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WARDENS AND PRISONERS OF THEIR MEMORIES: THE NEED FOR AUTOBIOGRAPHICAL OBLIVION IN HIGHLY SUPERIOR AUTOBIOGRAPHICAL MEMORY (HSAM)

abstract

Human consciousness is a finite entity; therefore, memory must be selective: remembering must also mean being able to forget. In 2006, James McGaugh documented the first known case of hyperthymesia—a syndrome that affects a very limited percentage of the world population. The main symptoms of this mental disorder involve the concept of memory stuck in the past, where the individual is imprisoned by his or her own memories, and any projection towards the future is precluded. The inevitable change produced by the flowing of time naturally helps people to find reasons to live and to search for a sense of being in the world. The present study puts forward a phenomenological approach to hyperthymesia in the quest for a natural, healthy form of oblivion, or the ability to forget. Through existential analysis, it could be possible for the individual to recover the natural and necessary structure of Dasein.

keywords

temporality, hyperthymesia, Daseinanalyse, memory, oblivion

1. The role of memory in the identity construction process

When the individual identity of each human being is created, memory guarantees the continuity of perceptions, emotions and interpretations of reality. This mnemonic function allows people to carve out “the autobiographical Self” (Damasio, 2010, p. 210), a self-representation formed through a person’s memories and reflection on his or her past life. According to *Le sens de la mémoire* (J.Y.-M. Tadiè, 1999), the inner identity is therefore created starting from the autobiographical memory.

The story of the individual identity is variable and fluid, as a dynamic is put into operation that is both teleological and retrospective at the same time (Heller, it. trans. 2017, p. 10). Its final purpose or *causa finalis* (Aristotle) is the present situation as a reinterpretation of the past. According to À. Heller, no one creates their autobiographical story starting from their past self (2017, p. 13). By this, Heller does not intend that the individual needs to trace the deterministic sequence of facts in the past that have led to the present; the main idea is that “the past is at the service of the present and that the present is the key to interpret the past” (Ricoeur, 2017, my translation). The Self is not homogeneous, but it aspires to a certain level of uniformity directly dependent on the need to find new meaning in life through the mnemonic trace (Heller, it. trans. 2017, p. 20). It is quite clear that it does not seem reasonable to ask whether such mnemonic traces are true or false; it sounds more reasonable to talk about *authentic* or *inauthentic* memories. The memories we retrieve of our own accord should not remain fixed and unvaried; we reinvent our personal past by sieving through our memories. As Bergson clearly explains, the reason why we identify ourselves in the *images-souvenirs* [memory-images] (Bergson, 1991, p. 90) is that as we recall our past, we adjust its coherence to our current personality. F. Cimatti claims: “it is the act of remembering that creates the memory, not the other way round” (Cimatti, 2016, p. 19, my translation).

2. Hyperthymesia: the story of Jill Price

The main symptoms of memory disorders displayed in reported cases are mostly a form of disorientation; in less serious cases, they mainly alter the perception of time, while more serious manifestations might lead to an impaired self-identity. Hyperthymesia or hyperthymestic syndrome (HSAM, Highly Superior Autobiographical Memory¹) makes those affected unable to forget any part of their past lives. These patients can

¹ Parker, E.S., Cahill, L. & McGaugh, J.L. (2006). A Case of Unusual Autobiographical Remembering. *Neurocase: The Neural Basis of Cognition*, 12(1), 35-49; Ally, B.A., Hussey, E.P. & Donahue, J.M. (2013) A case of hyperthymesia: rethinking

retrieve any memories in vivid detail, going back even to their first 12 days of life. Individuals cannot usually trace back nor recall memories before the age of 3: the brain of a child is likely to receive billions of inputs, meaning that conserving every memory without selection would be dysfunctional for the normal process of adaptation to the world.

The syndrome was first described in the 2006 publication by the neurobiologist J.L. McGaugh². It presented clear differences to the cases reported by Lurija in 1968, such as the cases of SS and others commonly known as ‘superior memory individuals’³. Whereas SS could memorise long strings of digits and numbers, those affected by hyperthymestics cannot (Parker *et al.*, 2006, p. 36). Scientists started to pay closer attention to the case of Jill Price in 2000, when she decided to get in touch with McGaugh, in her effort to turn her life around and try to understand what was happening to her mind.

The case of Jill Price—well known in the literature as AJ, *the woman who can't forget*⁴—is the first reported case of hyperthymesia. The syndrome of ‘super memories’ causes “continuous, automatic autobiographical recall”, in a manner that is immediate and quick rather than deliberate or reflective. Jill’s memories were vivid and full of emotion, “uncontrollable, and totally exhausting” (Price, 2008, p. 5). According to Jill’s report, her memories became “shockingly complete” (p. 1) probably at the time of her first house move. To her, any change felt unacceptable. She felt a “desperate need to stay” (p. 146) in her physical space, in what appeared to be an attempt to stop time. Hence, Jill had become a prisoner of her memory (p. 3): “the more pressure I felt to move on and start a new life, the more emphatically I clung to my past because, I think, the future for me was all about a continuation of the past” (p. 144).

Memory tests have shown that patients like Jill are unable to remove any autobiographical memory, either semantic or episodic. Additional tests have also excluded the diagnosis of confabulations, namely “a falsification of memory occurring in clear consciousness in association with an organically derived amnesia” (Berlyne, 1972, p. 38).

Moreover, hyperthymestic patients show remarkable difficulties in controlling anxiety, together with obsessive-compulsive tendencies, which would explain their maniacal propensity to ‘hoard’ memories and why they refuse to let them go.

Finally, the consequence of this overload of memories is that hyperthymestics struggle to focus on present situations, and they are not able to project themselves towards the future.

The memory capacity of hyperthymestics is solely “superior” with regard to autobiographical retrieval; therefore, their academic achievements are within the average range. This marks an additional difference between hyperthymestics and the case studied by Lurija.

Recently, neuropsychological research on hyperthymesia has achieved important results, and it seems that it might be able to provide a clearer medical explanation for this disorder in the

3. Neuropsychological research on hyperthymesia

the role of the amygdala in autobiographical memory. *Neurocase: The Neural Basis of Cognition*, 19(2), 166-181; Patihis, L. (2015). Individual differences and correlates of highly superior autobiographical memory, *Memory*, 24(7), 961-978; Santangelo V., Cavallina C., Colucci P., Santori A., Macri S., McGaugh J.L. & Campolongo P. (2018). Enhanced brain activity associated with memory access in highly superior autobiographical memory. *Proceedings of the National Academy of Sciences of the United States of America* (PNAS), 115(30), pp. 7795-7800.

2 See Parker E.S., Cahill L. & McGaugh J.L. (2006). A Case of Unusual Autobiographical Remembering. *Neurocase: The Neural Basis of Cognition*, 12(1), pp. 35-49.

3 See Lurija A.R. (1968). *The Mind of a Mnemonist. A Little Book About a Vast Memory*. New York, NY: Basic Books. Solomon Šereševskij (well known as SS or ‘the mnemonist’ after Lurija’s publication) was able to memorise a whole set of feelings; his form of memory is called ‘synaesthesia’, while HSAM affects autobiographical memory, both in its semantic and episodic components.

4 In 2008, Jill wrote her autobiography, *The Woman Who Can't Forget. The Extraordinary Story of Living with the Most Remarkable Memory Known to Science*.

future. At present, the neural correlates of the syndrome have been identified in a specific area of the human brain, the prefrontal-hippocampal gyrus, which consists of the prefrontal-medial cortex and hippocampus; the former is involved in the remembering process by accessing the mnemonic cerebral trace, and the latter is where our memory is generally deemed to be located. Hyperactivity in these cerebral areas may explain the difference between hyperthymestics and cases such as SS: the former may have access to a more consistent number of traces than control subjects (*access phase*), whereas during the *retrieval phase* cerebral activity is the normal range:

we did not observe any neural difference between subjects with HSAM and control subjects during the reliving phase. In contrast, the findings suggest that the increase in neural activity was specifically involved in accessing AMs, recruiting a left-lateralized frontoparietal network [...] in subjects with HSAM only during memory access (Santangelo *et al.*, 2018, p. 4).

**4. A
phenomenological
perspective**

Unlike a medical-cognitive approach, existential analysis (*Daseinanalyse*), aspires to analysing space and time as experienced by the individual not as logical categories but, as Paci describes them⁵, by living and feeling the space around us, and by measuring existential time, not by a clock but by how we live and experience it. It is in such a framework that we experience our memories and expectations, together with the structures of our relationships with others—possible or impossible, real and unreal—and the necessity and contingency of these relationships.

This specific perspective allows us to understand Jill’s story better. She thought there were only two stable elements in her life: being afraid of death and hating chaos. Throughout the course of her entire life, she has tried to make sense of both physical objects and memories. According to Jill’s report, this can probably be traced back to a specific childhood memory:

my mom and Diana and a third friend of theirs, Patty, were talking about Diana’s father having gone into the hospital for surgery and died. What stuck most in my mind was that they kept saying he had ‘wrapped things up’ and ‘got things in order’ [...] it seemed the only thing alleviating how upset they were that Diana’s father was never coming back: he got his things in order (Price, 2008, p. 86).

This mnemonic feeling may provide a plausible explanation to the phenomenon of “chaining” (Price, 2008, p. 27); in other words, Jill’s unusual way of recalling episodes of her life begins in a random way, but the chain which forms is no longer random since the memories are linked by their date. Her brain makes her think about the same date in different years, not about one moment before or after the one she recalled. Moreover, “emotionally the idea of distortions is upsetting” (Price, 2008, p. 129); this may be the reason why house moving is both unacceptable and unsettling for her.

Jill’s memory seemed unable to ensure active and healthy oblivion, or the ability to forget. A kind of “*selective oblivion*” (Colonnello, 2017, p. 48, my translation) should filter memories in order to only hold onto those which might have some bearing on future experience. Instead, Jill got stuck in a present that was linked neither to the past nor to the future. She seemed to deny temporality and its natural flow, rejecting at the same time the idea of letting go of those

5 See Paci E., (1971). Preface to it. trans. to Minkowski E., (1970) *Lived Time. Phenomenological and Psychopathological Studies*, it. *Il tempo vissuto. Fenomenologia e psicopatologia*. Torino, IT: Einaudi, p. XXXII.

memories which relentlessly filled her mind.

According to Ricoeur's theory, confrontation with the reality of death - that is, the deaths of other people—is the first step to release the *Dasein* (Heidegger's term for the body-mind paradigm in human beings, present *here and now* i.e. existence) from the sense of the pointlessness of its "thrownness", i.e. "*being-thrown-in-the-world*". Once we realise that *death does not happen to those who die, but to those who grieve*, it becomes possible to consider our *thrownness* as a blessing. Once freed, *Dasein* recovers its "*dimension of awaiting*", interpreted by Ricoeur in the Augustinian concept: "I hope to keep alive up until death: *up until death - neither with a view to nor towards death*" (Ricoeur, 2017, my translation).

During a period of family hardships, Jill needed to undergo psychotherapy. Until then, she had never told anyone about how her memory worked. She thought that it was impossible to communicate; she tried dominating her memory by writing down memories in diaries, but she never managed to make a sense out of them that could feel personal to her.

The human experience of the world is completely temporal. As a result of this, temporality structures the living body, which is changed by such experience; it also structures the language used by people to communicate. As custodian and dweller of his or her body-and-mind, the whole person lives and inhabits his or her *timelanguage* [Tempolinguaggio], i.e. the narrative structure of human identity (Biuso, 2013, p. 73, my translation). Consequently, the body-and-mind structure becomes able to rewrite its broken and fragmented identity. In fact, the body is always dynamic, present here and now and projected towards the future. Hence within the living memory, the future shapes the past, not necessarily by adhering to the accepted sequence of past, present and future, but by creating its own temporality. (Weinrich, 2010, p. 203).

In a specific and reinterpreted moment in time and space, experience (*Erlebnis*) is brought back into the flowing of time [*Erfahrung*]: "totally tied to temporality, the sense [*Erlebnis*, *n.d.a.*] structures the meaning of human finitude" (Biuso, 2013, p. 90, my translation). Both psychoanalysis and existential analysis take advantage of a form of linguistic and narrative approach, which are not in contrast, but in continuity. It is the distinction between the subconscious and consciousness that marks the difference between these two approaches. Unlike the Freudian *talking cure*, which claims "where id was, there ego shall be" (Freud, 1933, p. 4687), *Daseinanalysis* invalidates this one-directional path from past to present: according to *Daseinanalysis*, the present gives new meaning not only to the *past* [*Vergangenheit*] but also to the *having been* [*Gewesen*].

Within the *Daseinanalysis* framework, somatic symptoms are clear expressions of an unresolved and demanding sorrow which can only be cured by allowing for a natural time flow. Indeed, time is the last hermeneutic resource for reaction: while people talk to the analyst, things to come to light that have been bottled up and unsaid; the flowing of time allows this. Little by little, patients feel relieved, "in order to rewrite in retrospect the chain of events which threw their volition into the dark heaviness of the past" (Colonnello, 2017, p. 121, my translation). The final aim is for the entirety of the individual's *body-mind* to 'dive into' its natural temporality.

Throughout long months of analysis, Jill started to let time flow again and dived into her own temporality: "I felt that I was making a fresh start" (Price, 2008, p. 172). This is precisely and essentially the aim of the existential analysis: "to spread out these works [experiences] before oneself or before others is to see them fixed, shrunken, tarnished, extinguished" (Minkowski, 1970, p. 157); such works are restored to healthy oblivion—the other side of remembering. This constitutes the turning point, where *Dasein* discloses a new point of view and a different perspective in which it gains awareness of the flowing of time. A new sentiment [*Stimmung*]

5. A proposal for an existential therapeutic approach

towards the past comes to life; the need for the past to stay petrified recedes, and patients become able to go beyond it by recovering a range of possibilities within their experiences. The narrative dimension of existential analysis is generally believed to offer a unique opportunity: we live *one more time*, repeating the autobiographical experience and allowing the body to become memory and temporality, because “memory does not consist in a regression from the present to the past, but, on the contrary, in a progress from the past to the present” (Bergson, 1991, p. 239). This is the essential therapy for people to be able to forget again.

6. Experiencing human finitude

Jill’s life arrived at its turning point when she met her husband. The change she experienced when her husband died can be explained by recalling the concept of “*élan*”, well described by Minkowski:

as soon as I think of an orientation in time, I feel myself irresistibly pushed forward and see the future open in front of me. And this fact of “being pushed” [...] means that I tend spontaneously with all my power, with all my being, toward a future [...] At the same time, [...] I am immediately presented with the progression, in the same direction, of everything around me that has any relation whatever to time, that is to say, in the final analysis, the entire universe (Minkowski, 1970, p. 38).

Facing the impossibility to turn back time and come back from death, human existence begins a reconfiguration of its own way to experience the world:

death, in putting an end to life, completely circumscribes it, all along its way. It transforms the order and texture of the events of life into a life [...] it reveal[s] to us the notion of *a life in life* - and [it] puts us face to face with our own life and our own mortality (Minkowski, 1970, pp. 133-134).

In order to understand the thesis supported by Minkowski, we should bear in mind the fact that in this instance death is not an experience which levels any difference between people. Psychiatrists have hardly ever attempted “to outline an affective psychology of death; from this point of view, we always see it through our own personalities” (Minkowski, 1970, p. 131). Free from the emotions we felt for the deceased person, death is not the experience of grieving, but the moment of time when life gets its fulfilment. Death is a part of life; it is not the opposite of life.

Once the awareness of her husband’s death was recovered, Jill changed the way she experienced time as well; in fact, she felt free from the need to constantly record her memories in diaries, as she no longer felt trapped in a perception of madness. When she resorted once more to writing down her memories, she did so in a more selective fashion and free “from my fear of the future and my obsession with the past” (Price, 2008, p. 222). She also became more aware of her mental disorder and had high hopes for the future of people who struggle with pathologies related to memory, as great progress has been made by researchers in the field. She ended her story on a positive and optimistic note: “I intend to use the strength and learning I have gained to work toward the day when I am no longer the prisoner of my memory, but rather I am its warden” (Price, 2008, 248).

7. Conclusions: therapeutic benefits offered by ‘oblivion’

The therapeutic path which allows people to look back on life experiences in a different way requires oblivion. Remembering is useful at first; later we need to forget: “the most important step of clinical therapy is not so much *helping a person to remember what he or she is not able to remember*, as especially to *forget what she is not able to forget*” (Carignani, 2016, p. 102, my

translation).

Memories need to be reinvented through oblivion. On one hand, this is possible because of the natural *apoptosis* (the programmed death of a cell) of the neurons. Moreover, there are specific neurotransmitters which make the constant renewal of synapses and the related paths for the recovery of the existential narration necessary. On the other hand, the simultaneous mental activity of the Self—which should not be seen as a mere neuronal functionality—destabilises the biological trace itself, so that it will be modified by time, and by old and new memories. We can conclude that oblivion is the natural limit of memory. Just as oblivion belongs to the authenticity of memories, so the perspective of the end belongs to the authenticity of life. In the light of the close connection between remembering and forgetting, we can clearly understand how hyperthymestics can benefit from writing down their memories. Indeed, Jill's story shows that writing procures some sort of relief because it seems to make memories immortal and offers a way to elude the necessary flowing of Time. Furthermore, transposing memories in narrative form compels the individual to select them more carefully, absorbing some and discarding others. It is similar to the cell metabolism process, but it concerns both body and mind, because it is life itself that decides such criteria of memory selection. Through the experience of its finitude, life is projected towards the future, eventually providing a new sense to the past that is coherent with the changes imposed by Time.

It is the selection and preservation of memories, and their consequential categorisation in the unity of consciousness flowing homogeneously, that structures the way human beings are not some kind of “garbage dump” (Borges, 1998, p. 135) into which a river of stimuli is poured but active spectators of the wonders of the world.

Humans are capable of taking back control over their personal lives. They are also able to come to terms with the finitude of life itself, assigning to the irreversibility of time a meaning that is stable and unstable at the same time, because “the meaning is fleeting, the truth is a wanderer” (Biuso, 2009, p. 204, my translation).

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