

# Phenomena related to autobiographical memory during initial consultations in couple psychotherapy

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## ABSTRACT

### Objective

The aim of this article is to seek the possibility of applying the conclusions of current research on the functioning of autobiographical memory to diagnostic practice in couple psychotherapy. The nature of memory processes determines the type of data that diagnosticians obtain from couples during consultation. Another aim is to support the development of methodological competencies of psychologists-diagnostics working with couples, by providing knowledge about the operation of memory mechanisms during initial consultation meetings.

### Theses

Research on autobiographical memory shows that the content of memories significantly depends on the purpose, context, and audience for which it is recalled. A thesis explored in this article is that in the specific context of the consultations for couple psychotherapy, memories are recalled by partners under the influence of strong emotions, and in order to talk about the couple's problems partners often protect each person against negative evaluations by therapists. At the same time partners try to introduce and maintain elements of relational identity of each partner.

### Conclusions

Autobiographical memory is a valuable source of information about the couple's past. Knowledge about memory mechanisms allows therapists to adequately assess the quality of collected data and then formulate appropriate diagnostic hypotheses. At the same time, consulting sessions are specific environments for recalling memories. For proper assessment, it is necessary to analyze both the content of memories and the way they were introduced into consultation. Collecting important information about the mental life of each partner is also possible thanks to a good diagnostic alliance.

**Keywords:** couple psychotherapy, couple assessment, autobiographical memory, diagnostic consultations

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## Introduction

Memory is a fluid phenomenon (Maruszewski, 2005). We remember the same events in different ways, depending on the purpose and listener to whom we describe them (Neisser, 2000). A psychotherapeutic consultation is a special situation where a conversation about our personal past takes place. For couples it concerns the past of their relationship. Memories are not a faithful representation of the past, however. Autobiographical memories are especially subject to specific distortions. When they refer to a close relationship, they usually contain important issues related to the couple's bonding. Despite this, many psychotherapists tend to understand autobiographical memories as an almost-objective description of the past (Chrzastowski & de Barbaro, 2011). We can define this as methodological error.

The aim of this article is to improve the methodological competencies of practitioners in everyday diagnostic work with couples (Paluchowski, 2015). To do so we are going to describe the knowledge on memory phenomena occurring during the assessment process during couple therapy. Such knowledge helps to release us as couple therapists from the illusion of obtaining objective information about the past of the couple we are consulting with. However, the subject of this article is not learning how to discover more objective information about the couple's past. On the contrary. Our starting point is the recognition of the creative and constructive properties of our minds when it comes to remembering the past.

Partners usually present different versions of the past. It is not their conscious decision, but it is a result of humans' universal memory mechanisms. Only memories of traumatic events are recorded in good detail (Lis-Turlejska, 1998). In couple therapy, usually a patient's mind delivers memories that are both important for the current situation of the couple and are connected with important personal motives. Consultation for psychotherapy involves describing the past in a current, highly emotional environment for a personally important purpose, and it is done in the presence of a partner towards whom one experiences intense, often negative, feelings (Zalewski & Pinkowska-Zielińska, 2021). This article both describes memory phenomena that characterise the consultation phase in couple therapy and provides examples and conclusions regarding the construction of diagnostic hypotheses.

### **Autobiographical Memory: Remembering and Recalling**

*Autobiographical memory* is a specific "place to store the personal history of an individual" (Maruszewski, 2005, p. 18). It contains behaviours, feelings, thoughts, and intentions of one's own and others. As a rule, we do not remember the details of past situations but generalized descriptions of various types of events (Neisser, 2000). What is important for therapists is that autobiographical memory contains general – not detailed – descriptions of a person's past motives and intentions. For example, if I remember my physics teacher as an incompetent and

mean person, I would not remember him treating me kindly when I sprained my ankle on the school playground. But I remember my geography teacher as friendly, so this person will probably replace the physics teacher in my memory of this event. Coherence of emotions in general is more important than precise facts (Maruszewski, 2008; Rybak-Korneluk et al., 2016). What is worse, similar inaccuracies also occur vis-à-vis with people we have close relationships with.

There are different theories on how autobiographical memory works. Often it is described as an associative network where emotions are the basic elements that activate various successive memories to spread (Bower, 1981). Currently-aroused affect drives the content of what is remembered. A change in affect will result in a change in the components of what is remembered. A particularly important part of recalled past situations is the intentions and motives of the people appearing in those events (Krogulska & Barzykowski, 2013). An alternative theory (Conway & Pleydell-Pearce, 2000) divides memory into two parts: a *base* that records past events, including information about the self, and a *working self* that shifts it. This self is driven by temporary motives and goals of the person remembering. The working self directs the extraction of elements from the memory base, interpreting them and connecting them together from the personal past. The more intense these emotions are, the more they seem to limit the possibility of recollection to only one type of experience.

As mentioned above, the events which occur in our close relationships we remember in accordance with the logic of the overall emotional vision of the particular relationship (Maruszewski, 2005). For example, the dominant way of experiencing relations with parents by individuals affects the way of experiencing and remembering specific situations connected to them. What is more, new experiences with loved ones, such as parents or members of our family, will most likely be interpreted in accordance with one's dominant memory patterns. Intentions are then assigned to relatives according to the overall way of experiencing the relationship with them. This theory is consistent with the observations of clinicians. Moreover, similar conclusions are provided by the theory of attachment (Marszał, 2015) or in Roger Schank's (1982, cited in Niedźwieńska, 2014) interesting script theory. Schank's theory argues that new experience is saved in memory consistently with previously existing knowledge. For example, if a child experiences the mother as a victim of an aggressive father, then in quarrels the child is likely to see the father at fault and remembers the father in that light. The child essentially ignores potential aggressive or passive-aggressive maternal behaviour. From such successive experiences and memories a generalized memory pattern is thought to emerge. Those patterns guide the memorization of subsequent event-interpretations and awaken associative networks of many other experiences with a similar pattern (Neisser, 2000).

The contents of autobiographical memory undergo distortions over time: Their schematization complies with an individual's standard, patterned record of a given type of event personally characterized, although the emotional intensity of the past appears to weaken with time (Maruszewski, 2008). At the same time, a kind of anaesthetization occurs (e.g., an emphasizing of the grotesque aspects of traumatic events that omits dramatic parts; cf. Lis-Turlejska, 1998).

In addition, the content of memories changes as a result of the individual retelling a particular memory to another person (Pennebaker & Chung, 2007) – and this phenomenon appears often in psychotherapy (Zalewski et al., 2017).

The consolidation of generalized memory schemes changes the way of memorizing successive experiences, as previously built structures of particular types of situations appear “waiting” for new ones (Roediger, 2000, cited in Niedźwieńska, 2014). This often involves an initial distortion of events at their first perception: A specific experience is catalogued alongside similar prior events and remembered accordingly, and events are remembered per individual interpretation and not as what really happened, *per se*. This is important for remembering and recalling events from close relationships.

Moreover, older, highly schematized memories contain basic, generalized experiences without specific details (Maruszewski, 2008). Details seem to be added during subsequent processes of recollecting. Memories of new events are adapted to fit existing schemes, and they are simplified and recorded in accordance with them. At the same time, each new event may slightly change the general scheme to which it is attached; then the scheme becomes more capacious and general (Maruszewski, 2005). Creating new patterns from new experiences is a relatively unique situation and usually happens after situations occur that are very different from previous events (e.g., the first day of school). It is worth pointing out that such new schemes can be intensively developed during psychotherapy. Memory can be changed, for example, through multiple retellings (i.e., recreations) in successive social situations (cf. Zalewski et al., 2017), like in psychotherapy.

Now, remembering is a form of activity aimed at certain purposes (Fijałkowska & Gruszczyński, 2009). The content of memories appearing during psychotherapeutic consultations depends on a subjectively understood purpose for the consultation. Specific memory searches are activated (Barzykowski & Staugaard, 2016) in order to extract memories that help solve current problems (Alea & Bluck, 2003). For example, the past marriage proposal scene is presented by each person in a couple as a moment full of strong positive feelings, and their feelings line up with their current need to believe that they remember the real facts. The same scene described in a different conversational setting may be recalled as tense from uncertainty and feeling pressure to act. In both situations, patients may think they are describing real events and experiences, but their memories are a product of the current situation and not necessarily snapshots of past real events (Fijałkowska & Gruszczyński, 2009).

Family members and therapists therefore have an impact on the shape of memories that partners recall during consultations, and they affect how those memories are told. It may be that couple psychotherapy consultations influence recalled memories in a way that allows patients to achieve four goals: to (a) justify the visit at a therapy office, (b) provide information about the history of a couple’s problems, including examples of conflict situations, (c) provide, as much as possible, a positive self-presentation for each partner, and (d) convince the psychotherapist that the other partner is responsible for the problems and should be the main subject of change. These goals are discussed in detail below.

## **Analysis of the Functioning of Autobiographical Memory in the Consultation Phase in Couple Psychotherapy**

### **Rules of Memorization**

As mentioned above, the goals of remembering both strongly influence the content of memories and their narrative construction in memory (Hyman et al., 2013; Niedźwieńska, 2014). The way a certain memory of the past is currently described is not a matter of conscious choice. The patient rather feels confident that they have remembered something and tells it as they think it really was. During psychotherapy sessions, this phenomenon creates possibilities for health-promoting reinterpretations of memories during the conversation with the therapist (Zalewski et al., 2017). During initial couple consultations it is different, since shared memories provide rather important information to build diagnostic hypotheses about a couple's problems to begin with. The content and presentation of the memories do not so much refer to the past as they emphasize the present way of experiencing difficulties by the partners. Therefore, by listening to patients' memories, therapists can understand the main narrative threads on how each partner builds accusations against the other. For example, therapists can listen for memories that hint at a partner's attachment style, and they can build hypotheses about each person's attachment style to inform treatment directions. This involves a different kind of listening on the therapist's part. The history that therapists are told at consultation offices does not reveal the ultimate truth about a couple's past.

The goals of remembering activate implicit memory searches in order to create coherent memories from information stored in different parts of one's autobiographical knowledge base (Barzykowski & Staugaard, 2016). Competing-memory content must be inhibited in the mind both by the unconscious goals of reminding as well as the temporary, dominant emotional state of that person.

During initial couple therapy consultations, partners may also pursue the goal of obtaining support from the therapist, thus partners often fight over whose side the therapist's sympathy will land on and who will be better understood (Zalewski & Pinkowska-Zielińska, 2021). In the context of memory phenomena, more support can be obtained from sharing coherent autobiographical memories versus incoherent ones (Vakanen et al., 2020) and when couple patients share memories that are personal and emotionally moving (Barry et al., 2022). Each partner therefore reports memories that cohere with descriptions of themselves as a person who needs understanding and support.

### **Strong Emotions and the Dynamics of Arguments During Initial Couple Consultations**

The diagnostic consultation in couple psychotherapy is usually uncomfortable for patients, and the levels of experienced tension affect the way patients tell their story about the couple's past (Hallford et al., 2002; Niedźwieńska, 2014).

Patients are often overwhelmed by feelings of reluctance and anger towards each other, and they report helplessness and exhaustion with difficult situations in their relationship and a sense of being a victim of their partner's seemingly intentional, hurtful actions (Zalewski & Pinkowska-Zielińska, 2021). It can be said that during initial sessions, memories are often introduced into arguments and mutual dislike appears to rear its head, which significantly affects the memory's content.

For example, couples living in a harmful relationship will recall past events mostly driven by negative affect (Hallford et al., 2002). Memories from more recent periods of life – from the past few years of the relationship, which means usually from the time when problems had already arisen – are reported as intense, vivid, and objectively inaccurate compared to the real events they refer to (Christianson & Loftus, 1991).

People can add false elements to autobiographical memories, including those pertaining to close relationships, yet people report that they remember events as they actually happened (Loftus, 2003; Stone et al., 2013). One theory that postulates the existence of *premature cognitive binding* (Maciuszek & Garlicka, 2017) shows that emotionally intense situations are recorded in non-reflective mode. This process excludes the possibility of conscious thinking about past behaviours that was motivated by strong, non-mentalized emotion (Król-Kuczowska, 2022). A person operating in a non-reflective mode can also implicitly record memories of situations that align with their overall pattern of experiencing a given relationship, even in line with the other partner's bonding style (Chrzastowski, 2021). Often we hear in therapy offices one partner accusing the other about something, and when the defending partner protests that this was not the case, the plaintiff adds that maybe the case is not exactly as reported, but it does not matter because the defendant always does this negative behaviour, like drinking alcohol to excess, so in the recalled situation the defending partner must have been drunk, too.

Another theory suggests the existence of a memory phenomenon consisting of a false combination of elements of real memories and events into a single event or sequence of events that, as such, never took place (Bernstein & Loftus, 2009). Specific elements are taken from different situations that actually happened, but they are erroneously combined into a composite memory constellation that does not correspond to past events. This phenomenon could be supported by memory activation networks from feelings during a couple therapy consultation that spread and trigger new memories consistent with those feelings, which facilitates the connection of pieces of disparate memories (Bower, 1981). In addition, memories of events that never took place often have the function and structure of a myth unconsciously built by the person for important purposes, like maintaining a positive identity, reinforcing the split in a relationship between a good and a bad person, obtaining support, or building intimacy with others (Alea & Bluck, 2003; Barry et al., 2022; Maruszewski, 2008).

Strong negative experiences will probably be the main avenue to access generalized schemas during couple therapy consultation sessions. They generally contain an important message on strong current experiences in the relationship,

but they do not necessarily give reliable information about the past. Therapy sessions usually involve both intentional and unconscious recall of emotionally significant memories. Typically, in a well-functioning relationship, such memories are inhibited in one's mind so that they do not interfere with one's daily functioning (Rybak-Korneluk et al., 2016).

Also, the tension and discomfort that frequently accompanies couple therapy consultations probably additionally stiffens memory processes (Zalewski & Pinkowska-Zielińska, 2021). The stories invoked are rather one-dimensional, covering-over elements of the inner life of the individual rather than revealing it directly. The mere presence of a partner and negative emotions towards them in-session favour an overproduction of memories that justify one's own argument of victimization, on the one hand. The presence of diagnosticians, on the other hand, partially cushions the effects of negative emotions. The phenomena associated with remembering under the influence of strong emotions allow us to better understand the strength with which partners insist that each of them remembers only objective versions of joint events.

### **Maintaining a Positive Self-Image During Initial Couple Consultations**

Autobiographical memory performs, among others, the important function of maintaining a positive self-image for an individual (Bower, 1981; Stone et al., 2013). People are motivated to remember events in ways that reduce negative self-image and enhance positive ones (Stanley et al., 2017), especially when it comes to moral matters (Escobedo & Adolphs, 2010).

Many mechanisms serve to protect a positive self-view (Stanley et al., 2017). We tend to evaluate our own past behaviour as less negative than that of other people. Moreover we tend to believe that our own behaviour improves over time. In other words, each partner tends to evaluate their actions when they felt different than they do today as morally more rigorous than actions of the other person. These phenomena are explained by self-evaluation theory (Wilson & Ross, 2003). This theory suggests that old memories of one's own negative behaviours are judged more harshly than recent ones because they are distant from the current self and belong to the old self. In addition, people feel that their past actions toward others have been less harmful, less morally reprehensible, and less hurtful than the harm others have done to them (Stanley et al., 2017). This may affect the availability of memory material, as memories of one's own negative or immoral actions are often hidden and suppressed (Escobedo & Adolphs, 2010). It is typical to hear in couple consultations "Yes, I used to be like that, and I was wrong, but I have changed. You must admit it. Today I am a different person!". Old memories that are less immoral or more positive than others may be easier to recall, albeit with a soothing interpretation of one's own intentions. These reports coincide with the observed general human tendency to judge oneself as more moral than others (Alicke & Sedikides, 2009). Thus, people remember their past successes better than the details of their own failures in close relationships (Wilson & Ross, 2003). An experienced couple therapist might claim that the

recall of negative events in couple therapy goes like this: The speaking partner ascribes good and righteous behaviour to themselves, whereas they portray immoral behaviour on the part of the listening partner. Particularly in the context of love relationships, people remember their behaviour as more honest than that of their partner's. The memory of people struggling with depression or other serious disorders, however, may function slightly differently (see Rybak-Korneluk et al., 2016).

### **Relational Support for Negative Identities in Couple Therapy**

Memories serve to maintain a positive image that helps to build the identity of each partner within the relationship (Stanley et al., 2017). Many studies suggest that the content of memories may vary depending on whom the memories are told to (Gabbert et al., 2006; Harris et al., 2008; Hirst & Echterhoff, 2012; Loftus, 2003). Moreover, people tend to add elements to their memories remembered by others (Harris et al., 2008), especially partners in love relationships (Alea & Buck, 2003; Margrett et al., 2011; Wegner et al., 1991). In a way, partners often reinforce their own memories with elements from their partner's memories, like when recalling good times together, partners frequently adjust the content of memories to fit each other's (Alea & Buck, 2007).

Research also suggests that partners are able to create shared memories by repeatedly, jointly remembering past events or selectively avoiding memories of others (Hirst, 2010; Stone et al., 2013). For example, when a couple discusses a shared past event, one person may refuse to remember, recognize, or admit that there was unpleasant tension between them or that they even argued. One partner might downplay a supposedly problematic situation or change the meaning of a situation with "it was just a prank, a joke." It can also be that the defending partner cannot tolerate certain emotional states, so they undermine the story of the other party, adding, for example, elements of emotional blackmail by saying, for example "it is outrageous that you can think of me like that at all!" For instance, when a couple discusses travel memories and one of them edits-out the tensions and arguments that usually accompany such trips, one partner will present the dyad as a good, well-coordinated travel team, whereas the contrary is objectively true (McLean & Pasupathi, 2011).

A couple's discussion of shared events can also be disrupted when one or both partners cannot tolerate some emotional states, like mentioned above. As a result, one partner might systematically erase or distort some of their shared memories. The key to successfully forgetting certain information due to a partner's pressure seems to be the strength of the antagonist's pressure – how much someone insists that elements of their story are true (Stone et al., 2013). "If I'm not like that," says one partner, "I couldn't have behaved as you say." What is more, additional strong pressure on partners can be created by people struggling with personality disorders (Lachkar, 2015). They often experience their emotional vision of a relationship as the only true and bearable one. We can see then the full potential of the power of the processes of induced-forgetting of past events.



### **An Example of the Formation of Memories During Couple Consultation**

The following are example excerpts from the first consultation of a couple who came in because of constant arguments they had had since the birth of their child 3 years prior. The partners reported that their fights got triggered for no reason, and that they were not able to reach an agreement for a long time. Based on the way they report the history of their recent arguments, we can see the processes of memory formation for the goals of initial couple therapy consultation. In recalling a particular conflict situation, Mrs. A reported

About a year ago, our daughter was diagnosed with an allergy and we argued about what shampoo we should use to wash her hair. We knew it must be an anti-allergic shampoo, but we couldn't agree on how to use it. That's what usually happens between us: I mean it's typical of my husband's way of doing things. The doctor recommended just washing her hair with shampoo, so I wanted to use it normally, as usual, according to the instructions. But my husband incomprehensibly insisted on using shampoo only occasionally, which of course makes no sense. It's so typical of him! He never takes the doctor's orders seriously! And so he neglects the child.

These sentences show the characteristic ways of building a memory: (a) matching the situation to the purpose of the consultation by recalling a story pertaining to the discussed problem of the couple, but (b) the memory contains a protective positive self-presentation of Mrs. A and suggests the guilt that Mr. B should feel for approaching the situation differently.

According to the functioning of memory described above, Mrs. A considers her memory of the situation the true one. She reports her memory while believing that it is a perfect example of the relationship between her and her husband. At the same time, by using normative language she attempts to remove other elements of the story. Mr. B's memory/story is different, though. He gives (a) the reason for the story, (b) an example, (c) a protective self-presentation, and (d) an indication of his partner's fault:

I remember this very well! First of all, the visit to the doctor took place after a long time, not immediately, when the problems began. And it wasn't the wife who appointed the consultation but me! Secondly, the wife herself wanted to use anti-allergy shampoo, without any consultation and based only on a leaflet from the box. You cannot do it on such a small child! So I had to say no to it. At least, please, don't use it so often! After the visit to the doctor, it was me who wanted to use the shampoo in accordance with the recommendations. And then the wife, as always, wanted to use it her way, much more often than the doctor said!

As you can see, memories of a described situation are not the same as real events that happened. We can say that no one remembers how an event unfolded exactly in reality. Moreover, it is probably that no one needs such accurate knowledge at the moment of a consultation, anyway. More important than

the truth are other elements of memories, such as the consistency of a certain memory with the overall picture of the relationship, protecting the self, confirming our identity, pinning blame to outside sources, etcetera.

Memories are often cited as a record of a real event, but they are selectively presented by partners in therapy in order to make an appropriate impression. The descriptions of past events do not so much convey information about them, rather they indicate the thoughts and feelings accompanying them at the time of reporting. So, reported situations about the past show more about the current relationship of the couple than about what actually happened. In the foregoing example, Mrs. A situates herself as reasonable and acting sensibly through her coordination with the doctor, whereas Mr. B is described by Mrs. A as someone who neglects her and her daughter. Mr. B, on the other hand, presents himself as a reasonable person, too, who uses the advice of specialists, and he describes Mrs. A as overstepping her own rights and ignoring the opinion of others. It can be hypothesized that Mrs. A and Mr. B paint their relationship as one between reasonable and caring people, but individually they ignore each other's opinion at the same time. It should be emphasized that the specific content of each memory is rather secondary, and the attempt to find out what the sequence of events really looked like is impossible. In fact, no one remembers the events exactly, and both partners activate for themselves one of the generalized schemes of this type of situation occurring in their relationship. An excerpt has just been offered from each of their schemes and expanded upon for their specific presentation in a couple therapy setting.

The next example shows a story that intensifies a mutually hostile depiction of a past scenario. Mrs. A gives a description of Mr. B as neglecting the whole family, and she cites other people's opinions as evidence, providing an example of the phenomenon of social proof:

We were at the airport a year ago. You won't believe it – first trip with a toddler and he doesn't care! First of all, we almost missed the flight! He said there's still a lot of time but truly he has no idea how you travel with a baby. It takes a lot more time than usual. Secondly, he suddenly decided that he needs his same newspaper, because it is a long flight! And he left me in the middle of the airport with the baby and all the stuff and went looking for a store! Just like that, without consulting me at all! Even our friends who also flew with us were surprised by his behaviour! Moreover, he fell asleep on the plane right away, leaving me to care for our daughter... who flew with us for the first time. I remember exactly what it was like! I talked with our friends afterwards and they all agreed with me.

Contrast this with Mr. B's story:

I'm helpless. What's she saying?! I don't know why she lies like that; can you explain it to me? This is nonsense. There were no problems with getting to the airport. Everything went smoothly and the wife was happy! Now it suddenly turns out to be completely different. She made all it up!

Several months later in therapy this scenario resurfaced. After several discussions it turned out that the story was a combination of several other situations. In later versions, their friends did actually accompany them on a flight, but that flight took place earlier, before the birth of their daughter, although Mrs. A was already in early pregnancy. Mr. B indeed fell asleep during the flight, but only at the end, and earlier in the flight Mrs. A slept. The episode with Mr. B's desired newspaper was actually about magazines for Mrs. A because her husband had just started listening to audiobooks and took some on the plane. Of course, later reconstructions did not have to be more objective than those from the first consultation, but they had a different emotional tone, including less anger and less mutual indignation, and they contained a more balanced distribution of the characters' intentions. The reconstructions were also more complex and multifaceted. Later stories were thus kinder narratives. This can be attributed to the improvement of the situation between them and a result of more positive feelings between them, which makes the stories more flexible and enables a more multifaceted perception of events, experiences, and intentions (Fijałkowska & Gruszczyński, 2009).

On the basis of the exchanges between Mr. B and Mrs. A above, we can make hypotheses regarding their then-mutual experience of one another. The experience of being abandoned in a close relationship – perceiving that one's needs are ignored – can trigger strong negative emotions. But with this couple, their conflict was triggered in the context of a change in the family structure from two to three, which meant the appearance of a vulnerable child whose needs must be taken care of. The provided memories, especially early on, were simplistic and one-sided, but as therapy progressed memories became more complex and nuanced. We have to emphasize that we do not know which memories were truer than others; the memories, rather, provided a picture of the current emotional state of the couple. In general, due to the need to regulate emotions and maintain a good self-image, it is often necessary for couples in therapy early on to strengthen their subjective beliefs that quoted events really took place. The conviction in personal truth plays a greater role early on than the correspondence of the memory with an actual event in time (Niedźwieńska, 2014). Initially, each of the partners feels they must hold their version to be true, and only in time does the possibility to tolerate more subtle and balanced stories appear, and at that point stories do not have to be interpreted as weapons in emotional combat.

Initially, the difference in the partner's story is interpreted as evidence of bad intentions (e.g., "I'm good, and you are lying about..."). Telling the memory during a therapy session introduces the possibility to create a new version of the memory. This new version will usually coincide with the current motive and way of experiencing the relationship. The memory comes up in session, and it will be remembered later as slightly different than originally.

There is some danger. The increased level of negative feelings during initial consultations may lead to remembering the telling of a story as yet another event in the "string of misfortunes" in the relationship, which could be added to the overall picture of the relationship. Then it will stand as an example of relational maintenance of negative identities in a couple during consultation.

Interestingly, after several months of therapy, the partners remembered in a different way how they told the situation at the airport during the first consultation. Mrs. A was sure that it was Mr. B who brought up the story to show himself in positive light and highlight her negative attitude towards him. This was in line with Mrs. A's thesis that her partner always attacks first if only he has something on his conscience, and this memory reinforced her thesis. Mr. B, however, indicated that he did not remember the first therapy meeting. He only remembered that there were many emotions. It can be hypothesized that he was trying to introduce forgetting a certain situation from their relationship. The reality of the events of the consultation again did not matter; there were two partially different versions of the same situation, and everyone was convinced that their memory was correct. Thankfully the diagnostician took notes immediately after the consultation.

The presented examples illustrate the fact that therapists do not have access to real events from a couple's history. However, having knowledge about how memories are constructed, therapists can hypothesize about significant and permanent emotional processes taking place in a couple. In the examples above, the hypotheses from the consultations could be: (1) the partners experience themselves as emotionally abandoning each other; each can feel that the other is not responding to their essential needs; and the arguments indicate a demand to be noticed; (2) the feeling of being abandoned probably results from experiencing the other person as intentionally harmful, and one must defend oneself; (3) the dominant negative mutual presentation of the partners and the individual positive self-presentations suggest intensified processes of identity stabilization in the couple (i.e., processes of maintaining the current status quo); and (4) the narrative of being abandoned by the other person in a relationship is emphasized. Later stories, from advanced stages of therapy, sound different.

## Discussion

Knowledge about memory mechanisms allows for a more adequate assessment of the quality of the collected data and the construction of appropriate diagnostic hypotheses. Hypothesising – instead of making statements of fact – is one of the most important tools necessary for making a proper diagnosis and reflects the methodological competence of a psychologist (Paluchowski, 2007). The memories a partner chooses to share can show how each person experiences difficulties in a relationship, what types of events are hurtful, and more deeply, they indicate the psychopathological mechanisms underlying reported difficulties.

Collecting important information about the mental life of each partner is, in general, only possible with a good (i.e., effective) diagnostic alliance built during consultations (Friedlander et al., 2011). Partners in the presence of diagnosticians usually argue less intensively, stop arguing on earlier levels, and experience strong emotions for a shorter time than during arguments at home (Zalewski & Pinkowska-Zielińska, 2021).

Also, during psychotherapeutic work, knowledge about memory mechanisms allows for a therapist's better use of the phenomenon of memory fluidity for health-promoting reinterpretations of memories (Zalewski et al., 2017). During couple therapy consultations such knowledge contributes to a more adequate recognition of the mechanisms of problems in a couple, too. Overall, knowledge about the nature of memories recalled during consultations can significantly improve the process of building reliable diagnostic hypotheses regarding the underlying issues of a given couple.

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