvan Tomkins (1979, 1987) and the subsequent linkage of this theory to contemporary narrative psychology and autobiographical memory research. These proposed convergences among schema therapy and narrative identity are not meant in any way to diminish the current case study formulation, but only to build bridges and unification across therapeutic approaches and modalities. Regarding Edwards’s views on early memory, I do offer my reservations on how much weight we might put on the role these memories potentially play in Kelly’s personality dynamics.

Before providing my comments on Edwards' forays into autobiographical memory research, I should also note that I am a clinical psychologist with more than 40 years of psychotherapy practice. This leads me to make some additional comments on how he presents and interprets the case study, particularly with regard to his positionality and possible countertransference as a therapist. It is critical to raise these topics because they inevitably play a role not only in the therapy, but in the "data" he provides from which we are to understand the case study analysis. Before commenting on how memory may interact with schema therapy, I need to say something more about how the Kelly's memories are elicited and processed in the psychotherapy. Edwards's method, by his description, includes different forms of "hermeneutic" interaction, including "empathic," "questioning," and "provocative" hermeneutics (Edwards, 2022, p. 212). Let us first turn to a discussion of these therapeutic practices, before delving into an analysis of the memory theory.

THERAPEUTIC PRACTICES

In the selection of sessions that Edwards chooses to highlight, Kelly's depiction of her childhood suffering is primarily focused on her mother's volatile, depressed, and rageful behavior. We hear accounts of her shaking Kelly, calling her lazy and selfish, and at other times dissolving in tears and relying on medications to get herself through the day. Given her father's virtual absence from her emotional life (although there are moments of his physical cruelty to her older sister as well), Kelly also recalled a degree of enmeshment—her mother wishing for her to be source of support and then expressing her disappointment when this need could not be met by the young girl.

One of the most vivid and charged recollections is of a dream Kelly had at age 19. In the dream her mother pleads with Kelly to have her legs amputated, knowing how difficult this would be, but also explaining it would be for the best. As the field of vision expands in the dream, it becomes clear that the mother herself is in a wheelchair and without both of her legs. Kelly's interpretation was straightforward – her emotionally crippled mother was psychologically wishing that Kelly could merge with her own paralysis, and Kelly was determined not to emulate this fate.

Across the memories recounted, there emerges a persisting image or "schema" of child Kelly alone, hiding under a table, fearful but fending for herself, recognizing that no one can save her from this sorrowful fate. In contrast to this image of ultimate vulnerability, the actual child, adolescent, and adult Kelly managed to be a highly competent and successful individual, gaining strong grades, being selected to be the "head" of her primary school, attending university, and building a strong professional identity. Interpersonally, she has had a fulfilling and happy relationship with her husband, Rick, and with the assistance of some parental training courses, also proved to be a fine parent to her young children. Yet along with this high level of functioning, she has layered a coping schema that relies on highly controlling behaviors and an

internalized parental mode schema that can veer toward angry child-scolding and criticism of others, but most of all of herself.

As Edwards depicts the most salient sessions of the schema therapy, he works with Kelly to bring forward the various vulnerable “child parts,” relying on imagery, empty chair techniques, and improvised enactments. Through these experiential moments, he is her ally, voice of resistance and *de facto* positive, healthy parent. At times, he recruits through imagery other benign and grounded figures to battle against negative messages and hurtful actions associated with her mother—these include Rick, a sensible and caring Uncle Mike, and a close friend, Diane from the neighborhood. Also, “Big Kelly,” the competent and strong adult version, becomes a repetitive figure seeking to help the child Kelly, but it also crystalizes over the sessions that Big Kelly, the super competent adult, must learn to let others help and give up the burden of complete self-sufficiency. This means letting Rick and Edwards, as her therapist, play more direct roles in providing support and comfort to her.

In a few paragraphs, I cannot do justice to how engaging, creative, and innovative Edwards's depiction of the evolving schema therapy is. Quoting Elliott and Greenberg (2007, p. 244), Edwards describes his work with Kelly as “analogous to a dance in which each partner responds to the other by alternately following and leading.” As the therapy is portrayed, Edwards allows us to see the moves he enacts to help Kelly build safety and expand her repertoire of responses to her past emotional memories and current interpersonal challenges.

On the other hand, we hear almost nothing about his own positionality in Kelly's life and about the texture of their dyadic relationship. It seems to me this is a major gap in our understanding of what transpired between Edwards and Kelly. What indeed was the full nature of the dance between them? As the case is depicted, we hear of a few instances of Edwards's own sadness at moments of Kelly's sense of being trapped in her painful childhood, but we learn very little about how Kelly's strong parental transference to Edwards played out in all of its meanings and dimensions. From my admittedly removed reading of the case, it seems markedly clear that Edwards enacted the role of a strong and caring father who was willing to set boundaries on the excesses of her mother and bond with Kelly to empower her. Far from absent or ineffectual, Edwards was deeply present and empathically astute. If Edwards became a “quasi-parent” in the “re-parenting” process, were there ever tensions around this, as well as support and triumph?

Put differently, there is no shortage of “provocative hermeneutics” in Edwards' treatment. Once the early sessions have established Kelly's troubling nuclear family dynamics, the work ahead engages therapeutic guidance through imagery and rescripting that help Kelly move toward a more adjusted and psychologically balanced endpoint. Although I am much in admiration of the work presented, I also worry that there are gendered and paternalistic elements that are not fully examined in the narrative. Were these themes ever brought to the surface?

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If there may have been an idealized relationship with the male therapist, we should also note that narrative conveys little empathy for Kelly's mother who is married to an ineffectual and at times violent man, possessing little emotional awareness. With the exception of the neighborhood friend, Diane, whose family is presented in an almost fantasized fashion, there are no positive female role models that enter and remain inside the circle of safety. Although at one point, Sarah, her older sister, is brought in by Edwards to protect her from more abuse, slowly over time she fades from an active role within the imagined circle. By the end of treatment, Kelly continues to grieve for this relationship.

I worry that, as the narrative is presented, Edwards takes on the persona of the omnipotent "director," who is an overcompensating father figure for Kelly. I am sure in the actual therapy there were more Kohutian moments in which Kelly picked up on Edwards's fallible nature as another human being and learned to understand that he could indeed be the source of support she needed without in fact being "perfect." It might have been helpful to hear more about this part of the "dance" and also about Edwards's own countertransference feelings about being positioned in this idealized role as the all-knowing and loving father figure. What more might we have learned about the inner workings of schema therapy if we were given more access to the intersubjective synergy that emerged as both Kelly's and Edwards's subjective worlds merged in their dance?

IMPLICATIONS FOR THEORY

The Theory of the Self Memory System (SMS)

This consideration of Edwards's reconstructed story of the therapy he conducted allows us to pivot to his theoretical discussion of the linkage of schema therapy to a model of autobiographical memory—the aforementioned Self Memory System (SMS), developed by Martin Conway. In our elaboration of the original SMS (Conway, Tagini, & Singer, 2004), we explain that individuals are constantly engaging in goal-directed activity and that they instantiate a "working self" that orders, evaluates, and sequences responses to a particular goal demand. In the course of this goal pursuit, experience-near sensory images of the ongoing activity are generated—these "episodic memories" are mostly ephemeral and are seldom retained over time (one could only imagine how inundated any memory system would be if all moments of awareness were retained – see Borges's (1999) short story about Funes who suffers such a malady). However, these episodic memories, depending on their emotional and cognitive associations have the potential to link to the more enduring structure of the SMS, the "long-term self." The long-term self consists of two interwoven structures—the "autobiographical knowledge base" and the "conceptual self." The autobiographical knowledge base is the organizing structure for declarative memory including memories of specific events (e.g., the time I saw President Obama speak in Washington DC) and more semantic and blended knowledge structures (e.g., my memories of walking to the village candy store as a child). The autobiographical knowledge base is a hierarchically organized structure that slots memories into

life story schemas, life time periods, and general events. Just like the working self, it relies on goal cues for activation. It is also linked to the sensory-image-generating capacity of the episodic memory system. Episodic memories that rise to enduring goal relevance are likely to be retained and rehearsed, eventually becoming integrated into the autobiographical knowledge base's memory network.

The autobiographical knowledge base informs and is informed by the other structure of the long-term self—the conceptual self. The conceptual self consists of the non-time based and abstracted schemas and propositions about the self—self-schemas, internal working models, attributions, traits, values, and beliefs. As we wrote in Conway et al. (2004, p. 500), the conceptual self consists of "...abstracted knowledge structures that exist independently of specific temporally defined incidents, but are connected to autobiographical knowledge and the episodic memory system to activate specific instances that exemplify, contextualize, and ground their underlying themes or concepts."

Our discussion of the SMS goes on to highlight a particular affective memory that plays a central role in individuals' sense of identity—the "self-defining memory" (SDM; Blagov & Singer, 2004; Blagov, Singer, Oost, & Goodman, 2022). Self-defining memories are vivid, affectively intense memories that are repetitively recalled by individuals over time and that are linked to memories that share similar thematic content and affective qualities. SDMs reflect enduring concerns and/or unresolved themes that are central to an individual's self-understanding. They are the memories that one might share in trying to explain one's life priorities and most prevailing goals. SDMs in their archetypal expression of an individual's core identity at their most powerful can be considered the synthesis of the episodic memory system, autobiographical knowledge base, and the most significant long-term values and/or goals in the conceptual self. They contribute to well-being through their degree of specificity, affective content, and meaning-making; deficits in these aspects of SDMs have been repeatedly associated with clinical disorders (Wright et al., 2022).

When a set of SDMs share a common affect-event sequence, they can link together and generate an abstracted template—the narrative script (Singer, Blagov, Berry, & Oost, 2013). The concept of the narrative script is derived from Sylvan Tomkins's (1979, 1987) script theory. In Tomkins's terms, the script is based in the series of linked "scenes"—the scene is any incident that evokes an affective response. Over a number of distinct episodes repetition of the same or similar sequence of scenes fuse or magnify into the "script," which then becomes a filter for organizing one's responses to past, present, and future events.

By imposing the script's lens on new events, we tend to shape our lived experience in predictable directions. Tomkins defined certain powerful scripts as "nuclear" when they focus on an enduring unresolved conflict embedded in an affective sequence. Current experiences that activate the nuclear script intensify a sense of incompleteness and loss, magnifying the script's emotional power. Similar to rehearsal, each instantiation of the nuclear scene reinforces its

centrality within the individual's Self Memory System. In this short summary, one can see how seminal Tomkins's theory was and how closely aligned it is with Schema Therapy and its construct of the "imaginal corrective experience." Indeed, I was somewhat surprised that Edwards did not reference Tomkins's work in his helpful history of the schema that reviewed Bartlett, Adler, Piaget, Bowlby, Merleau-Ponty, and Young.

In contemporary work on narrative identity and its application to the understanding of an individual's personality dynamics (Hamlett & Singer, in press; Nourkova & Gofman, 2022; Singer, 2019, 2022; Singer et al., 2013), a three-tiered structure of life story, SDMs, and narrative scripts is employed. The life story encompasses the individual's long-view account of their life, often recounted in chronological order and highlighting major life periods and transitions. Within this overarching structure, one can discern the key self-defining memories that reinforce the central goals and conflicts foregrounded in the life story. Woven across these memories are repetitive interpersonal behavioral and affective patterns—the narrative scripts.

Edwards' Theoretical Conception of the Process of Therapy With Kelly

Edwards' innovative and challenging idea is that the reconstructive process of memory recall within this narrative framework has the capacity to draw on episodic memory traces that bear an authentic emotional, but not necessarily veridical, connection to past experience. Citing Teasdale's concept of the implicational memory system (1994, 1997), as well as referencing Loewald's concept of enactive memory (Singer & Conway, 2011), he proposes that Kelly retains non-conscious and sensory-perceptually-based memory fragments that reflect the emotional trauma of her birth, infancy, and childhood. These painful recollective shards then coalesce into the maladaptive schemas (alternatively, "narrative scripts") that have come to dominate her moments of anger, stress, and physical suffering, such as her chronic headaches.

By developing a trusting therapeutic relationship, Edwards offers Kelly the opportunity to bring forward these non-conscious memory traces and allow them to play out in a therapeutic "theater of consciousness" (Baars, 1997). Relying on imagery and role play, the therapist and client can work to rescript these negative patterns and exorcize their haunting effects on her psyche and body. Through the rescripting process, the therapist helps the client to scaffold a new conceptual structure of self-beliefs that can supply revised schematic structures to re-organize these recurring memories. These structures re-slot the memories in the autobiographical knowledge base, shifting multiple aspects of these recollections - their emotional intensity, the nature of their meaning-making, and even aspects of their content.

Reflection on Edwards' Model

Although I find Edwards's formulation quite seductive in its efforts to capture the rich and multi-layered phenomenology of autobiographical memory, and as a fellow therapist, I can find many treatment aspects that resonate with me, I want to express my own sense of caution about how far empirical psychology has come in validating the contributions of implicational

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infant and early childhood memories to the unfolding of maladaptive schemas. Bauer's (2012) research on infant and child memory dramatically advanced our understanding of their capacities, but we still have much more groundwork to conduct in order to be certain that we can document the kind of emotional recollection that Kelly is putatively presenting. What is more convincing to me is that Kelly's later experiences of neglect and hostility in her family life generated a narrative script that both draws on but also shapes the recollections she brings forward in treatment.

Coming back to my core theme of the relational nature of Edwards's work with Kelly, I do indeed see them engaged in a shared act of imaginative play that allows for reconstructed narrative rather than historical truth (see Spence's [1984] distinction of this difference). Kelly's powerful images are expressions of a myriad of forces in her life—actual memory traces, scripted patterns born of unresolved conflicts, and her evolving complicated transference relationship with her therapist guide and partner in their mutual play of memory. This treatment is based as much in imaginative vision as it is in memory.

Ultimately, the impressive success of the treatment matters more than our ability at this point to make absolute certain links between its processes and current research advances in autobiographical memory. However, I do hope we continue to pursue these connections and uncover even more definitive linkages. In the meantime, I embrace the creativity Edwards has brought to this endeavor and his innovative ideas about the connections between schema therapy and contemporary models of autobiographical memory.

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