

BEHAVIOR IS MEMORY: TEMPLATE THEORY, A NEW DIRECTION IN PSYCHODYNAMIC PSYCHOTHERAPY

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Abstract

Repeated caregiver responses in childhood get laid down in the child as automatic presumptions about relatedness, an internalized function I call the relational template. In future, interactive behavior can activate that established relational template, with its automatic behaviors becoming manifest. Relational templates originate in repeated relational events that are 1) directly experienced, 2) observed, or 3) fantasized (in opposition to traumatic interactions). The therapist can become aware of an activated relational template through observing the automatic relational 1) behavior, 2) expectancies and 3) premises a patient exhibit in the consultation room. That which is not remembered explicitly can be shown through such reflexive behavior, often outside of one's own awareness. This is how behavior is memory.

Keywords: *Relational, template, procedural, memory, behavior.*

1. Introduction

From the moment we enter the world, we interact with other people. The average person can be expected to experience countless interpersonal events in a lifetime, most of which will evaporate into lost memories. An interaction more likely to be explicitly remembered would need to be surprising, upsetting, delightful, somehow novel; but most of our day-to-day contact with others is not so distinctly memorable. Interpersonal events that are unremarkable generally do not stand out to us, but commonly blend together within a reservoir of internalized related interactions. These internalized groupings become part of an involuntary, possibly unconscious, memory of "what people do," or "how people are together." They may not be explicitly remembered in one's head, but they are known in the gut. Relational procedural memories representing an individual's reflexive assumptions about how people behave together, accompanied by automatic behaviors triggered by the presence of others, comprise a psychic structure (or function) I refer to as a "relational template" (Herzog 2012, 2015). The automaticity of relational templates is much like driving a car, where we might be very attentive while learning the skill, but with time and practice, no longer consider how we manage the brake or steering wheel (as described by Clyman, 1991). Within this realm of "procedures," automatic behavior can be activated entirely outside of awareness. So it is within relationships. Countless interactions have been encoded into procedural memory, forming the template: a contextually related group of essentially unconscious relational memories. These memories ultimately show themselves via automatic behavior. The relational template represents how we are with others, and how we believe others are with us. Even if much of what occurred has been lost to explicit memory, the automatic behaviors that remain will be manifested by the individual. We commonly behave with others the way we were shown, even outside of our unawareness. Because of this, the therapist, through observation of a patient's behavior, has access to memories that a patient may have forgotten. Reflexive patient behavior should be seen to represent repeated interactions from developmental years. Thus clinically observed behavior, when supplemented by verbally reported historical information, can create a detailed tapestry, a comprehensive view into a patient's past relationships. We amalgamate various observations with reported information, to visualize a more complete picture of the person. It's like putting together a jigsaw puzzle. One puzzle piece gives a minimal impression of the picture to come, but with enough pieces, a more cogent image starts to form. A single reflexive behavior is a piece of the puzzle. Additional observed behaviors, along with reported events, function as more pieces. They refine the picture. They clarify our impression of a patient's relational experience, with observed behavior possibly solving for various "unknowns" in a patient's development. It is my belief that observed behavior in the consultation room is

a crucial part of the therapeutic endeavor, because it can suggest much about someone's developmental background that might remain unreported.

2. Three sources of relational templates

I have defined three sources of relational experience that comprise most of what we are likely to see within the clinical setting. 1) Direct Interactions. When repeated often enough we incorporate interpersonal interactions into general “ways of being” with others. Embedded within our procedural memory, they become manifest as automatic relational behaviors. Although we may necessarily occupy our own directly experienced, singular role, we do not solely assimilate our individual perspective of the interaction. Relationships are between two or more people, thus all roles involved in the interaction are encoded into procedural memory. The child being yelled at will invariably adopt the child's role, involving silence, guilty posture, etc. But in addition, that child will also assimilate the parental role, having witnessed the parent's conduct of escalating anger, increased volume and verbiage. With sufficient repetition of the interaction, both roles of parent and child become embedded within the child. The whole dyadic configuration being absorbed into the relational template. In future, when faced with an interaction triggering the matching template, both roles are present in procedural memory, such that the individual might fall into either role. Thus the next time a scolding is about to occur, the child “assumes the position” of guilty posture and silence, in anticipation of what is to come. Following this, our recently scolded child might soon be overheard scolding the cat with the very same words and tone the parent used. The child shows a capacity to be both a “scolder” and a “scoldee”. The child has internalized the two roles of child and parent, and can engage either role when the template is activated.

2) Observed Interactions. Our exposure to relationships includes interpersonal events that we are a part of, and others where we are not directly involved. What we experience indirectly, we can also incorporate — contributions from observed interactions between others, being potentially absorbed into a relational template. That which is observed time and again gets encoded into procedural memory, as a two-person, two-role configuration. Observed events may arguably be less powerful than those directly experienced, but regardless, interactions we observe can also become part of us. Consider, for example, how we see our parents treat each other. If we grow up witnessing a lot of fighting, we are likely to internalize both roles in those interactions. Growing up with one parent victimizing the other, a sadomasochistic style of bullying, we might learn to back down in the face of hostility, or conversely, to force others to back down. And repetition is not always required for incorporation. There are noteworthy occasions when a singular interaction may stand out, especially when idealized and thought about frequently. The individual's willful recollection of an interaction can further entrench it within a relational template, even when there hasn't been much observed repetition.

3) Fantasized Interactions. When someone judges interactions to be bad or inadequate, the rejection of those behaviors creates a location in fantasy for an opposing, good interaction. “Non-bad” fantasy alternatives can be recruited and consolidated to form fantasy-based templates, as an alternative to dysfunctional relational templates. I call these fantasy-based templates “fantasy relationships” (Herzog, 2018), acting in opposition to “bad” relational templates. When relational behavior is traumatic, privately invoking a fantasy relationship can function as “repetition's antidote,” supplying internal comfort: visualizing better interactions within one's imagination. When a child decides his parents are too critical with one another, he has begun replacing them in fantasy with a wife and husband who are more accepting. The act of defining them as “mean” suggests “not-mean” as an alternative. Both the mean parents and not-mean parents are being simultaneously assimilated, one as a Relational Template, and the other as Fantasy Relationship.

3. Template manifestations are threefold

The manifestations of a relational template can also be divided into three parts. 1) Behaviors. We may hear about our patients' relational experiences and presumptions, but usually not before we've already seen indications in their behavior. Because reflexive behavior came from a multitude of related interactions that became internalized as a relational template, a patient's behavioral habits can give indications of past history. Of course, we cannot tell much of what is going on from simply one behavior, but further indicators give us further information. Tone, timing, movement, all figure into our intuiting what is being shown, and by extension, what it conveys about past relational events. We can learn much through the reflexive behavior we observe. Patients might not tell us, but they could be showing us.

2) Expectancies. Relational expectancies are automatic expectations of the presumed behaviors of others. As dyadic templates have two roles to be actualized, expression of a template involves both behavior in the person, plus expectations of the response of the other. Thinking in terms of expectancies can be very

helpful for some challenging dynamics that take place in the consultation room. An example of this involves those times when a patient demands more than the therapist can provide, and if the therapist does provide, the patient increases demands. It may be that a fantasy relationship has been mobilized, and the patient hopes that the therapist will respond in a new way, to create a new pattern of relating. However, the less ideal accompanying template can be in play alongside it, and this template may contain a contradictory relational expectancy — where the patient believes he is too demanding. So, he continues to demand — to engage a hoped-for reaction, and simultaneously, to provoke an expected rejection. A therapist's reluctance to gratify becomes a traumatic repetition, reinforcing the activated traumatic template. The therapist who considers experimenting with provision, may confound the traumatic template sufficiently to disrupt the repetitive elements — but the provision might not work, when a template's powerful expectancy of refusal may not be offset by sufficient fantasy elements.

3) Premises. Relational premises are belief systems about people that lie beneath the automatic behavior and expectancies. Such relational premises can be observed through behavior, or heard through an explicit statement. For example, an established premise that “good things are always going to be followed by bad” suggests a history of disruption whenever the person felt happy, comfortable, or safe, which has coalesced into a belief that all good things are inevitably interfered with.

4. Conclusion

When relational templates get actualized in therapy the patient can occupy one role, and the therapist the other. All template elements can be manifest: behavior, expectancy, and premise. The intuitive therapist “feels into” the clinical situation, identifies the elements of repetition, sees the template in play. The clinician may visualize an image of the dynamic in the room, and how that dynamic might have been present outside of therapy, either now or in development. She sees the roles occupied and the belief system underlying the behaviors. The therapist who recognizes the configuration can then infer what the pattern might have looked like between caregiver and child. She visualizes the roles and might attempt to verbally symbolize the activated template, through an explicit interpretation. If not, then the therapist can show the patient by engaging in behavior that confounds the template, and/or actualizes a fantasy relationship, which can initiate the creation of a new, more functional template within the therapeutic relationship.

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