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**Change in the Personality,
Repetition and Psychoanalytic
Technique in the History of
Psychoanalysis**

Dr. Anna Bentinck van Schoonheten

Segantini, the loving mother



Segantini, the bad mother



Freud: 'Wild' Psycho-Analysis (1910k)

- It is not enough, therefore, for a physician to know a few of the findings of psycho-analysis; he must also have familiarized himself with its technique if he wishes his medical procedure to be guided by a psycho-analytic point of view. This technique cannot yet be learnt from books, and it certainly cannot be discovered independently without great sacrifices of time, labour and success. Like other medical techniques, it is to be learnt from those who are already proficient in it.

Freud: Beyond the Pleasure Principle (1920g)

- Twenty-five years of intense work have had as their result that the immediate aims of psycho-analytic technique are quite other to-day than they were at the outset. At first the analysing physician could do no more than discover the unconscious material that was concealed from the patient, put it together, and, at the right moment, communicate it to him. Psychoanalysis was then first and foremost an art of interpreting. Since this did not solve the therapeutic problem,
- a further aim quickly came in view: to oblige the patient to confirm the analyst's construction from his own memory. In that endeavour the chief emphasis lay upon the patient's resistances: the art consisted now in uncovering these as quickly as possible, in pointing them out to the patient and in inducing him by human influence (...) to abandon his resistances.

Beyond the Pleasure Principle

- But it became ever clearer that the aim which had been set up – the aim that what was unconscious should become conscious – is not completely attainable by that method. The patient cannot remember the whole of what is repressed in him, and what he cannot remember may be precisely the essential part of it. Thus he acquires no sense of conviction of the correctness of the construction that has been communicated to him. He is obliged to repeat the repressed material as a contemporary experience instead of, as the physician would prefer to see, remembering it as something of the past. These reproductions, which emerge with such unwished-for exactitude, always have as their subject some portion of infantile sexual life – of the Oedipus complex, that is, and its derivatives; and they are invariably acted out in the sphere of the transference, of the patient's relationship to the physician.

Beyond the Pleasure Principle

- When things have reached this stage, it may be said that the earlier neurosis has now been replaced by a fresh, 'transference neurosis'. It has been the physician's endeavour to keep this transference neurosis within the narrowest limits: to force as much as possible into the channel of memory and to allow as little as possible to emerge as repetition. The ratio between what is remembered and what is reproduced varies from case to case. The physician cannot as a rule spare his patient this phase of the treatment. He must get him to re-experience some portion of his forgotten life, but must see to it, on the other hand, that the patient retains some degree of aloofness, which will enable him, in spite of everything, to recognize that what appears to be reality is in fact only a reflection of a forgotten past. If this can be successfully achieved, the patient's sense of conviction is won, together with the therapeutic success that is dependent on it.

Strachey (1933)

- A very considerable quantity of data have been accumulated in the course of the last thirty or forty years which throw light upon the nature and workings of the human mind; perceptible progress has been made in the task of classifying and subsuming such data into a body of generalized hypotheses or scientific laws. But there has been a remarkable hesitation in applying these findings in any great detail to the therapeutic process itself.

Strachey about Melanie Klein

- The individual, she holds, is perpetually introjecting and projecting the objects of its id-impulses, and the character of the introjected objects depends on the character of the id-impulses directed towards the external objects. Thus, for instance, during the stage of a child's libidinal development in which it is dominated by feelings of oral aggression, its feelings towards its external object will be orally aggressive; it will then introject the object, and the introjected object will now act (in the manner of a superego) in an orally aggressive way towards the child's ego. The next event will be the projection of this orally aggressive introjected object back on to the external object, which will now in its turn appear to be orally aggressive. The fact of the external object being thus felt as dangerous and destructive once more causes the id-impulses to adopt an even more aggressive and destructive attitude towards the object in self-defence.

Strachey about Melanie Klein

- The fact of the external object being thus felt as dangerous and destructive once more causes the id-impulses to adopt an even more aggressive and destructive attitude towards the object in self-defence. A vicious circle is thus established. This process seeks to account for the extreme severity of the superego in small children, as well as for their unreasonable fear of outside objects. In the course of the development of the normal individual, his libido eventually reaches the genital stage, at which the positive impulses predominate. His attitude towards his external objects will thus become more friendly, and accordingly his introjected object (or superego) will become less severe and his ego's contact with reality will be less distorted. In the case of the neurotic, however for various reasons – whether on account of frustration or of an incapacity of the ego to tolerate id-impulses, or of an inherent excess of destructive components – development to the genital stage does not occur, but the individual remains fixated at a pre-genital level. His ego is thus left exposed to the pressure of a savage id on the one hand and a correspondingly savage ego on the other, and the vicious circle I have just described is perpetuated.

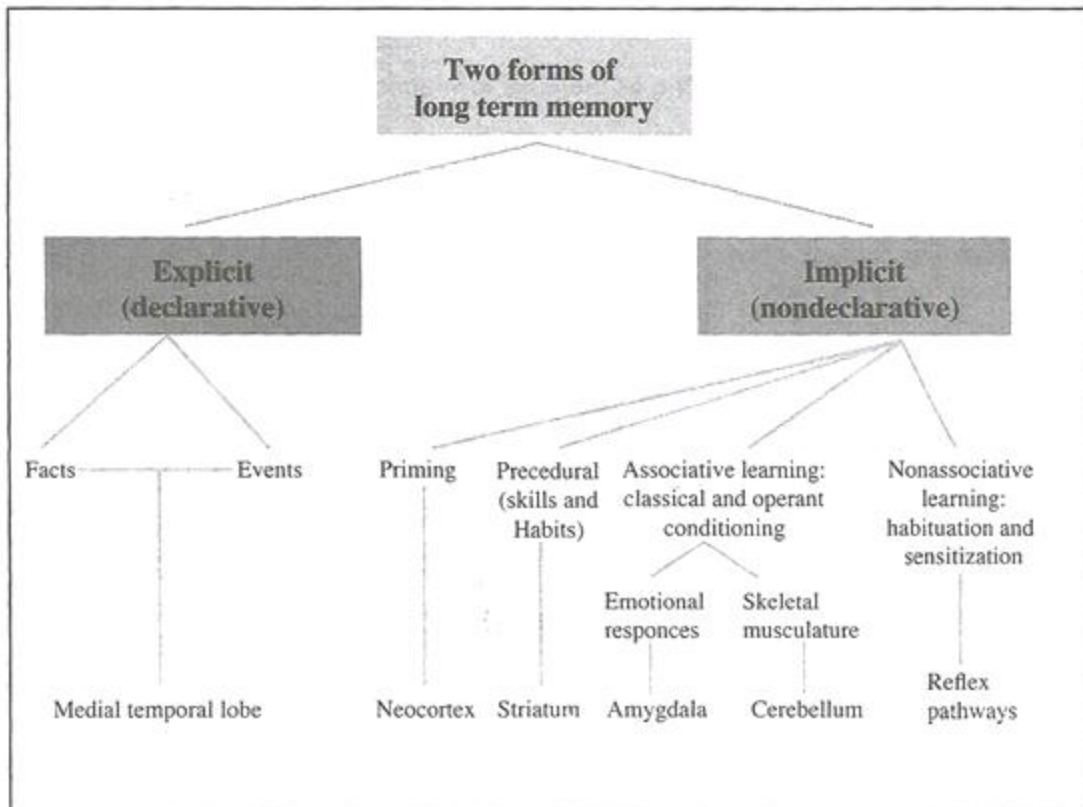
Cristina Alberini

Mechanisms of Memory Reconsolidation



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However,

An established memory becomes labile if recalled, and, like during consolidation, it again requires protein synthesis in order to be preserved (1960th, and Sara 1997, Nader et al.2000 followed by many others)

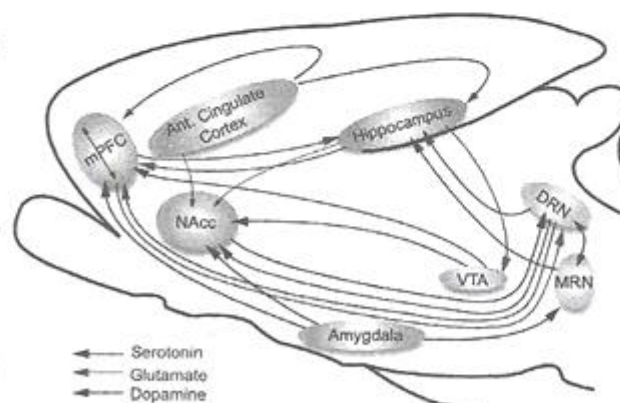
Reconsolidation

Reconsolidation Hypothesis: every time a memory is recalled or reactivated, it becomes labile and needs to undergo another process of consolidation

Neural Circuit Underlying IA memory formation

•IA memory formation requires an intact hippocampus, an area which is critical for processing polymodal, contextual information.

•IA memory formation also requires the contributions of the amygdala, particularly the basolateral amygdala, which plays an important role in processing emotional memories and is thought to store cued-fear associations.



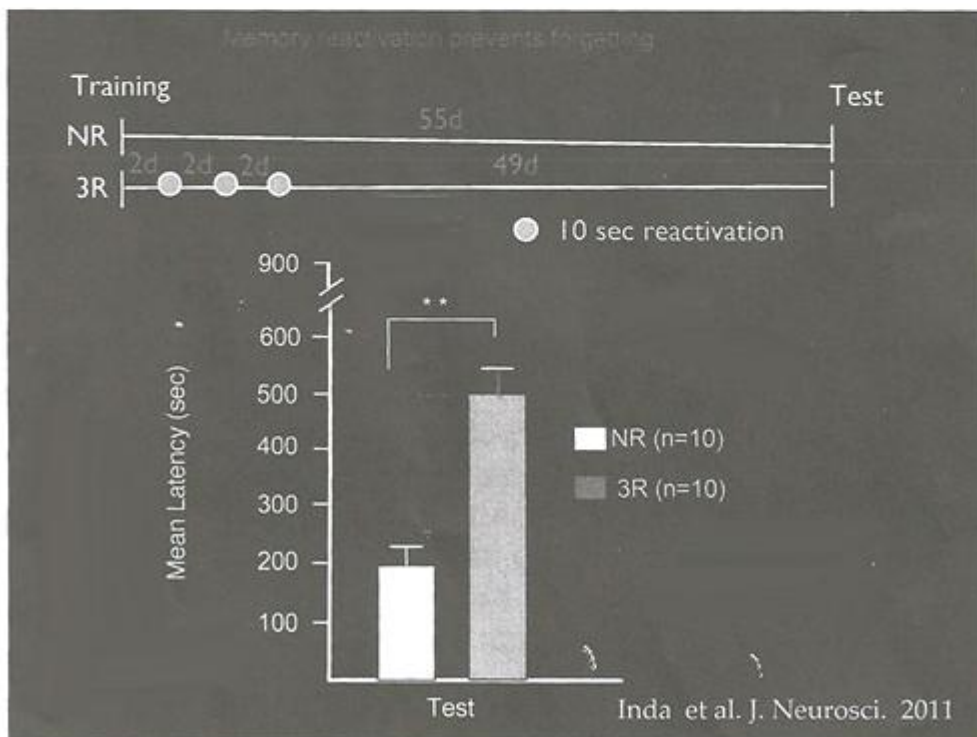
In Tronel et al. PLoS Biology 2005 "Linking New Information to a Reactivated Memory Requires Consolidation and Not Reconsolidation Mechanisms"

*The formation of new associations between *old, reactivated* and *new* information is NOT mediated by reconsolidation but rather by consolidation mechanisms

*The disruption of the new associations does not affect the stability of the old memory and vice versa.

Thus:

The protein synthesis-dependent phase induced by memory retrieval **does not** contribute to the formation of new associations between *old, reactivated* and *new* information



Recall of a young (first week) memory leads to memory strengthening and consolidation via reconsolidation phases

Recall of a mature (2 weeks-old), consolidated memory does not change memory strength

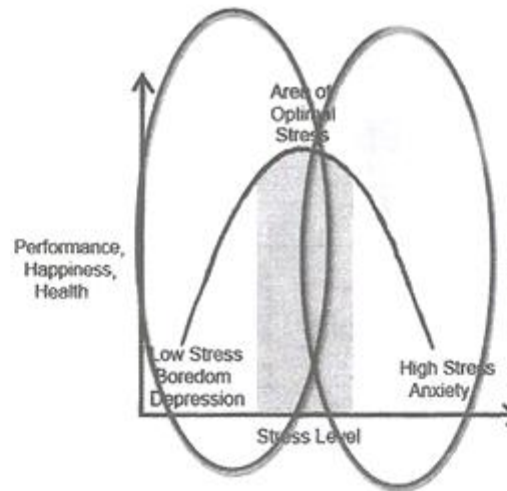
Recall of an older, (4 weeks old) memory leads to extinction

Modulation of Memory by Stress

- Emotionally arousing events tend to be better remembered, suggesting that the hormonal systems activated during these experiences can modulate memory consolidation.
- Consistent with the hypothesis, adrenaline and cortisol enhance long-term memory. Moreover, regions like the hippocampus and the amygdala, which are known to be important for memory consolidation express high levels of glucocorticoid receptors.

The emotion and stress level of experience is key for memory expression and storage

The inverted U relationship or Yerkes-Dodson law

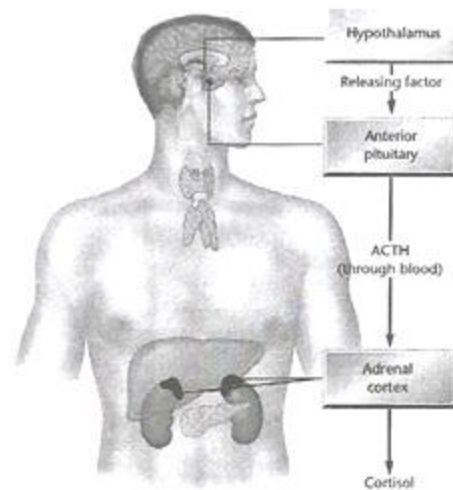


What is the contribution of neuroscientific studies on memory reconsolidation to psychotherapy and psychoanalysis?

- 1- Understanding how different types of memories are processed
- 2- Understanding the role and effects of memory retrievals
- 3- Understanding the mechanisms and modulations of memory retrieval
- 4- Understanding the contribution of time
- 5- Understanding the contribution of emotions
- 6- Understanding memory updating
- 7- Understanding traumatic memories and traumas

Stress and Glucocorticoid

- Hypothalamic-pituitary-adrenal (HPA) axis is activated during stressful experiences, which leads to the release of glucocorticoid hormones.
- Glucocorticoids can activate two types of receptors in the brain: glucocorticoid receptors (GR) and Mineralcorticoid receptors (MR)



Conclusions

Our data showed that:

Reconsolidation in memories that are processed by the medial temporal lobe, (such as episodic or declarative memories in humans) is temporally limited.

This temporal window likely reflects the system consolidation period

Reconsolidation is a critical part of the lingering system consolidation process and its function is to consolidate and strengthen the memory