

Brain Imperialism

by John Rowan

Imperialism always wants to take over the territory it has its eye on. And when it comes to human experience and action, brain experts are all ready and waiting to take over from philosophy, psychology, religion, psychotherapy and all the rest of the other claimants. As Susan Greenfield (2000) so succinctly puts it: "All 'you' consist of is a brain, albeit one personalized by a unique trajectory through life." (p.184) Or to quote a more impressive authority, Francis Crick (1994) says: "The astonishing hypothesis is that you, your joys and your sorrows, your memories and your ambitions, your sense of identity and free will are, in fact, no more than the behaviour of a vast assembly of nerve cells and their associated molecules." (p.3) If this grandiose assertion is the case, then we can easily study the process of psychotherapy simply through studying the brain, and this is the project of Allen Schore (1994) who takes the development of the brain as equivalent to the development of the person through early and late infancy. This is the very period, of course, which is most studied in psychoanalysis, and so there is supposedly a happy marriage there. This is a very ambitious proposal, and there is a lot of excitement in psychotherapy circles about such new thinking.

But suppose that we look a bit further afield, and see some other angles on all this. After all, in humanistic and integrative psychotherapy we begin at conception rather than at birth, and therefore have a whole important story to tell about the development of the person before the brain comes on the scene, and also when it is in quite early stages of growth. And through these studies we have found that memory, for example, is much more interesting and complex than any study of the brain can allow for. In fact, we have come to the conclusion that there are at least four different kinds of memory which participate in the formation of a person.

1. Intellectual memory, cognitive memory, is located somehow in the brain, mostly in the cerebral cortex. The details are not yet all worked out, but nearly all of the work in memory in psychology has to do with this type of memory. See the latest edition of any good textbook for this.

2. Emotional memory also has a great deal to do with the brain, but here it is mainly mediated by the limbic system, and takes the form of images rather than words. It is difficult to reach other than by actually re-experiencing the events concerned. This also applies to memories held in the muscles, as Reich and other body therapists have discovered. See

Babette Rothschild (2000). As Badenhop (2004) tells us, "emotional understanding comes prior to thinking" (p.14). It is clear to all those who have worked with early memory that re-experiencing or reliving is very different from recalling.

3. Bodily memory is held all over the body. Again it has to be re-experienced or relived, rather than called up verbally. This is of course controversial, and people who want to say that there is no such thing as recovered memory (e.g. Gardner 1992) spend a good deal of effort in trying to refute it. Graham Farrant (1990) calls it cellular memory, and has written a good deal about it. Much of the primal work in psychotherapy (Brown & Mowbray 1994) depends upon this level of memory. David Chamberlain (1998) has given much of the evidence for birth memories being of this kind. Even some of the brain researchers themselves are now admitting that memory is not just in the brain:

These recent discoveries are important for appreciating how memories are stored not only in the brain, but in a psychosomatic network extending into the body, particularly in the ubiquitous receptors between nerves and bundles of cell bodies called ganglia, which are distributed not just in or near the spinal cord, but all the way out on long pathways to internal organs and the very surface of our skin. The decision as to what becomes a thought rising to consciousness and what remains an undigested thought pattern buried at a deeper level in the body is mediated by the receptors. (Pert 1998, p.143)

Badenhop (2004) writes about the 'enteric brain', located mainly in the gut, and says that "the enteric nervous system produces approximately 85% of the system's serotonin, a key element in regulating our emotional wellbeing."(p.13)

There is more and more evidence each year, pushing back the limits further and further each time, that more is possible than we thought. For example, Janov (1977 Appendix C) has published photographs showing how bruises made in pre-verbal experiences may actually come to the surface as visible marks during psychotherapy. I have seen a video made with a heat camera by a gestalt therapist which shows very clearly the marks of early trauma becoming visible as the client relives the experience. It seems clear from all the evidence that we have to accept the possibility of muscular memory and cellular memory as well as the more common kinds of memory using the cerebral cortex.

This is not really very hard to understand. The great psychologist Jerome Bruner (1967) suggested that we actually have three distinct information processing systems: the enactive (having to do with physical memories); the iconic (having to do with imagery); and the symbolic, which has to do with language. The enactive and iconic systems (which of course we still have as adults) come before language, and cannot be reduced to it.

4. Subtle memory or soul memory is not located in the body or brain, but in the subtle body. It holds memories of previous lives and of lives lived at other levels of the transpersonal realm. It is not difficult to tap into once one makes the effort, as Roger Woolger (1990) has argued.

Each of these four has its own rules and its own mode of investigation. But 2, 3 and 4 are hardly studied in academic psychology. Hence therapists interested in the subject, because it comes up in their work with clients, find it hard to read much about it, and the word gets passed down from therapist to therapist in informal ways. It would be better, in my opinion, for all four to be opened up properly in academia. If these things exist, they should be studied in all their complexity, and not left to the few therapists who have taken the trouble to write up their findings.

Why has body memory not been studied by standard psychologists in standard laboratories? The reason seems to be that they do not make the important distinction between recalling and reliving. Recalling is largely a brain function, heavily dependent upon language: reliving is a whole-body function heavily dependent upon getting back into an earlier experience, which if traumatic requires great trust to be built up between psychologist and subject.

Many psychologists, including some of the most prestigious, deny the possibility of memories going back before the age of about three years. The reason is that they are making use of research designs which are not designed in such a way as to enable early memories to emerge.

What we find in psychotherapy is that new clients very often start off with the belief that their childhood cannot be remembered but was doubtless 'happy'. As they begin, however, to build up a rapport with the therapist and a sense of trust, memories of their childhood begin to return. In other words, early memories need an atmosphere of trust and permission and acceptance before they will emerge. With this in mind, let us look at a passage by Sheingold and Tenney (1982), reprinted in a standard text used in undergraduate courses. The section is headed 'Childhood Amnesia'.

In an experiment on childhood amnesia, college-age subjects were asked 20

questions about the events surrounding the birth of a younger sibling. The average number of questions answered is plotted as a function of the subject's age when the sibling was born. If the birth occurred before the fourth year of life, no subject could recall a thing about it; if the birth occurred after that, recall increased with age at the time of the event (Sheingold & Tenney, in Atkinson et al 1993, pp 312-313). It is quite clear that none of the required conditions are fulfilled. A relationship of trust has not been achieved or even attempted, no attempt has been made to create an atmosphere of relaxation and acceptance – the rational human is in charge! We might add that people tend to come into therapy at the age of thirty or more, when they are relatively well adjusted to the adult world and prepared to look at their own lives. At the age of 20 or so, people are still 'putting away childish things' and trying to become adults. So it is even less likely that they will be open to their childhood experiences. See also Kihlstrom & Harackiewicz (1982), which makes exactly the same errors.

This absurd attitude to research is still continuing today. There is as I write a website where people are being asked about their earliest memories, in exactly the same way as in the above passage, clearly assuming that rational conscious answers elicited at a computer keyboard are going to be enough to answer all the research questions. It seems hard for the ordinary academic researcher to admit that their empirical quantitative methods might not be suitable for all purposes. All the way through we have seen that this stage is a stage of heightened emotion and vivid images. It is not the field of rational man. It cannot be reached by people in white coats asking questions from their clipboards. And all the research on the brain cannot help us here.

It does seem as if the brain cannot give us all the answers we want about human development. And if this is the case we should resist the imperialistic attempts of neuroscientists to take over this whole field.

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